

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| 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. . . . . ▶ ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |  |
| <b>1a</b> Name of plan<br><u>PENSION FUND OF WARDROBE ATTENDANTS UNION LOCAL 764</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>BOARD OF TRUSTEES - PENSION FUND</u><br><u>LOCAL 764</u><br><br><u>545 WEST 45TH ST</u><br><u>NEW YORK, NY 10036</u> | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u><br><br><b>1c</b> Effective date of plan<br><u>07/01/1961</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>13-6137855</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>212-957-3900</u><br><br><b>2d</b> Business code (see instructions)<br><u>525100</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2022 | MICHAEL VAN SERTIMA                                          |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2090 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1271 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1419 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 367  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 475  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2261 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2279 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 357  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                              |                                                             |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>PENSION FUND OF WARDROBE ATTENDANTS UNION LOCAL 764                                 | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BOARD OF TRUSTEES - PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>13-6137855 |

**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.....                                                                              | <b>1b(1)</b>    | 148902175 |
| (2) Actuarial value of assets for funding standard account .....                                              | <b>1b(2)</b>    | 142348123 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | 151250243 |
| (2) Information for plans using spread gain methods:                                                          |                 |           |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b> |           |
| (b) Accrued liability under entry age normal method .....                                                     | <b>1c(2)(b)</b> |           |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b> |           |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b>    | 142551475 |
| <b>d</b> Information on current liabilities of the plan:                                                      |                 |           |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |           |
| (2) "RPA '94" information:                                                                                    |                 |           |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> | 294538513 |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                 | <b>1d(2)(b)</b> | 8842454   |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                  | <b>1d(2)(c)</b> | 6133057   |
| (3) Expected plan disbursements for the plan year.....                                                        | <b>1d(3)</b>    | 6618057   |

**Statement by Enrolled Actuary**

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

|                                          |                                        |
|------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                         | 10/10/2022                             |
| Signature of actuary                     | Date                                   |
| JOSHUA KAPLAN, FSA, FCA, MAAA            | 20-05487                               |
| Type or print name of actuary            | Most recent enrollment number          |
| SEGAL CONSULTING                         | 212-251-5000                           |
| Firm name                                | Telephone number (including area code) |
| 333 WEST 34TH STREET, NEW YORK, NY 10001 |                                        |
| 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**

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 148902175                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 345                               | 70501106                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 467                               | 64914799                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits.....                                                                                                 |                                   | 11756471                     |
| <b>(b)</b> Vested benefits.....                                                                                                     |                                   | 147366137                    |
| <b>(c)</b> Total active .....                                                                                                       | 1225                              | 159122608                    |
| <b>(4)</b> Total .....                                                                                                              | 2037                              | 294538513                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 50.55 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2021               | 3815954                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | <b>Totals ▶</b>          | <b>3(b)</b>                       | 3815954                         |
|                          |                                   |                                 |                          | <b>3(c)</b>                       |                                 |
|                          |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

**(d)** Total withdrawal liability amounts included in line 3(b) total

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                           | <b>4a</b> | 99.9 %                                                   |
| <b>b</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 .....                                                                                                                                                        | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                                                                                                                                                                           |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....                                                                                                                                                         | <b>4e</b> |                                                          |
| <b>f</b> 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.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ..... | <b>4f</b> |                                                          |

**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):

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>m</b> 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 ..... | <b>5m</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                           |                                                                                                  |                                         |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                   |                                                                                                  |                                           | <b>6a</b>                                                                                        | 2.43 %                                  |
|                                                                                                               | Pre-retirement                                                                                   |                                           | Post-retirement                                                                                  |                                         |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                         |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                           |                                                                                                  |                                         |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | 6P                                        | 6P                                                                                               |                                         |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | 6FP                                       | 6FP                                                                                              |                                         |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 7.00 %                                    | 7.00 %                                                                                           |                                         |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 22.2 % <input type="checkbox"/> N/A       | %                                                                                                | <input checked="" type="checkbox"/> N/A |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A |                                                                                                  |                                         |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 8.8 %                                     |                                                                                                  |                                         |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | 11.4 %                                    |                                                                                                  |                                         |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 4                | 4819493             | 494537                         |
| 1                | -9280179            | -952256                        |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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.....                                                                                              | <b>8a</b>                                                           |  |
| <b>b(1)</b> Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>b(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....                                                                                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....                                                                                                                                            | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)).....                                                                                                 | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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) ..... | <b>8e</b>                                                           |  |

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

|                                                                                                                         |                     |          |
|-------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                                                                    | <b>9a</b>           |          |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                                 | <b>9b</b>           | 2574984  |
| <b>c</b> Amortization charges as of valuation date:                                                                     | Outstanding balance |          |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b>        | 43200841 |
| <b>(2)</b> Funding waivers .....                                                                                        | <b>9c(2)</b>        |          |
| <b>(3)</b> Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        |          |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                            | <b>9d</b>           | 597210   |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                                    | <b>9e</b>           | 9128780  |

**Credits to funding standard account:**

|                                                                                             |                     |           |
|---------------------------------------------------------------------------------------------|---------------------|-----------|
| <b>f</b> Prior year credit balance, if any.....                                             | <b>9f</b>           | 20078262  |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....                       | <b>9g</b>           | 3815954   |
|                                                                                             | Outstanding balance |           |
| <b>h</b> Amortization credits as of valuation date.....                                     | <b>9h</b>           | 14220459  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....            | <b>9i</b>           | 1689993   |
| <b>j</b> Full funding limitation (FFL) and credits:                                         |                     |           |
| <b>(1)</b> ERISA FFL (accrued liability FFL).....                                           | <b>9j(1)</b>        | 33764242  |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....                             | <b>9j(2)</b>        | 128638888 |
| <b>(3)</b> FFL credit .....                                                                 | <b>9j(3)</b>        |           |
| <b>k</b> <b>(1)</b> Waived funding deficiency .....                                         | <b>9k(1)</b>        |           |
| <b>(2)</b> Other credits .....                                                              | <b>9k(2)</b>        |           |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>           | 27899723  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>           | 18770943  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>           |           |

**9o** Current year's accumulated reconciliation account:

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

|                                                                                                        |           |  |
|--------------------------------------------------------------------------------------------------------|-----------|--|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) ..... | <b>10</b> |  |
|--------------------------------------------------------------------------------------------------------|-----------|--|

|                                                                                                                          |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                   |                                                             |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>PENSION FUND OF WARDROBE ATTENDANTS UNION LOCAL 764                      | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
|                                                                                                   |                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES - PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>13-6137855 |

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

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

THE SEGAL COMPANY

333 WEST 34TH STREET  
NEW YORK, NY 10001

13-1835864

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 11                               | NONE                                                                                                                 | 93489                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

GOULD, KOBRICK & SCHLAPP, P.C.

13-3082707

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 10                               | NONE                                                                                                                 | 27950                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

SPIVAK LIPTON

1700 BROADWAY 21ST FL  
NEW YORK, NY 10019

13-3494495

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 29                               | NONE                                                                                                                 | 74208                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

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

JP MORGAN INVESTMENT MANAGEMENT INC

575 WASHINGTON BLVD 10TH FL  
JERSEY CITY, NJ 07310

13-3200244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 27 50 51            | NONE                                                                                              | 131337                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KOBGO ASSOCIATES

13-2751089

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 6959                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ZENITH AMERICAN SOLUTIONS

140 SYLVAN AVENUE SUITE 303  
ENGLEWOOD CLIFFS, NJ 07632

52-1590516

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 65               | NONE                                                                                              | 130679                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SEI INVESTMENTS COMPANY

1 FREEDOM VALLEY DRIVE  
PO BOX 1100  
OAKS, PA 19456

23-1707341

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 19 27 28                      | NONE                                                                                                     | 419433                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   |                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

SEGAL SELECT INSURANCE SERVICES

333 WEST 34TH STREET  
NEW YORK, NY 10001

46-0619194

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 22 53                         | NONE                                                                                                     |                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 9966                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

MARY FERRY

545 WEST 45TH STREET  
NEW YORK, NY 10036

13-6137855

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30                            | NONE                                                                                                     | 68660                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

CATHERINE HALPIN

545 WEST 45TH STREET  
NEW YORK, NY 10036

13-6137855

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 87083                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| SEGAL SELECT INSURANCE SERVICES 46-                     | 53 53 53                                | 8955                                      |

| (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<br><br>234 SPRING LAKE DRIVE<br>ITASCA, IL 60143<br><br>45-3957469 | INSURANCE BROKERAGE AND COMMISSION.                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| SEGAL SELECT INSURANCE SERVICES 46-                     | 53 53 53                                | 1007                                      |

| (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. |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMWINS<br><br>PO BOX 603094<br>CHARLOTTE, NC 28260<br><br>13-4279678 | INSURANCE BROKERAGE AND COMMISSION.                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                 |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>PENSION FUND OF WARDROBE ATTENDANTS UNION LOCAL 764</u>                             | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES - PENSION FUND</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-6137855</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                     |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PENSION TRUST FUND OF JP</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>13-6038770-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18167912</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI STRUCTURED CREDIT COLLECTIVE FU</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>75-3251893-024</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8592711</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI GLOBAL PRIVATE ASSETS IV COLLEC</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-5067490-103</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4198858</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI GLOBAL PRIVATE ASSETS V COLLECT</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>84-3069065-136</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1089699</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

