Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

165 WEST 46TH STREET SUITE 812
NEW YORK, NY 10036-2501

2b Employer Identification Number (EIN) 13-6696817

2c Plan Sponsor's telephone number 212-869-9380

2d Business code (see instructions) 711510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/31/2022	BRIAN MYERS-COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/31/2022	CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

165 WEST 46TH STREET SUITE 812
NEW YORK, NY 10036-2501

3b Administrator's EIN
13-6696817

3c Administrator's telephone number
212-869-9380

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	50102
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	28091
a(2) Total number of active participants at the end of the plan year	**6a(2)**	25404
b Retired or separated participants receiving benefits	**6b**	8547
c Other retired or separated participants entitled to future benefits	**6c**	13993
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	47944
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	534
f Total. Add lines **6d** and **6e**	**6f**	48478
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1249

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

1A 1B

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

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

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

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6696817

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2021

b	Assets		
(1)	Current value of assets	**1b(1)**	2231043524
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1988048922
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	1997760634
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	1997760634
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	4578357035
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	131930035
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	92614401
(3)	Expected plan disbursements for the plan year	**1d(3)**	97314401

Statement by Enrolled Actuary

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

SIGN HERE

	03/09/2023
Signature of actuary	Date
JOSHUA KAPLAN, FSA, FCA, MAAA	20-05487
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	2231043524
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		9096	1101223660
(2) For terminated vested participants		13978	1286780153
(3) For active participants:			
(a) Non-vested benefits			109416961
(b) Vested benefits			2080936261
(c) Total active		25404	2190353222
(4) Total		48478	4578357035
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	48.73 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
12/15/2021	25400232				
			Totals ► **3(b)**	25400232	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	400243

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	99.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.34 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males		**6c(1)**	A	A	
(2) Females		**6c(2)**	A	A	
d Valuation liability interest rate		**6d**	7.25 %	7.25 %	
e Expense loading		**6e**	13.9 % ☐ N/A	% ☒ N/A	
f Salary scale		**6f**	3.00 % ☐ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date		**6g**	10.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	29.4 %		

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-95894464	-9972546
3	783	81

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	37149483
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	786998263	96765721
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	9708852
e Total charges. Add lines 9a through 9d		**9e**	143624056

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	329763826
g	Employer contributions. Total from column (b) of line 3		**9g**	25400232
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 447522725		91651221
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	31396619
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 403930335		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 2222970730		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	478211898
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	334587842
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

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

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6696817

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).. . . . . [X] 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

AETOS CAPITAL

98-1531331

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

ARTISAN PARTNERS LP

30-0551775

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

ASIA RESEARCH AND CAPITAL MANAGEMEN

12 QUEENS ROAD CENTRAL 21ST FL SHANGHAI COMMERCIAL TOWER CENTRAL, HONG KONG 999077 HK

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

BLACKROCK FUND ADVISORS

94-2948313

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

BLACKROCK INSTITUTIONAL TRUST CO NA

94-3112180

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

BUENA VISTA FUND MANAGEMENT LLC

94-3304338

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

CAMBER CAPITAL MANAGEMENT LLC

42-1693587

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

CAT ROCK CAPITAL MANAGEMENT LP

47-3415525

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

CEVIAN CAPITAL LIMITED

98-0374494

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

CONSTELLATION INVESTIMENTOS E PART

RUA OLIMPIADAS 100 CONJUNTO 52 VILA OLIMPIA
SAO PAULO, SAO PAULO 4551 BR

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

DAVIDSON KEMPNER CAPITAL MGMT LP

13-3863161

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

ELLIOTT MANAGEMENT LP

84-3339129

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

FORT LLP

52-2208570

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

GLENDON CAPITAL MANAGEMENT LP

2425 OLYMPIC BOULEVARD
SUITE 500E
SANTA MONICA, CA 90404

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

HBK INVESTMENTS LP

98-0497416

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

INCA INVESTMENTS LLC

22-3899123

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

INDABA CAPITAL MANAGEMENT LP

27-3363835

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

JANCHOR CAPITAL MANAGEMENT LP

TWO EXCHANGE SQUARE SUITE 4107
CENTRAL, HONG KONG 999077 HK

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

JUNTO CAPITAL MANAGEMENT LP

80-0920674

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

KABOUTER MANAGEMENT LLC

20-0236475

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

LYXOR ASSET MANAGEMENT

TOURS SOCIETE GENERALE 17 COURS VALMY
PARIS, LA DEFENSE 92987 FR

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

MALABAR INVESTMENTS LLC

30TH ROAD 2ND FLOOR
WESTMUMBAI, INDIA 400050 MH

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

MATRIX CAPITAL MGMT CO LP

04-3475951

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

ORBIS INVESTMENTS LIMITED

98-0451139

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

OVERLOOK INVESTMENTS LP

11 DUDDELL ST 22ND FLOOR ROTTONJEE HOUSE
CE, HONG KONG 999077 HK

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

PARK PRESIDIO CAPITAL LLC

46-2796115

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

PROSPERITY CAPITAL MANAGEMENT

NO 6 CAVENDISH SQUARE 2ND FLOOR
LONDON, UNITED KINGDOM W1G 0PD GB

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

PZENA INVESTMENT MANAGEMENT LLC

13-3860154

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

QIEF MANAGEMENT LLC

118 ST JEAN ROAD CNR AVE DEZ AZALEES AND ROYAL RD
QUATRE BORNES, PLAINES WILHEMS 72249 MU

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

SENATOR INVESTMENT GROUP LP

26-2124641

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

SOROBAN CAPITAL PARTNERS LP

32-0303386

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

TENZING PRIVATE EQUITY LLP

CROWN HOUSE 143-147 REGENT STREET
LONDON, UNITED KINGDOM W1B 4NR GB

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

THE CHILDRENS INVESTMENT FUND MANAG

PO BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

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

TIGER GLOBAL MANAGEMENT LLC

9 WEST 57TH ST
35TH FLOOR
NEW YORK, NY 10019

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

TWO SIGMA ADVISORS LP

35-2191456

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

VALINOR MANAGEMENT LP

20-8961915

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

VIKING GLOBAL INVESTORS LP

13-4055118

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

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

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

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

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

ANGELO GORDON & CO

13-3478879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2937841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2484568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

400 CAPITAL MANAGEMENT LLC

26-3489627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1475787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CASTLELAKE V LP

82-1221295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1433608	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METRIC CAPITAL PARTNERS LP

98-1354413

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	1194237	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

NB ALTERNATIVES ADVISERS LLC

30-0536163

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	1117386	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

FORTRESS CREDIT OPPORTUNITIES V ADV

1345 AVENUE OF THE AMERICAS
47TH FLOOR
NEW YORK, NY 10105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1057989	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLUE TORCH CAPITAL LP

35-2577360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1000610	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OCP ASIA FUND III LP

98-1396023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	879683	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

SILVER LAKE PARTNERS LP

9 WEST 57TH STREET
32ND FLOOR
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	828234	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

STONE POINT CAPITAL LLC

20-2508799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	800076	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BALANCE POINT CAPITAL PARTNERS

285 RIVERSIDE AVENUE
SUITE 200
WESTPORT, CT 06880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	718450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THOMPSON STREET CAPITAL PARTNERS V

82-4416208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	717614	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KENNEDY LEWIS MANAGEMENT LP

80 BROAD STREET
22ND FLOOR
NEW YORK, NY 10004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	709640	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EAGLE CAPITAL MANAGEMENT LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	685801	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

CRAYHILL CAPITAL MANAGEMENT

34 E 51ST STREET
15TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	635742	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BARINGS LLC

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	616094	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARBOURVEST PARTNERS LP

74-3130888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	584195	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 62 72	NONE	544479	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	507669	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LIGHTSPEED VENTURE PARTNERS

2200 SAND HILL ROAD
MENLO PARK, CA 94025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	435151	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	375233	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL TODAY EVERGREEN FUND LP

98-1217842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	368750	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ATALAYA CAPITAL MANAGEMENT

ONE ROCKEFLLER PLAZA
32ND FLOOR
NEW YORK, NY 10020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	365176	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 50 51 52 62 72	NONE	350564	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

VITRUVIAN PARTNERS

105 WIGMORE STREET
LONDON, UNITED KINGDOM W1U1QY GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	319088	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

DOUBLELINE CAPITAL LP

30-0596331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	287910	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HS MANAGEMENT PARTNERS LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	285193	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

SPIVAK LIPTON LLP

13-3494495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	264368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PARAMETRIC PORTFOLIO ASSOC LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	259391	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	239529	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INVESTMENT MANAGEMENT LLC