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

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>PENSION FUND OF WARDROBE ATTENDANTS UNION LOCAL 764</u>                      | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES - PENSION FUND</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-6137855</u> |            |

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

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 693813                | 895571          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 251508                | 455157          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 131411                | 241374          |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 24209009              | 32049180        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 123793152             | 131310690       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 31392                 | 26907           |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 149110285             | 164978879       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 204730 | 243886 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |        |        |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 3380   | 3380   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 208110 | 247266 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 148902175 | 164731613 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3494286    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 321668     |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3815954   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 380        |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 380       |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 3323417    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3323417   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | -2536590  |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 17799966  |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 22403127  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 6018217    |           |
| (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)  |            | 6018217   |
| 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)  | 202606     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 130679     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 222187     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 555472    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 6573689   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 15829438  |
| 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: GOULD, KOBRICK & SCHLAPP, PC

(2) EIN: 13-3082707

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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                                  |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                              |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                                   |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                          | X                   |                    | 2500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                        |                     | X                  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                              |                     | X                  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                    | X                   |                    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                         | X                   |                    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                      |                     | X                  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                               |                     | X                  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                |                     | X                  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                      |                     | X                  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                          |                     | X                  |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                               |                     |                    |         |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                                      |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                      | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 444572 _____. |                     |                    |         |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                          |                                                                    |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PENSION FUND OF WARDROBE ATTENDANTS UNION LOCAL 764</u>                      | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES - PENSION FUND</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-6137855</u> |

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

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

|                                                                                                                                                                                                                                                                                                                                       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                 | <b>1</b> |          |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                      | <b>3</b> | <u>0</u> |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 **METROPOLITAN OPERA**

**b** EIN **13-1624087**

**c** Dollar amount contributed by employer **324471**

**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 **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) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **6% ON GROSS SALARY**

**a** Name of contributing employer **NBC**

**b** EIN **14-1682529**

**c** Dollar amount contributed by employer **181559**

**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 **2024**

**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): **6.25% ON GROSS SALARY**

**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**

0

**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**

0

- 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: 49.0 % Investment-Grade Debt: 27.0 % High-Yield Debt: 11.0 % Real Estate: 10.0 % Other: 3.0 %

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

**PENSION FUND OF WARDROBE UNION  
LOCAL 764 I.A.T.S.E.**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E.**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

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**I N D E X**

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| Statements of Changes in Net Assets Available for Benefits                       | 4                      |
| Statements of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits | 5                      |
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---

D. ROBERT GOULD, C.P.A. (1933-2015)  
STUART L. KOBRICK, C.P.A. (RETIRED)  
STEVEN T. SCHLAPP, C.P.A.  
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.  
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WWW.GKSPC.COM

## **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees of  
Pension Fund of Wardrobe Union Local 764 I.A.T.S.E.

### **Opinion**

We have audited the financial statements of the Pension Fund of Wardrobe Union Local 764 I.A.T.S.E., 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 then ended, and the statement of accumulated plan benefits as of December 31, 2020, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Pension Fund of Wardrobe Union Local 764 I.A.T.S.E. as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, and accumulated plan benefits as of December 31, 2020, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Pension Fund of Wardrobe Union Local 764 I.A.T.S.E. 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 Pension Fund of Wardrobe Union Local 764 I.A.T.S.E.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

## **INDEPENDENT AUDITORS' REPORT (continued)**

### **Auditors' Responsibilities for the Audit of the Financial Statements (continued)**

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Pension Fund of Wardrobe Union Local 764 I.A.T.S.E.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Pension Fund of Wardrobe Union Local 764 I.A.T.S.E.'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.

### **Other Matter — 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 schedule of asset (held at year end) for investment attached to Schedule H of Form 5500 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 GAAS.

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

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

*Andri, Kohnstien & Mills, P.C.*

New York, NY  
September 30, 2022

**PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2021 AND 2020**

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|                                          | <u>2021</u>                  | <u>2020</u>                  |
|------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                            |                              |                              |
| Investments, at fair value               | <u>\$ 163,359,870</u>        | <u>\$ 148,002,161</u>        |
| Receivables:                             |                              |                              |
| Employer contributions                   | 455,157                      | 251,508                      |
| Due from related organization            | 85,429                       | 58,021                       |
| Tax relief contributions                 | 81,699                       | 0                            |
| Accrued investment income                | 72,671                       | 73,390                       |
| Other                                    | 1,575                        | 0                            |
| Total Receivables                        | <u>696,531</u>               | <u>382,919</u>               |
| Other assets:                            |                              |                              |
| Cash, operating account                  | 895,571                      | 693,813                      |
| Prepaid expenses                         | 26,907                       | 31,392                       |
| Total Other Assets                       | <u>922,478</u>               | <u>725,205</u>               |
| Total Assets                             | <u>164,978,879</u>           | <u>149,110,285</u>           |
| <b>LIABILITIES</b>                       |                              |                              |
| Accrued administrative expenses          | 243,886                      | 204,730                      |
| Other payables                           | 3,380                        | 3,380                        |
| Total Liabilities                        | <u>247,266</u>               | <u>208,110</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 164,731,613</u></u> | <u><u>\$ 148,902,175</u></u> |

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

**PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2021 AND 2020**

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|                                                   | <u>2021</u>                  | <u>2020</u>                  |
|---------------------------------------------------|------------------------------|------------------------------|
| <b>ADDITIONS TO NET ASSETS</b>                    |                              |                              |
| Investment income:                                |                              |                              |
| Net appreciation in fair value of investments     | \$ 15,266,768                | \$ 13,133,439                |
| Interest, dividends and other                     | <u>3,871,175</u>             | <u>2,783,777</u>             |
|                                                   | <b>19,137,943</b>            | <b>15,917,216</b>            |
| Less - Investment fees                            | <u>550,770</u>               | <u>497,763</u>               |
| Net Investment Income                             | <b>18,587,173</b>            | <b>15,419,453</b>            |
| Contributions:                                    |                              |                              |
| Employer                                          | <b>3,494,286</b>             | 1,902,602                    |
| Tax relief fund                                   | <u>321,668</u>               | <u>267,350</u>               |
| Total Additions                                   | <b>22,403,127</b>            | <b>17,589,405</b>            |
| <b>DEDUCTIONS FROM NET ASSETS</b>                 |                              |                              |
| Benefits paid                                     | <b>6,018,217</b>             | 5,270,125                    |
| Administrative expenses                           | <u>555,472</u>               | <u>505,565</u>               |
| Total Deductions                                  | <b>6,573,689</b>             | <b>5,775,690</b>             |
| Net increase in net assets available for benefits | <b>15,829,438</b>            | <b>11,813,715</b>            |
| Net assets available for benefits:                |                              |                              |
| Beginning                                         | <u>148,902,175</u>           | <u>137,088,460</u>           |
| Ending                                            | <u><b>\$ 164,731,613</b></u> | <u><b>\$ 148,902,175</b></u> |

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

**PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E**

**STATEMENT OF ACCUMULATED PLAN BENEFITS  
DECEMBER 31, 2020  
AND  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEAR ENDED DECEMBER 31, 2020**

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**ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

|                                                            |                              |
|------------------------------------------------------------|------------------------------|
| Vested benefits:                                           |                              |
| Pensioners and beneficiaries currently receiving benefits  | \$ 49,416,529                |
| Other vested benefits                                      | <u>89,426,361</u>            |
| Total Vested Benefits                                      | <u>138,842,890</u>           |
| Non-vested benefits                                        | <u>3,708,585</u>             |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 142,551,475</u></u> |

**CHANGES IN ACCUMULATED PLAN BENEFITS**

|                                                                    |                              |
|--------------------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan benefits - Beginning   | <u>\$ 130,833,108</u>        |
| Increase (decrease) during period attributable to:                 |                              |
| Interest                                                           | 9,278,438                    |
| Change in actuarial assumptions                                    | 4,569,584                    |
| Benefits accumulated, net experience gain or loss, changes in data | 3,140,470                    |
| Benefits paid                                                      | <u>(5,270,125)</u>           |
| Net Increase                                                       | <u>11,718,367</u>            |
| Actuarial present value of accumulated plan benefits - Ending      | <u><u>\$ 142,551,475</u></u> |

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

## PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

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#### NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Pension Fund of Wardrobe Union Local 764 I.A.T.S.E. (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document and the Summary Plan Description for a more complete description of the Plan’s provisions.

**General:** The Plan is a collectively bargained multi-employer defined benefit pension plan established in 1961 that is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, (ERISA). It is funded by negotiated employer contributions typically set for multiyear periods under collectively bargained agreements. The benefits earned depend on the duration of participation in the Plan and the level of participants’ employment and contributions. The Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with the Theatrical Wardrobe Union Local 764, I.A.T.S.E. (the “Union”).