20-5319476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	222562	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	219576	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BARES CAPITAL MANAGEMENT INC

74-2961140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	181753	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

XIANG HE

98-1436661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	167141	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACIFIC INVESTMENT MANAGEMENT COMPA

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	166432	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

BERKSHIRE PARTNERS LLC

200 CLARENDON STREET
34TH FLOOR
BOSTON, MA 02116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	142899	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCMORGAN AND COMPANY LLC

52-2334338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	132977	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ADP LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	132630	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

QUAN VENTURE FUND II LP

98-1432100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	130065	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST RESERVE GP XIII LP

98-1046104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	121021	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

FIVE STAR PRINTING & MAILING

13-3694151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	108669	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ARDIAN

1 GRAFTON STREET
LONDON, UNITED KINGDOM W1S4FE GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	94850	Yes [X] No [ ]	Yes [X] No [ ]	57	Yes [ ] No [X]

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

PEMBERTON CAPITAL ADVISORS LLP

52 GROSVENOR GARDENS
LONDON, UNITED KINGDOM SW1W0AU GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	92447	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	30000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COMPREHENSIVE CONSULTING SOLUTIONS

52-2099008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	21408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TERRY SCHMIDT LLC

45-3672353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	19707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MISSION CREEK

101 MISSION STREET
SUITE 850
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LCM CREDIT OPPORTUNITIES

98-1509785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	5758	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6696817

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN EMERGING MARKETS EQUITY FD

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

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)
04-2929221-002	E	72530395

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-023	C	25648256

a Name of MTIA, CCT, PSA, or 103-12 IE: HARVOURBEST PRTNS IX-CAYMAN CR OPP

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

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)
75-3269994-001	E	1729484

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PRTNS IX-CAYMAN VENTURE

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

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)
32-0292079-001	E	8385813

a Name of MTIA, CCT, PSA, or 103-12 IE: HIPEP VI-CAYMAN PRTNS FD LP

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

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)
98-0582576-001	E	4392861

a Name of MTIA, CCT, PSA, or 103-12 IE: MCMORGAN INFRASTRUCTURE FUND I

b Name of sponsor of entity listed in (a): MCMORGAN INFRASTRUCTURE GP LLC

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)
30-0808269-001	E	19646217

a Name of MTIA, CCT, PSA, or 103-12 IE: THE SILCHESTER INT'L VALUE EQ GR TR

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP

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)
36-7045783-001	E	79122983

a Name of MTIA, CCT, PSA, or 103-12 IE: TWO SIGMA INTERNATIONAL CORE FD

b Name of sponsor of entity listed in (a): TWO SIGMA ADVISERS LP

c EIN-PN 80-0813293-003	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77852624

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6696817

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	70640	82823
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300000	2040000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7828732	4617820
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22536952	18704901
(2) U.S. Government securities	1c(2)	73859214	59904679
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	11631013	7371865
(B) All other	1c(3)(B)	38608523	26241128
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	212602376	159657511
(5) Partnership/joint venture interests	1c(5)	1429988391	1430688042
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	17940545	25648256
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	279912270	263660377
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	137654747	122400853
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	27356	68418
f	Total assets (add all amounts in lines 1a through 1e)	1f	2232960759	2121086673
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1498662	834121
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	418573	4499983
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1917235	5334104
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2231043524	2115752569

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	12734493	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	12665739	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		25400232
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	89327	
	(B) U.S. Government securities	2b(1)(B)	2390016	
	(C) Corporate debt instruments	2b(1)(C)	1277637	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	33321170	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		37078150
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	1505832	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6280693	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7786525
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	489028517	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	414293994	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		74734523
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-109032704	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-109032704

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11664
(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)		-18663541
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-10543619
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6771230
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92835126	
(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)		92835126
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)	995894	
(2) Contract administrator fees	2i(2)	132630	
(3) Investment advisory and management fees	2i(3)	24303973	
(4) Other	2i(4)	3794562	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29227059
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		122062185
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-115290955
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP **(2)** EIN: 13-1577780

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		937110011
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 456154.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6696817

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 32

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ Increase ☐ Decrease ☐ Both ☐ No

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

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 BUENA VISTA THEATRICAL GROUP LTD

b EIN 13-3710515 **c** Dollar amount contributed by employer 1251065

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 09 Day 25 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) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer HAMILTON UPTOWN LLC

b EIN 47-3160329 **c** Dollar amount contributed by employer 1211810

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 09 Day 25 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) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	18
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**	128
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**	7