**Plan Administration:** The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment advisers.

**Pension Benefits:** Generally, participants with five years of vested service are entitled to regular pension benefits beginning at age sixty-five (65) with at least 25 years of pension credits. A reduced pension benefit is available for those participants who retire at age sixty-five (65) with at least 15 but fewer than 25 years of pension credits. The Plan permits early retirement at ages sixty (60) through sixty-five (65) at reduced rates and under different rules. The pension benefit amount varies depending on units of pension credits and the benefit rates per unit based on employers’ contribution rates.

Participants may elect to receive benefits under various joint and survivor options, which guarantee payments of benefits during the lives of both participant and the participant’s beneficiary. Alternatively, a participant may elect other options whereby pension payments are guaranteed for a certain period from the effective date of the pension and if the pensioner dies prior to the end of the period, his or her beneficiary receives the remaining payments.

Active employees who become totally and permanently disabled, have at least 15 years of pension credits and at least the earnings requirement for one-half a pension credit during the 24 month period preceding their disability are entitled to a disability retirement benefit determined in the same manner as for normal retirement at age sixty-five (65).

If a participant who has achieved vested status dies before his/her annuity starting date, a lifetime pension shall be paid to the surviving spouse of the participant, and if there is no surviving spouse, then to the participant’s sole designated beneficiary. The amount of such pension shall be the same as the pension that the spouse or designated beneficiary of the participant would have received had such participant been awarded a 50% joint and survivor pension and died the next day. Such amount shall include any actuarial adjustments for early or late retirement based on the age the Participant would have attained on the spouse’s or beneficiary’s annuity starting date. At the election of the surviving spouse or sole designated beneficiary, the benefit will be paid in an actuarially equivalent lump sum. If the participant dies having designated more than one beneficiary, the benefit payable to each non-spouse beneficiary will be paid in a lump sum actuarially equivalent to the lifetime benefit calculated per the age of such non-spouse beneficiary. If a retired participant dies the named designated beneficiary is entitled to \$5,000 death benefit. If a participant who has achieved vested status, is not a pensioner and earned at least ½ of a pension credit in the Plan Year in which the participant dies or earned at least ½ of a pension credit in any of the five preceding Plan Years preceding the year of his or her death, dies on or after January 1, 2017, a lump sum of \$10,000 shall be paid to the participant’s sole designated beneficiary.

A full description of plan benefit provisions is available in the Rules and Regulations of the Plan as amended and restated.

# PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

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### NOTE 1 – DESCRIPTION OF PLAN (continued)

**Funding:** Employers make contributions for covered participants based on fixed percentage of gross weekly or fixed amount per day or hour. The contribution rates are determined by the collective bargaining agreements in effect at the time.

The Plan also accepts contributions for employees of the Union and the Plan under separate participation agreements.

The Plan shares tax relief income with other theatrical unions and the League of New York Theatres derived from the net tax savings that resulted from the repeal of the 5% New York City Amusement Tax on Theatre admissions (tax relief income). The Plan's respective percentage of tax relief income is determined based on the type of theatrical production on which employees work in accordance with the executed arbitrator's submission agreement dated April 26, 1963.

Contributions for 2021 and 2020 met the minimum funding requirements of ERISA.

**Other:** Although they have not expressed any intention to do so, the Plan's Board of Trustees has the right under the Plan to modify benefits provided to participants. In the event of the obligation of the Employers to make contributions shall terminate, or in the event of the liquidation of the trust fund, the Trustees shall continue to apply the trust fund to the purposes specified in the trust document and upon the disbursement of the entire trust fund, the trust shall terminate.

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The financial statements of the Plan are prepared under the accrual method of accounting.

**Employer Contributions:** The amounts of employer contributions receivable and employer contribution income do not include any estimates of amounts due from employers where remittance reports were not received by the Plan office, or any amounts due but unpaid as a result of payroll audits.

**Tax Relief Income:** For the years ended December 31, 2021 and 2020, the Plan reported as tax relief receivable all amounts received by the Plan during the 90 day period subsequent to year-end, which related to performances occurring on or before December 31.

**Investment Valuation and Income Recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

**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 reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

### NOTE 2 – Summary of Significant Accounting Policies (continued)

**Payment of Benefits:** Benefit payments to participants are recorded upon distribution

**Actuarial Present Value of Accumulated Pension Plan Benefits:** Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- Retired or terminated employees,
- Beneficiaries of employees who have died; and
- Present employees or their beneficiaries.

Benefits under the Plan are based on employee's years of service in covered employment and on contributions made by employers for the employee's covered employment. Benefits payable under all circumstances – retirement, death, termination of employment and disability – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from The Segal Company and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2021 were:

Mortality rates: Nonannuitant - RP-2014 Blue Collar Employee Mortality Table  
Healthy annuitant - RP-2014 Blue Collar Healthy Annuitant Mortality Table  
Disabled annuitant - RP-2014 Disabled Annuitant Mortality Table

| Termination rates before retirement | Age | Male * | Female * | Disability | Withdrawal ** |
|-------------------------------------|-----|--------|----------|------------|---------------|
|                                     | 20  | 0.05%  | 0.02%    | 0.03%      | 9.94%         |
|                                     | 25  | 0.06%  | 0.02%    | 0.04%      | 9.67%         |
|                                     | 30  | 0.06%  | 0.02%    | 0.06%      | 9.30%         |
|                                     | 35  | 0.07%  | 0.03%    | 0.07%      | 8.71%         |
|                                     | 40  | 0.08%  | 0.04%    | 0.11%      | 7.75%         |
|                                     | 45  | 0.13%  | 0.07%    | 0.18%      | 6.35%         |
|                                     | 50  | 0.22%  | 0.12%    | 0.30%      | 4.22%         |
|                                     | 55  | 0.36%  | 0.19%    | 0.50%      | 1.55%         |
|                                     | 60  | 0.61%  | 0.27%    | 0.81%      | 0.15%         |

\* Mortality rates shown are from the base table and do not reflect any mortality projection.

\*\*Withdrawal rates do not apply at or beyond early retirement age.

| Retirement Rates: | Active Participants |          | Inactive Vested Participants |          |
|-------------------|---------------------|----------|------------------------------|----------|
|                   | Age                 | Rate (%) | Age                          | Rate (%) |
|                   | 60-61               | 2        | 60-61                        | 10       |
|                   | 62                  | 20       | 62                           | 30       |
|                   | 63-64               | 3        | 63-64                        | 5        |
|                   | 65                  | 40       | 65                           | 50       |
|                   | 66-67               | 30       | 66-67                        | 30       |
|                   | 68-71               | 20       | 68-71                        | 5        |
|                   | 72                  | 100      | 72                           | 100      |

**PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Actuarial Present Value of Accumulated Pension Plan Benefits (continued)**

The significant actuarial assumptions used in the valuation as of January 1, 2021 were: (continued)

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administrative expenses:                           | \$485,000 for the year beginning January 1, 2021 (equivalent to \$467,636 payable at the beginning of the year). This is equivalent to 22.2% load on the normal cost as of January 1, 2021.                                                                                                                                                                                                                                                                                       |
| Percent married:                                   | 30%                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Age of spouse:                                     | Females three years younger than males, if actual age is unknown                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Net investment return:                             | 7.00%                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Future benefit accruals:                           | 1 pension credit per year                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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 age at date of employment or, if date is unknown, 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.                                                                                                                       |
| Current liability assumptions:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Interest                                           | 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E)                                                                                                                                                                                                                                                                                                                                                                                                     |
| Mortality                                          | Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2019 (previously, the MP-2018 scale was used).                                                                                                                                                                                  |
| Justification for Change in Actuarial Assumptions: | 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 the mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.<br><br>Net investment return 7.00%, previously 7.25% |

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

## **PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E**

### **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020**

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#### **NOTE 3 – TAX STATUS**

The Plan is a qualified plan under Section 401 (a) of the Internal Revenue Code (IRC) and the Trust is exempt from federal income taxes under provisions of Section 501(a) of the IRC. The IRS has determined and informed the Plan, by letter dated February 3, 2016, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan's management believes that the Plan as designed is currently being operated in compliance with the applicable provisions of the IRC and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income tax has been included in the Plan's financial statements.

#### **NOTE 4 – PLAN TERMINATION PRIORITIES**

In the event the Plan terminates, the assets then remaining shall be first used to pay administration expenses. The remaining assets shall be used to pay retirement benefits in the order set forth in the Rules and Regulations adopted by the Board of Trustees as amended January 1, 1976 and as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
2. All nonvested benefits.

Benefits under the plan are insured by the PBGC. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, whereas other benefits may not be provided for at all. A full description of the Plan's termination priorities is available in the Plan's rules and regulations, as amended and restated.

#### **NOTE 5 – EVALUATION OF SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 30, 2022, the date the financial statements were available to be issued.

#### **NOTE 6 – 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 statement of net assets available for benefits.

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

## PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

#### NOTE 7 – RELATED PARTY TRANSACTIONS

The Plan and Annuity Fund of Wardrobe Union Local 764 I.A.T.S.E. (the “Annuity Fund”) share employees and other overhead expenses. These shared expenses are allocated based on an annual allocation study. Payroll related expenses are initially paid by the Plan and then allocated based on an annual time analysis. Additionally, certain common expenses (legal, collection, fiduciary insurance premiums, etc.) are shared between the Plan and the Annuity Fund using ratios based on employer contributions, total assets, and other methods.

The Plan, the Annuity Fund, and the IATSE Local 764 401k Plan share the cost of employer payroll compliance audits. This shared expense is allocated based on total remittances payable by the employer during the audit period.

The Plan’s related party transactions are summarized as follows:

|                                    | Total     | Annuity Fund | 401K Plan |
|------------------------------------|-----------|--------------|-----------|
| Beginning balance                  | \$ 58,021 | \$ 56,333    | \$ 1,688  |
| Current period activity:           |           |              |           |
| Payments/receipts                  | (68,381)  | (63,118)     | (5,263)   |
| Payroll allocation                 | 95,722    | 95,722       | 0         |
| Operating expense allocations, net | 3,785     | 95           | 3,690     |
| Exchange                           | (3,718)   | (3,718)      | 0         |
| Total Current Activity             | 27,408    | 28,981       | (1,573)   |
| Ending balance                     | \$ 85,429 | \$ 85,314    | \$ 115    |

#### NOTE 8 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted 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 under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets.
  - Quoted prices for identical or similar assets or liabilities in inactive markets.
  - Inputs other than quoted prices that are observable for the asset or liability.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

NOTE 8 – FAIR VALUE MEASUREMENTS (continued)

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Interest bearing cash:* Interest bearing cash is reported at cost, which approximates fair value.

*Registered investment companies:* Certain registered investment companies are valued at the closing price reported in the active market on which they are traded. Others are valued at estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager takes into consideration information about the net asset value of shares held by the Plan at year end.

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.

The following table sets forth by Level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

| December 31, 2021               |                |         |         |                |
|---------------------------------|----------------|---------|---------|----------------|
| Investment                      | Level 1        | Level 2 | Level 3 | Total          |
| Registered investment companies | \$ 131,310,690 | \$ 0    | \$ 0    | \$ 131,310,690 |
| Investments measured at NAV     |                |         |         | 32,049,180     |
| Total Investments at Fair Value |                |         |         | \$ 163,359,870 |
| December 31, 2020               |                |         |         |                |
| Investment                      | Level 1        | Level 2 | Level 3 | Total          |
| Registered investment companies | \$ 123,793,152 | \$ 0    | \$ 0    | \$ 123,793,152 |
| Investments measured at NAV     |                |         |         | 24,209,009     |
| Total Investments at Fair Value |                |         |         | \$ 148,002,161 |

# PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

### NOTE 8 – FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2021 and 2020, respectively.

| December 31, 2021                        | Fair Market Value    | Unfunded<br>Commitment | Redemption<br>Frequency (if<br>currently eligible)              | Redemption Notice<br>Period |
|------------------------------------------|----------------------|------------------------|-----------------------------------------------------------------|-----------------------------|
| JPMCB Strategic Property Fund*           | \$ 18,167,912        | NA                     | First business day<br>of the month<br>following quarter-<br>end | 45 days in<br>advance       |
| SEI Structured Credit Collective<br>Fund | 8,592,711            | NA                     | Quarterly after 2<br>year lock up<br>expires                    | 65 days                     |
| SEI Global Private Asset IV              | 4,198,858            | \$ 2,291,353           | NA                                                              | NA                          |
| SEI Global Private Asset V               | 1,089,699            | \$ 3,645,009           | NA                                                              | NA                          |
| Total Investments measured at NAV        | <u>\$ 32,049,180</u> |                        |                                                                 |                             |

| December 31, 2020                        | Fair Market Value    | Unfunded<br>Commitment | Redemption<br>Frequency (if<br>currently eligible)              | Redemption Notice<br>Period |
|------------------------------------------|----------------------|------------------------|-----------------------------------------------------------------|-----------------------------|
| JPMCB Strategic Property Fund*           | \$ 15,141,174        | NA                     | First business day<br>of the month<br>following quarter-<br>end | 45 days in<br>advance       |
| SEI Structured Credit Collective<br>Fund | 6,663,484            | NA                     | Quarterly after 2<br>year lock up                               | 65 days                     |
| SEI Global Private Asset IV              | 2,218,491            | \$ 2,755,034           | NA                                                              | NA                          |
| SEI Global Private Asset V               | 185,860              | \$ 4,324,695           | NA                                                              | NA                          |
| Total Investments measured at NAV        | <u>\$ 24,209,009</u> |                        |                                                                 |                             |

\* Direct filing entity (DFE)

### JPMCB Strategic Property Fund

The JPMCB Strategic Property Fund's objective is to pursue a pure core real estate investment strategy designed to deliver a relatively high level of current income combined with moderate appreciation potential.

### SEI Structured Credit Collective Fund

The SEI Structured Credit Collective Fund's objective is to seek to generate high total returns by investing in a portfolio comprised of collateralized debt obligations and other structured credit investments.

**PENSION FUND OF WARDROBE UNION LOCAL 764 I.A.T.S.E**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

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**NOTE 8 – FAIR VALUE MEASUREMENTS (continued)**

**SEI Global Private Asset IV**

The SEI Global Private Asset IV's objective is to provide global exposure to the private assets sub-classes of venture capital, buyouts, debt, real estate, and real assets through a diversified fund of funds. Target return is MSCI World Index + 3%-5% on an IRR basis over the life of the fund while offering diversification benefits through access to opportunities not available through public market investments

**SEI Global Private Asset V**

The investment objective of the SEI Global Private Assets V is to offer exposure to a diversified pool of global private assets fund investments. Further, the Partnership will seek to shorten the duration of the typical private assets fund of funds through a dedicated focus on secondaries strategies (i.e. funds whose investment strategy is to purchase interests in other private market investments/funds as a way to provide the original investors liquidity prior to the end of those investments' funds' contracted end date) and income-producing investment strategies (e.g. debt, real estate, and to a lesser extent, real assets). Target return is MSCI World Index + 3%-5% on an IRR basis over the life of the fund while offering diversification benefits through access to opportunities not available through public market investments.

**NOTE 9 – CONCENTRATION OF CREDIT RISK**

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

**NOTE 10 – ADMINISTRATIVE EXPENSES**

|                                       | 2021              | 2020              |
|---------------------------------------|-------------------|-------------------|
| Professional fees:                    |                   |                   |
| Third party administrator             | \$ 130,679        | \$ 123,024        |
| Actuary and consultant                | 93,489            | 108,002           |
| Legal                                 | 74,208            | 76,819            |
| Auditing                              | 27,950            | 27,950            |
| Payroll audits                        | 6,959             | 12,747            |
| Payroll, net of allocations           | 115,782           | 49,185            |
| Pension Benefit Guaranty Corporation  | 65,224            | 72,218            |
| Insurance                             | 32,930            | 31,455            |
| Stationery, printing and postage      | 4,005             | 1,145             |
| Other general and administrative      | 3,564             | 2,916             |
| Conferences, conventions and meetings | 682               | 104               |
|                                       | <u>\$ 555,472</u> | <u>\$ 505,565</u> |

## 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.

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>              | January 1 through December 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Pension Credit Year</b>    | January 1 through December 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Plan Status</b>            | Ongoing plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Normal/Reduced Pension</b> | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> Age 65</li><li>• <i>Service Requirement:</i> 25/15 pension credits including one earned during the contribution period.</li><li>• <i>Amount:</i><ul style="list-style-type: none"><li>• \$53 for each pension credit earned prior to January 1, 2008, \$54 for each pension credit earned between January 1, 2008 and December 31, 2012, \$55 for each pension credit earned between January 1, 2013 and December 31, 2013, and \$56 for each pension credit earned on or after January 1, 2014, plus an additional 0.50% of year 2000 contributions, 0.75% of contributions for each year of service between January 1, 2001 and December 31, 2007, and 0.90% of contributions for each year of service on or after January 1, 2008. The percentage of contributions benefit accruals only apply to years of service where contributions equal or exceed \$2,500. The total benefit is limited to the highest 30 years of benefit accruals. Effective January 1, 2005, an additional \$60 per month is paid to all retirees.</li></ul></li></ul> |
| <b>Early Retirement</b>       | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> 60</li><li>• <i>Service Requirement:</i> 15 pension credits including one earned during the contribution period.</li><li>• <i>Amount:</i> Normal pension accrued reduced by 4% for each year of age less than 65. The \$60 supplement is not subject to reduction.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Disability</b>             | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> None</li><li>• <i>Service Requirement:</i> 15 pension credits, at least five of which are years of future service credit.</li><li>• <i>Amount:</i> Normal pension accrued</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Vesting</b>                | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> None</li><li>• <i>Service Requirement:</i> 5 vesting credits</li><li>• <i>Amount:</i> Normal pension accrued based on plan in effect when last active, except benefit is based on vesting credit rather than pension credit.</li><li>• <i>Normal Retirement Age:</i> Later of age 65 or the fifth anniversary of participation.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## Section 3: Certificate of Actuarial Valuation