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.14
b The corresponding number for the second preceding plan year	**15b**	2.57

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**	1
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**	111567

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: 39 % Investment-Grade Debt: 6 % High-Yield Debt: 1 % Real Estate: 4 % Other: 50 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 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)?
[X] 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 _____

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Independent Auditor's Report

Board of Trustees
The Equity-League Pension Plan

Opinion

We have audited the accompanying financial statements of The Equity-League Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended May 31, 2022 and 2021, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2022, and the changes therein for the year ended May 31, 2022 and its financial status as of May 31, 2021, and its changes therein for the year ended May 31, 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Supplemental Schedules Required by ERISA

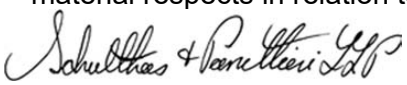
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 32 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 33 through 34 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
February 9, 2023

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▸ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A This return/report is for:
- [X] 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. ▸ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▸ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 06/01/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

BOARD OF TRUSTEES OF THE
EQUITY-LEAGUE PENSION TRUST FUND

165 WEST 46TH STREET SUITE 812

NEW YORK NY 10036-2501

2b Employer Identification Number (EIN) 13-6696817

2c Plan Sponsor's telephone number (212)869-9380

2d Business code (see instructions) 711510

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

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

SIGN HERE	X [signature]	X 11/1/22	X Brian Myers Cooper
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X [signature]	X 11/1/22	X Christopher Brockmeyer
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF THE
EQUITY-LEAGUE PENSION TRUST FUND

165 WEST 46TH STREET SUITE 812

NEW YORK NY 10036-2501

3b Administrator's EIN
13-6696817

3c Administrator's telephone number
(212)869-9380

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	50,102
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	28,091
a(2) Total number of active participants at the end of the plan year	**6a(2)**	25,404
b Retired or separated participants receiving benefits	**6b**	8,547
c Other retired or separated participants entitled to future benefits	**6c**	13,993
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	47,944
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	534
f Total. Add lines **6d** and **6e**	**6f**	48,478
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1,249

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

1A 1B

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐ ___	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

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

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

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6696817

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2021

b	Assets		
(1)	Current value of assets	1b(1)	2,231,043,524
(2)	Actuarial value of assets for funding standard account	1b(2)	1,988,048,922
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	1,997,760,634
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	
(b)	Accrued liability under entry age normal method	1c(2)(b)	
(c)	Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	1,997,760,634
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	4,578,357,035
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	131,930,035
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	92,614,401
(3)	Expected plan disbursements for the plan year	1d(3)	97,314,401

Statement by Enrolled Actuary

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

SIGN HERE Joshua Kaplan JK — 03/09/2023

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 [ ]

2 Operational information as of beginning of this plan year:

		(1) Number of participants	(2) Current liability
a Current value of assets (see instructions)	2a		2,231,043,524
b "RPA '94" current liability/participant count breakdown:			
(1) For retired participants and beneficiaries receiving payment		9,096	1,101,223,660
(2) For terminated vested participants		13,978	1,286,780,153
(3) For active participants:			
(a) Non-vested benefits			109,416,961
(b) Vested benefits			2,080,936,261
(c) Total active		25,404	2,190,353,222
(4) Total		48,478	4,578,357,035
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		48.73%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
12/15/2021	25,400,232				
			Totals ► 3(b)	25,400,232	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	400,243

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 2.34 %

		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.25 %		7.25 %	
e Expense loading	**6e**	13.9 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	3.00 %	☐ N/A		

g Estimated investment return on actuarial value of assets for year ending on the valuation date ..... **6g** 10.7 %

h Estimated investment return on current value of assets for year ending on the valuation date ..... **6h** 29.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-95,894,464	-9,972,546
3	783	81

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..... **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ..... ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

9 Funding standard account statement for this plan year:				
Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	0
b Employer's normal cost for plan year as of valuation date			9b	37,149,483
c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	786,998,263		96,765,721
(2) Funding waivers	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended	9c(3)	0		0
d Interest as applicable on lines 9a, 9b, and 9c			9d	9,708,852
e Total charges. Add lines 9a through 9d			9e	143,624,056
Credits to funding standard account:				
f Prior year credit balance, if any			9f	329,763,826
g Employer contributions. Total from column (b) of line 3			9g	25,400,232
		Outstanding balance		
h Amortization credits as of valuation date	9h	447,522,725		91,651,221
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	31,396,619
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	403,930,335		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	2,222,970,730		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	0
(2) Other credits			9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	478,211,898
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	334,587,842
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