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pre-Retirement Death Benefits</b> | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> 5 vesting credits</li> <li>• <i>Amount:</i> 50% of the benefit employee would have received had they retired the day before they died and elected the joint and survivor option. This benefit is payable immediately. If the employee died prior to eligibility for an early retirement pension, the benefit is not reduced below the amount that would have been payable when the employee would have attained age 60. In addition, a \$10,000 lump sum benefit is payable.</li> <li>• <i>Charge for Coverage:</i> None</li> </ul>                                                                                                                                                                                                           |
| <b>Post-Retirement Death Benefit</b> | <ul style="list-style-type: none"> <li>• <b>Lump-Sum Benefit:</b><br/>\$5,000</li> <li>• <b>Joint and Survivor:</b><br/>If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. 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 are payable for the life of the employee with two years of payment guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.</li> </ul> |
| <b>Optional Forms of Benefits</b>    | <ul style="list-style-type: none"> <li>• Single life annuity with a two-year guarantee</li> <li>• 50% joint-and-survivor with pop-up</li> <li>• 75% joint-and-survivor with pop-up</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Participation</b>                 | Earliest January 1st or July 1st after having been credited with one-half a pension credit during a twelve consecutive month period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Pension Credit</b>                | One quarter of a credit for each \$6,250 earned in covered employment during a plan year. Maximum of one credit per plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Vesting Credit</b>                | One credit for \$25,000 or more earned in covered employment (or complete 1,000 hours of service) during a plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## Section 3: Certificate of Actuarial Valuation

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Contribution Rates</b>         | <p>           Broadway League – 6% of earnings<br/>           Disney Productions – 7½% of earnings<br/>           Roundabout – 7% of earnings<br/>           Manhattan Theater Club – 6% of earnings<br/>           Metropolitan Opera – 6% of earnings<br/>           Brooklyn Academy of Music – 6½% of earnings<br/>           NYC Ballet – 6% of earnings<br/>           American Ballet Theater – 7% of earnings<br/>           Madison Square Garden – 7% of earnings<br/>           City Center, Nassau Coliseum – 7% of earnings<br/>           Radio City Music Hall – 8% of earnings<br/>           Major films – \$1.85 per hour (minimum of 8 hours and maximum of 12 hours per day) plus \$5.00 per day<br/>           Low budget films – \$20.00 per day<br/>           Television – \$25.00 per day<br/> <i>Note: Tax relief income is used to offset otherwise required Broadway League employer contributions. The Fund retains any tax relief income in excess of the otherwise required contributions.</i> </p> |
| <b>Changes in Plan Provisions</b> | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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## Section 3: Certificate of Actuarial Valuation

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

| Type of Base                      | Date<br>Established | Outstanding<br>Balance | Years<br>Remaining | Amortization<br>Amount |
|-----------------------------------|---------------------|------------------------|--------------------|------------------------|
| Plan amendment                    | 01/01/1992          | \$79,692               | 1                  | \$79,692               |
| Plan amendment                    | 01/01/1993          | 382,139                | 2                  | 197,531                |
| Plan amendment                    | 01/01/1994          | 506,487                | 3                  | 180,372                |
| Plan amendment                    | 01/01/1996          | 304,845                | 5                  | 69,485                 |
| Assumption change                 | 01/01/1997          | 494,042                | 6                  | 96,867                 |
| Plan amendment                    | 01/01/1997          | 1,166,933              | 6                  | 228,802                |
| Plan amendment                    | 01/01/1998          | 912,189                | 7                  | 158,187                |
| Plan amendment                    | 01/01/1999          | 809,303                | 8                  | 126,666                |
| Plan amendment                    | 01/01/2000          | 470,841                | 9                  | 67,540                 |
| Plan amendment                    | 01/01/2001          | 1,664,052              | 10                 | 221,424                |
| Plan amendment                    | 01/01/2005          | 296,305                | 14                 | 31,664                 |
| Assumption change                 | 01/01/2005          | 673,137                | 14                 | 71,934                 |
| Actuarial loss                    | 01/01/2007          | 31,447                 | 1                  | 31,447                 |
| Plan amendment                    | 01/01/2008          | 122,594                | 2                  | 63,370                 |
| Actuarial loss                    | 01/01/2008          | 140,061                | 2                  | 72,399                 |
| Investment loss subject to relief | 01/01/2009          | 7,702,033              | 17                 | 737,273                |
| Actuarial loss                    | 01/01/2011          | 158,731                | 5                  | 36,180                 |
| Plan amendment                    | 01/01/2012          | 495,870                | 6                  | 97,226                 |
| Actuarial loss                    | 01/01/2012          | 1,289,752              | 6                  | 252,883                |
| Plan amendment                    | 01/01/2013          | 55,752                 | 7                  | 9,668                  |
| Actuarial loss                    | 01/01/2013          | 1,049,390              | 7                  | 181,979                |
| Plan amendment                    | 01/01/2014          | 110,048                | 8                  | 17,224                 |
| Assumption change                 | 01/01/2014          | 1,920,686              | 8                  | 300,610                |
| Actuarial loss                    | 01/01/2015          | 1,175,428              | 9                  | 168,610                |

## Section 3: Certificate of Actuarial Valuation

| Type of Base      | Date<br>Established | Outstanding<br>Balance | Years<br>Remaining | Amortization<br>Amount |
|-------------------|---------------------|------------------------|--------------------|------------------------|
| Plan amendment    | 01/01/2015          | 1,199,663              | 9                  | 172,086                |
| Plan amendment    | 01/01/2016          | 104,749                | 10                 | 13,938                 |
| Actuarial loss    | 01/01/2016          | 3,029,914              | 10                 | 403,170                |
| Actuarial loss    | 01/01/2017          | 2,404,548              | 11                 | 299,685                |
| Actuarial loss    | 01/01/2018          | 939,303                | 12                 | 110,523                |
| Actuarial loss    | 01/01/2019          | 3,027,044              | 13                 | 338,494                |
| Assumption change | 01/01/2019          | 3,992,969              | 13                 | 446,507                |
| Actuarial loss    | 01/01/2020          | 1,671,401              | 14                 | 178,613                |
| Assumption change | 01/01/2021          | 4,819,493              | 15                 | 494,537                |
| <b>Total</b>      |                     | <b>\$43,200,841</b>    |                    | <b>\$5,956,586</b>     |

## Section 3: Certificate of Actuarial Valuation

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

| Type of Base      | Date<br>Established | Outstanding<br>Balance | Years<br>Remaining | Amortization<br>Amount |
|-------------------|---------------------|------------------------|--------------------|------------------------|
| Assumption change | 01/01/1993          | \$124,494              | 2                  | \$64,352               |
| Plan amendment    | 01/01/2003          | 14,185                 | 12                 | 1,669                  |
| Plan amendment    | 01/01/2006          | 116,443                | 15                 | 11,948                 |
| Assumption change | 01/01/2007          | 515,880                | 16                 | 51,037                 |
| Actuarial gain    | 01/01/2009          | 1,623,044              | 3                  | 578,003                |
| Actuarial gain    | 01/01/2010          | 1,953,968              | 4                  | 539,127                |
| Assumption change | 01/01/2011          | 341,975                | 5                  | 77,948                 |
| Actuarial gain    | 01/01/2014          | 250,291                | 8                  | 39,174                 |
| Actuarial gain    | 01/01/2021          | 9,280,179              | 15                 | 952,256                |
| <b>Total</b>      |                     | <b>\$14,220,459</b>    |                    | <b>\$2,315,514</b>     |

## Section 3: Certificate of Actuarial Valuation

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Annual Administrative Expenses</b>                                           | <p>\$485,000 for the year beginning January 1, 2021 (equivalent to \$467,636 payable at the beginning of the year). This is equivalent to 22.2% load on the normal cost as of January 1, 2021.</p> <p>The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Actuarial Value of Assets</b>                                                | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Actuarial Cost Method</b>                                                    | <p>Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Benefits Valued</b>                                                          | <p>Unless otherwise indicated, includes all benefits summarized in Exhibit L.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Current Liability Assumptions</b>                                            | <p><i>Interest:</i> 2.43% within the permissible range prescribed under IRC Section 431(c)(6)(E)</p> <p><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2); RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2019 (previously, the MP-2018 scale was used).</p>                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Actuarial Models</b>                                                         | <p>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.</p> |
| <b>Justification for Change in Actuarial Assumptions (Schedule MB, line 11)</b> | <p>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 the mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.</p> <p>Net investment return 7.00%, previously 7.25%</p>                                                                                                                                                                                                                                                                                                                            |
| <b>Estimated Rate of Investment Return</b>                                      | <p><i>On actuarial value of assets (Schedule MB, line 6g):</i> 8.8% for the Plan Year ending December 31, 2020</p> <p><i>On current (market) value of assets (Schedule MB, line 6h):</i> 11.4% for the Plan Year ending December 31, 2020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>FSA Contribution Timing (Schedule MB, line 3a)</b>                           | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                                        |                                                             |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>PENSION FUND OF WARDROBE LOCAL 764 I.A.T.S.E.                                                 | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BOARD OF TRUSTEES - PENSION FUND LOCAL 764 | <b>D</b> Employer Identification Number (EIN)<br>13-6137855 |

**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.....                                           | <b>1b(1)</b> | 148,902,175 |
| (2) Actuarial value of assets for funding standard account .....           | <b>1b(2)</b> | 142,348,123 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods ..... | <b>1c(1)</b> | 151,250,243 |

(2) Information for plans using spread gain methods:

|                                                           |                 |             |
|-----------------------------------------------------------|-----------------|-------------|
| (a) Unfunded liability for methods with bases .....       | <b>1c(2)(a)</b> |             |
| (b) Accrued liability under entry age normal method ..... | <b>1c(2)(b)</b> |             |
| (c) Normal cost under entry age normal method .....       | <b>1c(2)(c)</b> |             |
| (3) Accrued liability under unit credit cost method ..... | <b>1c(3)</b>    | 142,551,475 |

**d** Information on current liabilities of the plan:

|                                                                                                               |                 |             |
|---------------------------------------------------------------------------------------------------------------|-----------------|-------------|
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |             |
| (2) "RPA '94" information:                                                                                    |                 |             |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> | 294,538,513 |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                 | <b>1d(2)(b)</b> | 8,842,454   |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                  | <b>1d(2)(c)</b> | 6,133,057   |
| (3) Expected plan disbursements for the plan year.....                                                        | <b>1d(3)</b>    | 6,618,057   |

**Statement by Enrolled Actuary**

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

|                               |                  |                                        |
|-------------------------------|------------------|----------------------------------------|
| <b>SIGN HERE</b>              | Joshua Kaplan JK | 10/10/2022                             |
| Signature of actuary          |                  | Date                                   |
| Joshua Kaplan, FSA, FCA, MAAA |                  | 2005487                                |
| Type or print name of actuary |                  | Most recent enrollment number          |
| SEGAL                         |                  | 212-251-5000                           |
| Firm name                     |                  | 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 | 148,902,175 |
|----|-------------|

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

(1) For retired participants and beneficiaries receiving payment.....

|     |            |
|-----|------------|
| 345 | 70,501,106 |
|-----|------------|

(2) For terminated vested participants .....

|     |            |
|-----|------------|
| 467 | 64,914,799 |
|-----|------------|

(3) For active participants:

(a) Non-vested benefits.....

---

11,756,471

(b) Vested benefits.....

147,366,137

(c) Total active.....

|       |             |
|-------|-------------|
| 1,225 | 159,122,608 |
|-------|-------------|

(4) Total .....

|       |             |
|-------|-------------|
| 2,037 | 294,538,513 |
|-------|-------------|

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

|    |        |
|----|--------|
| 2c | 50.55% |
|----|--------|

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2021               | 3,815,954                         |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | Totals ►                 | 3(b)                              | 3(c)                            |
|                          |                                   |                                 |                          | 3,815,954                         | 0                               |

**(d)** Total withdrawal liability amounts included in line 3(b) total

|      |   |
|------|---|
| 3(d) | 0 |
|------|---|

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

|    |        |
|----|--------|
| 4a | 99.9 % |
|----|--------|

**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 |  |
|----|--|

**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):

|                                                                                                                                                                      |                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b>                                                           |  |
| <b>k</b> Has a change been made in funding method for this plan year?.....                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>m</b> 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 ..... | <b>5m</b>                                                           |  |

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                        | 2.43 %                                                                                           |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                                                                                  |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | 6P                                                                                               |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | 6FP                                                                                              |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 7.00 %                                                                                           |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 22.2 % <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A                      |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 8.8 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | 11.4 %                                                                                           |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 4                | 4,819,493           | 494,537                        |
| 1                | -9,280,179          | -952,256                       |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                                                           |  |
| <b>b(1)</b> Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule .....                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>b(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule .....                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....                                                                                                                                            | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)) .....                                                                                                | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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) ..... | <b>8e</b>                                                           |  |

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

|                                                                                                                  |                     |            |
|------------------------------------------------------------------------------------------------------------------|---------------------|------------|
| <b>a</b> Prior year funding deficiency, if any .....                                                             | <b>9a</b>           | 0          |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                          | <b>9b</b>           | 2,574,984  |
| <b>c</b> 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 ..... | <b>9c(1)</b>        | 43,200,841 |
| (2) Funding waivers .....                                                                                        | <b>9c(2)</b>        | 0          |
| (3) Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        | 0          |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                     | <b>9d</b>           | 597,210    |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                             | <b>9e</b>           | 9,128,780  |
| <b>Credits to funding standard account:</b>                                                                      |                     |            |
| <b>f</b> Prior year credit balance, if any.....                                                                  | <b>9f</b>           | 20,078,262 |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....                                            | <b>9g</b>           | 3,815,954  |
|                                                                                                                  | Outstanding balance |            |
| <b>h</b> Amortization credits as of valuation date.....                                                          | <b>9h</b>           | 14,220,459 |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                | <b>9i</b>           | 1,689,993  |

**j** Full funding limitation (FFL) and credits:

|                                                                                             |              |             |
|---------------------------------------------------------------------------------------------|--------------|-------------|
| (1) ERISA FFL (accrued liability FFL) .....                                                 | <b>9j(1)</b> | 33,764,242  |
| (2) "RPA '94" override (90% current liability FFL) .....                                    | <b>9j(2)</b> | 128,638,888 |
| (3) FFL credit .....                                                                        | <b>9j(3)</b> | 0           |
| <b>k</b> (1) Waived funding deficiency .....                                                | <b>9k(1)</b> | 0           |
| (2) Other credits .....                                                                     | <b>9k(2)</b> | 0           |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>    | 27,899,723  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>    | 18,770,943  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>    |             |

**9o** Current year's accumulated reconciliation account:

|                                                                                                                 |                 |   |
|-----------------------------------------------------------------------------------------------------------------|-----------------|---|
| (1) Due to waived funding deficiency accumulated prior to the 2021 plan year .....                              | <b>9o(1)</b>    | 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 .....                                               | <b>9o(2)(a)</b> | 0 |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> | 0 |
| (3) Total as of valuation date .....                                                                            | <b>9o(3)</b>    | 0 |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....          | <b>10</b>       |   |

**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

### Retirement Rates

| Age         | Annual Retirement Rates |                  |
|-------------|-------------------------|------------------|
|             | Actives                 | Inactive Vesteds |
| 60 - 61     | 2%                      | 10%              |
| 62          | 20%                     | 30%              |
| 63 - 64     | 3%                      | 5%               |
| 65          | 40%                     | 50%              |
| 66 - 67     | 30%                     | 30%              |
| 68 - 71     | 20%                     | 5%               |
| 72 or older | 100%                    | 100%             |

The retirement 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 retirements by age and the projected number based on the prior years' assumption over the past 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.

**Future Benefit Accruals**  
One pension credit per year. Participants are assumed to have the same amount of employer contributions in all future years as actually contributed in the previous 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 at least one quarter of a credit in the most recent plan year and who have accumulated at least one pension credit by the end of the year based on the plan provisions in effect on the valuation date.

**Percent Married** 30%

**Age of Spouse** Females three years younger than males, if actual age is unknown.

**Benefit Election**  
Married participants are assumed to elect the more valuable (based on valuation assumptions) of the 50% joint-and-survivor annuity with pop-up and the life annuity with two-year guarantee and non-married participants are assumed to elect the life annuity with two-year guarantee.

**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 provided by Segal Marco Advisors as well as the Plan's target asset allocation.

## 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      | 6,142,411                        |
| 2022      | 6,864,542                        |
| 2023      | 7,485,184                        |
| 2024      | 8,123,212                        |
| 2025      | 8,754,029                        |
| 2026      | 9,399,139                        |
| 2027      | 10,011,853                       |
| 2028      | 10,621,826                       |
| 2029      | 11,141,249                       |
| 2030      | 11,615,367                       |

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.

## Section 3: Certificate of Actuarial Valuation

### Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

#### Mortality Rates

*Nonannuitant:* RP-2014 Blue Collar Employee Mortality Table

*Healthy annuitant:* RP-2014 Blue Collar Healthy Annuitant Mortality Table

*Disabled annuitant:* RP-2014 Disabled Annuitant Mortality Table

The underlying tables with generational projection under Scale MP-2014 to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using generational projection under Scale MP-2014 to reflect future mortality improvement between the measurement date and those years.

The mortality 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 and the projected number based on the prior years' assumption over the past several years.

#### Termination Rates

| Age | Rate (%)               |        |            |                         |
|-----|------------------------|--------|------------|-------------------------|
|     | Mortality <sup>1</sup> |        | Disability | Withdrawal <sup>2</sup> |
|     | Male                   | Female |            |                         |
| 20  | 0.05                   | 0.02   | 0.03       | 9.94                    |
| 25  | 0.06                   | 0.02   | 0.04       | 9.67                    |
| 30  | 0.06                   | 0.02   | 0.06       | 9.30                    |
| 35  | 0.07                   | 0.03   | 0.07       | 8.71                    |
| 40  | 0.08                   | 0.04   | 0.11       | 7.75                    |
| 45  | 0.13                   | 0.07   | 0.18       | 6.35                    |
| 50  | 0.22                   | 0.12   | 0.30       | 4.22                    |
| 55  | 0.36                   | 0.19   | 0.50       | 1.55                    |
| 60  | 0.61                   | 0.27   | 0.81       | 0.15                    |

<sup>1</sup> Mortality rates shown for base table and do not reflect any mortality projection.