SCHEDULE MB, LINE 3 – WITHDRAWAL LIABILITY AMOUNTS

Date	Withdrawal Liability Payments
06/2021	$1,880.00
07/2021	1,474.75
08/2021	1,197.75
09/2021	1,880.00
10/2021	1,474.75
11/2021	1,197.75
12/2021	3,354.75
02/2022	1,197.75
03/2022	1,474.75
04/2022	35,110.75
05/2022	350,000.00
Total	$400,243.00

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non annuitant: 70% of the Pri-2012 Blue Collar Employee Amount-weighted Mortality Table

Healthy annuitant: 70% of the Pri-2012 Blue Collar Healthy Annuitant Amount-weighted Mortality Table

Disabled annuitant: Pri-2012 Disabled Retiree Amount-weighted Mortality Table

Contingent annuitant: 70% of the Pri-2012 Blue Collar Contingent Survivor Amount-weighted Mortality Table

The underlying tables adjusted to the measurement date using Scale MP-2020 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-2020 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 deaths and the projected number based on the prior years' assumption over the past several years.

Termination Rates Before Retirement

	Rate (%)			
	Mortality[1]			
Age	Male	Female	Disability[2]	Withdrawal[2]
20	0.05	0.01	0.01	9.00
25	0.05	0.02	0.01	9.00
30	0.05	0.02	0.01	9.00
35	0.05	0.03	0.02	8.78
40	0.06	0.04	0.02	7.00
45	0.08	0.06	0.05	6.21
50	0.12	0.09	0.10	5.63
55	0.20	0.14	0.21	4.00
60	0.31	0.21	0.44	4.00

[1]Mortality rates shown for base table

[2] Withdrawal and disability rates do not apply at or beyond the first eligibility for an immediate pension. Disability and withdrawal rates are 0% for fund office staff participants.

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

Retirement Rates for Active Participants

Age	Annual Retirement Rates
60-64	3.5%
65	35%
66-72	15%
73+	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 year's assumption over the past several years.

Description of Weighted Average Retirement Age

Age 67, 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 June 1, 2021 actuarial valuation.

Retirement Rates for Inactive Vested Participants

Age	Annual Retirement Rates
60-64	2%
65	30%
66-72	10%
73+	100%

The retirement rates for inactive vested participants 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 year's assumption over the past several years.

Earnings Increases

3% per year

Valuation Earnings (Excluding Fund Office Staff Participants)

Average covered earnings during the three calendar years preceding the valuation date, or since year of initiation if less than three years, and indexed to the valuation date by the assumption for earnings increases.

Section 3: Certificate of Actuarial Valuation

Future Benefit Accruals	Active employees will earn pension credit in 60% of all future years of service for purposes of vesting and the flat dollar benefit accrual. Accruals for salary portion is incorporated in the earnings assumption. Fund Office Staff participants will earn one pension credit each year. The future benefit accruals 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 assumed and the actual benefit accruals over the past several years.
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	Performers with any covered earnings during the three calendar years preceding the valuation date, excluding those who have retired or died as of that date. Fund Office Staff participants are those who were actively employed at the end of the year.
Exclusion of Inactive Vested Participants	Inactive participants over age 72 (increasing to age 73 next year) excluded from the valuation. The exclusion of inactive vested participants over age 72 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.
Benefit Election	30% of participants are assumed to elect the 50% Joint and Survivor form of payment and 70% of participants are assumed to elect the single life annuity with five years guaranteed form of payment. The benefit elections were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the comparison was made between the assumed and actual option election pattern over the past several years.
Delayed Retirement Factors	Active and inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 73.
Net Investment Return	7.25% 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.
Annual Administrative Expenses	$4,700,000 for the year beginning June 1, 2021 (equivalent to $4,526,064 payable at the beginning of the year) or 13.9% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