<sup>2</sup> Withdrawal rates do not apply at or beyond 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 past several years.

## Section 3: Certificate of Actuarial Valuation

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Retirement Rates</b>                                                                                                                                                                                                                                                                                                                         | <b>Annual Retirement Rates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |
|                                                                                                                                                                                                                                                                                                                                                 | <b>Age</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Actives</b>          |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Inactive Vesteds</b> |
|                                                                                                                                                                                                                                                                                                                                                 | 60 - 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2%                      |
|                                                                                                                                                                                                                                                                                                                                                 | 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20%                     |
|                                                                                                                                                                                                                                                                                                                                                 | 63 - 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3%                      |
|                                                                                                                                                                                                                                                                                                                                                 | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 40%                     |
|                                                                                                                                                                                                                                                                                                                                                 | 66 - 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 30%                     |
|                                                                                                                                                                                                                                                                                                                                                 | 68 - 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20%                     |
|                                                                                                                                                                                                                                                                                                                                                 | 72 or older                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100%                    |
| The retirement 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 retirements by age and the projected number based on the prior years' assumption over the past several years |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| <b>Description of Weighted Average Retirement Age</b>                                                                                                                                                                                                                                                                                           | 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. |                         |
| <b>Future Benefit Accruals</b>                                                                                                                                                                                                                                                                                                                  | One pension credit per year. Participants are assumed to have the same amount of employer contributions in all future years as actually contributed in the previous year.                                                                                                                                                                                                                                                                                                                      |                         |
| <b>Unknown Data for Participants</b>                                                                                                                                                                                                                                                                                                            | Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.                                                                                                                                                                                                                                                                                                                                                             |                         |
| <b>Definition of Active Participants</b>                                                                                                                                                                                                                                                                                                        | Active participants are defined as those who earned at least one quarter of a credit in the most recent plan year and who have accumulated at least one pension credit by the end of the year based on the plan provisions in effect on the valuation date.                                                                                                                                                                                                                                    |                         |
| <b>Percent Married</b>                                                                                                                                                                                                                                                                                                                          | 30%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |
| <b>Age of Spouse</b>                                                                                                                                                                                                                                                                                                                            | Females three years younger than males, if actual age is unknown.                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
| <b>Benefit Election</b>                                                                                                                                                                                                                                                                                                                         | Married participants are assumed to elect the more valuable (based on valuation assumptions) of the 50% joint-and-survivor annuity with pop-up and the life annuity with two-year guarantee and non-married participants are assumed to elect the life annuity with two-year guarantee.                                                                                                                                                                                                        |                         |
| <b>Net Investment Return</b>                                                                                                                                                                                                                                                                                                                    | 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 provided by Segal Marco Advisors as well as the Plan's target asset allocation.                                                                      |                         |

## Section 3: Certificate of Actuarial Valuation

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Annual Administrative Expenses</b>                                           | <p>\$485,000 for the year beginning January 1, 2021 (equivalent to \$467,636 payable at the beginning of the year). This is equivalent to 22.2% load on the normal cost as of January 1, 2021.</p> <p>The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Actuarial Value of Assets</b>                                                | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Actuarial Cost Method</b>                                                    | <p>Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Benefits Valued</b>                                                          | <p>Unless otherwise indicated, includes all benefits summarized in Exhibit L.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Current Liability Assumptions</b>                                            | <p><i>Interest:</i> 2.43% within the permissible range prescribed under IRC Section 431(c)(6)(E)</p> <p><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2019 (previously, the MP-2018 scale was used).</p>                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Actuarial Models</b>                                                         | <p>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.</p> |
| <b>Justification for Change in Actuarial Assumptions (Schedule MB, line 11)</b> | <p>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 the mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.</p> <p>Net investment return 7.00%, previously 7.25%</p>                                                                                                                                                                                                                                                                                                                            |
| <b>Estimated Rate of Investment Return</b>                                      | <p><i>On actuarial value of assets (Schedule MB, line 6g):</i> 8.8% for the Plan Year ending December 31, 2020</p> <p><i>On current (market) value of assets (Schedule MB, line 6h):</i> 11.4% for the Plan Year ending December 31, 2020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>FSA Contribution Timing (Schedule MB, line 3a)</b>                           | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## 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          | Total        | Pension Credits |            |            |            |            |           |           |           |           |
|--------------|--------------|-----------------|------------|------------|------------|------------|-----------|-----------|-----------|-----------|
|              |              | 1 - 4           | 5 - 9      | 10 - 14    | 15 - 19    | 20 - 24    | 25 - 29   | 30 - 34   | 35 - 39   | 40 & over |
| Under 25     | 10           | 9               | 1          | —          | —          | —          | —         | —         | —         | —         |
| 25 - 29      | 85           | 75              | 10         | —          | —          | —          | —         | —         | —         | —         |
| 30 - 34      | 228          | 129             | 88         | 11         | —          | —          | —         | —         | —         | —         |
| 35 - 39      | 167          | 55              | 68         | 40         | 4          | —          | —         | —         | —         | —         |
| 40 - 44      | 144          | 36              | 52         | 32         | 18         | 6          | —         | —         | —         | —         |
| 45 - 49      | 141          | 24              | 27         | 26         | 29         | 31         | 4         | —         | —         | —         |
| 50 - 54      | 131          | 21              | 17         | 19         | 23         | 34         | 16        | 1         | —         | —         |
| 55 - 59      | 143          | 19              | 22         | 13         | 18         | 36         | 22        | 13        | —         | —         |
| 60 - 64      | 102          | 13              | 15         | 11         | 13         | 15         | 16        | 11        | 7         | 1         |
| 65 - 69      | 64           | 6               | 6          | 7          | 8          | 9          | 5         | 7         | 7         | 9         |
| 70 & over    | 9            | —               | 2          | 2          | 1          | 1          | 1         | 2         | —         | —         |
| Unknown      | 1            | 1               | —          | —          | —          | —          | —         | —         | —         | —         |
| <b>Total</b> | <b>1,225</b> | <b>388</b>      | <b>308</b> | <b>161</b> | <b>114</b> | <b>132</b> | <b>64</b> | <b>34</b> | <b>14</b> | <b>10</b> |

Note: Excludes 43 participants with less than one pension credit.

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
17201-PEN-C

ASSET SUMMARY  
AS OF 12/31/21  
WARDROBE ATTENDANTS LOC 764 PEN-CONS

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| DESCRIPTION               | COST           | PERCENT<br>OF<br>COST | MARKET VALUE   | PERCENT<br>OF<br>MARKET | YIELD<br>ON<br>MARKET | EST.<br>ANNUAL<br>INCOME |
|---------------------------|----------------|-----------------------|----------------|-------------------------|-----------------------|--------------------------|
| EQUITY MUTUAL FUNDS       | 68,198,040.34  | 49.13                 | 80,822,499.83  | 49.48                   | 2.68                  | 2,163,898.20             |
| FIXED INCOME MUTUAL FUNDS | 50,714,093.91  | 36.53                 | 50,488,190.76  | 30.91                   | 2.56                  | 1,289,642.65             |
| OTHER ASSETS              | 19,909,776.16  | 14.34                 | 32,049,179.43  | 19.62                   | 0.00                  | 0.00                     |
| TOTAL ASSETS              | 138,821,910.41 | 100.00                | 163,359,870.02 | 100.00                  | 2.12                  | 3,453,540.84             |
| ENDING ACCRUAL FOR PERIOD |                |                       | 72,670.66      |                         |                       |                          |
| ENDING MARKET VALUE       |                |                       | 163,432,540.68 |                         |                       |                          |

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

**PAGE 2**

| SHARES/<br>PAR VALUE      | DESCRIPTION                                                                            | COST VALUE    | MARKET VALUE  | MARKET<br>PRICE | PERCENT<br>OF<br>MARKET | YIELD<br>ON<br>MARKET |
|---------------------------|----------------------------------------------------------------------------------------|---------------|---------------|-----------------|-------------------------|-----------------------|
| EQUITY MUTUAL FUNDS       |                                                                                        |               |               |                 |                         |                       |
| 345,023.1770              | EMERGING MKTS EQUITY FUND (SIEMX)<br>CUSIP: 78411R703<br>TICKER: 97<br>17201-PEN       | 3,649,979.72  | 4,450,798.98  | 12.900          | 2.73                    | 1.15                  |
| 537,764.3960              | SEI DYNAMIC ASSET ALLOC FUND (SDLAX)<br>CUSIP: 783980683<br>TICKER: SDLAX<br>17201-PEN | 9,780,673.02  | 13,051,541.89 | 24.270          | 7.99                    | 6.38                  |
| 255,184.5480              | SEI EXTENDED MKT INDEX-A (SMXAX)<br>CUSIP: 783980659<br>TICKER: SMXAX<br>17201-PEN     | 3,548,956.78  | 4,950,580.23  | 19.400          | 3.03                    | 1.07                  |
| 752,346.0130              | SEI LARGE CAP FUND (SLCAX)<br>CUSIP: 783980105<br>TICKER: SLCAX<br>17201-PEN           | 13,798,860.28 | 12,669,506.86 | 16.840          | 7.76                    | 1.64                  |
| 552,399.1450              | SEI S&P 500 IDX-A (SPINX)<br>CUSIP: 783980626<br>TICKER: SPINX<br>17201-PEN            | 6,964,960.73  | 12,942,711.97 | 23.430          | 7.92                    | 1.28                  |
| 287,075.2700              | SEI SMALL CAP II FUND-A (SECAX)<br>CUSIP: 783980642<br>TICKER: SECAX<br>17201-PEN      | 3,241,586.10  | 3,467,869.26  | 12.080          | 2.12                    | 0.87                  |
| 2,251,305.9680            | SEI WORLD EQUITY EX-US FUND (WEUSX)<br>CUSIP: 783980774<br>TICKER: WEUSX<br>17201-PEN  | 27,213,023.71 | 29,289,490.64 | 13.010          | 17.93                   | 2.82                  |
| TOTAL EQUITY MUTUAL FUNDS |                                                                                        | 68,198,040.34 | 80,822,499.83 |                 | 49.48                   | 2.68                  |
| FIXED INCOME MUTUAL FUNDS |                                                                                        |               |               |                 |                         |                       |

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
17201-PEN-C

ASSET STATEMENT  
AS OF 12/31/21  
WARDROBE ATTENDANTS LOC 764 PEN-CONS

PAGE 3

| SHARES/<br>PAR VALUE            | DESCRIPTION                                                                                                                                             | COST VALUE    | MARKET VALUE  | MARKET<br>PRICE | PERCENT<br>OF<br>MARKET | YIELD<br>ON<br>MARKET |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|-----------------|-------------------------|-----------------------|
| 614,298.1400                    | EMERGING MRKTS DEBT FUND (SEDAX)<br>CUSIP: 783980758<br>TICKER: SEDAX<br>17201-PEN                                                                      | 6,243,313.12  | 5,854,261.27  | 9.530           | 3.58                    | 4.69                  |
| 2,599,103.0740                  | SEI CORE FIXED INCOME FUND (SCOAX)<br>CUSIP: 783980204<br>TICKER: SCOAX<br>17201-PEN                                                                    | 26,780,454.88 | 27,212,609.18 | 10.470          | 16.66                   | 1.84                  |
| 564,076.5090                    | SEI HIGH YIELD BOND FUND (SGYAX)<br>CUSIP: 783980303<br>TICKER: SGYAX<br>17201-PEN                                                                      | 5,216,322.36  | 5,014,640.17  | 8.890           | 3.07                    | 5.85                  |
| 773,846.9950                    | SEI OPPORTUNISTIC INC FD-A (ENIAX)<br>CUSIP: 783980717<br>TICKER: ENIAX<br>17201-PEN                                                                    | 6,314,197.55  | 6,283,637.60  | 8.120           | 3.85                    | 2.66                  |
| 614,146.6940                    | SEI ULTRA SH DURATION BD FD (SUSAX)<br>CUSIP: 783980675<br>TICKER: SUSAX<br>17201-PEN                                                                   | 6,159,806.00  | 6,123,042.54  | 9.970           | 3.75                    | 0.87                  |
| TOTAL FIXED INCOME MUTUAL FUNDS |                                                                                                                                                         | 50,714,093.91 | 50,488,190.76 |                 | 30.91                   | 2.56                  |
| OTHER ASSETS                    |                                                                                                                                                         |               |               |                 |                         |                       |
| 1,447,561.6520                  | JPMCB STRATEGIC PROPERTY FUND<br>CUSIP: 200407179<br>TICKER:<br>*PLEASE REFER TO HELD-AWAY<br>DISCLAIMER AT THE BOTTOM OF<br>THIS REPORT<br>17201-PEN-M | 10,896,138.63 | 18,167,912.03 | 12.551          | 11.12                   | 0.00                  |

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
17201-PEN-C

ASSET STATEMENT  
AS OF 12/31/21  
WARDROBE ATTENDANTS LOC 764 PEN-CONS

PAGE 4

| SHARES/<br>PAR VALUE      | DESCRIPTION                                                                     | COST VALUE     | MARKET VALUE   | MARKET<br>PRICE | PERCENT<br>OF<br>MARKET | YIELD<br>ON<br>MARKET |
|---------------------------|---------------------------------------------------------------------------------|----------------|----------------|-----------------|-------------------------|-----------------------|
| 1,089,698.5600            | SEI GLOBAL PRIVATE ASSETS V CIT<br>CUSIP: IMO789880<br>TICKER:<br>17201PENPE    | 854,990.58     | 1,089,698.56   | 1.000           | 0.67                    | 0.00                  |
| 4,198,857.8000            | SEI GPA IV CIT PRIVATE EQUITY FUND<br>CUSIP: IMO789112<br>TICKER:<br>17201PENPE | 2,208,646.95   | 4,198,857.80   | 1.000           | 2.57                    | 0.00                  |
| 2,330.2350                | SEI STRUCTURED CREDIT COLLECTIVE<br>CUSIP: 99999SRC9<br>TICKER:<br>17201PENSC   | 5,950,000.00   | 8,592,711.04   | 3,687.487       | 5.26                    | 0.00                  |
| TOTAL OTHER ASSETS        |                                                                                 | 19,909,776.16  | 32,049,179.43  |                 | 19.62                   | 0.00                  |
| TOTAL ASSETS              |                                                                                 | 138,821,910.41 | 163,359,870.02 |                 | 100.00                  | 2.12                  |
| ENDING ACCRUAL FOR PERIOD |                                                                                 |                | 72,670.66      |                 |                         |                       |
| ENDING MARKET VALUE       |                                                                                 |                | 163,432,540.68 |                 |                         |                       |

\*UNLESS OTHERWISE NOTED, SEI PRIVATE TRUST COMPANY ("SPTC") IS CUSTODIAN IN CONNECTION WITH THE ASSETS IN YOUR ACCOUNT. FOR INSTANCES IN WHICH SPTC DOES NOT CUSTODY SOME OR ALL OF THE UNITS OF AN ASSET, THAT ASSET WILL BE MARKED BY AN ASTERISK IN THIS REPORT ("HELD-AWAY ASSETS"). ALL INFORMATION ON THIS REPORT REGARDING HELD AWAY ASSETS WAS PROVIDED BY AN INDEPENDENT THIRD-PARTY SUCH AS AN INVESTMENT MANAGER. SPTC HAS NOT VERIFIED SUCH INFORMATION AND HAS NO OBLIGATION TO DO SO NOR WILL SPTC BE HELD RESPONSIBLE OR LIABLE TO YOU FOR THE VALUE THAT HAS BEEN ATTRIBUTED TO SUCH ASSETS. YOU SHOULD RAISE ANY QUESTIONS CONCERNING INFORMATION ON THIS REPORT WITH YOUR INSTITUTIONAL RELATIONSHIP MANAGER.

2021

FEDERAL STATEMENTS

PAGE 1

13-6137855

CLIENT L764PEN

BOARD OF TRUSTEES - PENSION FUND

PLAN NO. 001

7/18/22

12:23PM

STATEMENT 6

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PENSION FUND OF WARDROBE ATTENDANTS UNION 13-6137855 001

| <u>PARTY IN</u><br><u>INTEREST</u> | <u>IDENTIFICATION</u> | <u>DESCRIPTION</u> | <u>COST</u>     | <u>CURRENT</u><br><u>AMOUNT</u> |
|------------------------------------|-----------------------|--------------------|-----------------|---------------------------------|
|                                    | SEI                   | SEE ATTACHED       | \$ 138,821,911. | \$ 163,359,870.                 |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

**Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**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**

|                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 a</b> Name of plan<br>PENSION FUND OF WARDROBE ATTENDANTS UNION<br>LOCAL 764                                                                                                                                                                              | <b>1b</b> Three-digit plan number (PN).... <b>001</b><br><b>1c</b> Effective date of plan<br>07/01/1961                                                                           |
| <b>2 a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <b>2b</b> Employer Identification Number (EIN)<br>13-6137855<br><b>2c</b> Plan Sponsor's telephone number<br>212-957-3900<br><b>2d</b> Business code (see instructions)<br>525100 |

BOARD OF TRUSTEES - PENSION FUND  
 LOCAL 764  
 545 WEST 45TH ST  
 NEW YORK, NY 10036

**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.

|                  |                                        |                   |                                                                                        |
|------------------|----------------------------------------|-------------------|----------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of plan administrator    | 9/30/2022<br>Date | Frank Gallagher<br>Enter name of individual signing as plan administrator              |
| <b>SIGN HERE</b> | <br>Signature of employer/plan sponsor | 9/30/22<br>Date   | Christopher Brockmeyer<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | _____<br>Signature of DFE              | _____<br>Date     | _____<br>Enter name of individual signing as DFE                                       |

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

Form 5500 (2021)  
v. 210624