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 (10-year period for the plan year ended May 31, 2020). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Elections under the American Rescue Plan Act (ARPA) of 2021	*Extended Amortization of Net Experience Losses (IRC Section 431(b)(8)(F)):* The market value investment loss for the plan year ended May 31, 2020 and contribution loss for the plan year ended May 31, 2020 have been amortized over an extended period, based on the prospective method as defined in IRS Notice 2010-83. The plan sponsor has elected to stop applying the special amortization rule to the 2020 investment loss effective June 1, 2021. *Expanded Smoothing Period (IRC Section 431(b)(8)(B)):* The asset valuation method has been changed effective June 1, 2020 as follows: the difference between expected and actual returns for the Plan Year ended May 31, 2020 is recognized over a period of 10 years.
Current Liability Assumptions	*Interest:* 2.34%, 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).
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 10.7%, for the Plan Year ending May 31, 2021 *On current (market) value of assets (Schedule MB, line 6h):* 29.4%, for the Plan Year ending May 31, 2021
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a December 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.72% to 2.34% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption was changed as of June 1, 2021: Administrative expenses, previously $4,600,000.

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

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

		Years of Service								
Age	**Total**	**0 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	1,343	1,265	72	6	-	-	-	-	-	-
	$6,062	$5,662	$13,091	-	-	-	-	-	-	-
25 - 29	4,218	3,535	652	29	2	-	-	-	-	-
	$5,697	$4,007	$14,621	$11,355	-	-	-	-	-	-
30 - 34	4,888	2,698	1,743	422	23	2				
	$5,665	$2,453	$8,202	$14,993	$19,221	-	-	-	-	-
35 - 39	3,641	1,358	1,136	900	234	13				
	$5,449	$1,985	$4,521	$8,766	$16,660	-	-	-	-	-
40 - 44	2,780	752	679	676	533	138	2	-	-	-
	$5,077	$1,657	$3,494	$4,846	$9,834	$14,192	-	-	-	-
45 - 49	1,967	397	387	377	447	301	56	2	-	-
	$4,523	$1,139	$1,775	$3,122	$6,350	$10,435	$10,744	-	-	-
50 - 54	1,777	345	278	278	330	294	210	41	1	-
	$4,805	$1,502	$1,520	$3,268	$3,315	$7,100	$13,739	$14,482	-	-
55 - 59	1,712	227	232	251	246	250	267	205	30	4
	$4,739	$1,502	$1,282	$1,817	$4,237	$4,422	$8,754	$10,452	$12,256	-
60 - 64	1,320	178	163	156	167	165	179	182	110	20
	$4,275	$900	$1,068	$1,302	$3,499	$2,952	$5,984	$7,314	$12,235	$14,295
65 - 69	555	130	91	67	48	59	47	47	40	26
	$2,982	$2,738	$4,324	$851	$1,593	$979	$2,095	$4,563	$6,047	$6,128
70 & over	164	109	14	12	5	5	7	3	3	6
	$4,729	$1,043	-	-	-	-	-	-	-	-
Unknown	1,039	1,034	5	-	-	-	-	-	-	-
	$1,753	$1,741	-	-	-	-	-	-	-	-
Totals	25,404	12,028	5,452	3,174	2,035	1,227	768	480	184	56
	$5,088	$2,962	$6,289	$6,649	$7,529	$7,390	$9,147	$8,930	$10,781	$9,932

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	June 1 through May 31
Pension Credit Year	June 1 through May 31
Plan Status	Ongoing plan
Regular Pension	• *Age Requirement:* 65 • *Service Requirement:* Five years of Vesting Service • *Amount:* Sum of (a) and (b) with a minimum monthly amount of $200 applied only if participant has at least 10 years of Vesting Service (a) Sum of benefits accrued, based on covered earnings during each year of covered employment. Annual benefits are accrued at 3.0% of all covered earnings in each calendar year. Covered earnings are as specified in the applicable collective bargaining agreement. (b) $12 per month per year of Vesting Service • *Delayed Retirement Amount:* Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than NRA, and 1.5% for each month greater than age 70.
Early Retirement	• *Age Requirement:* 60 • *Service Requirement:* Five years of Vesting Service • *Amount:* Regular pension accrued, reduced by 6% for each year of age less than 65
Disability	• *Age Requirement:* None • *Service Requirement:* Five years of Vesting Service • *Other Requirement:* Plan requires evidence of continued entitlement to Social Security Disability Benefits. • *Amount:* Regular pension accrued payable immediately
Vesting	• *Age Requirement:* None • *Service Requirement:* Five years of Vesting Service. • *Amount:* Regular or early pension accrued • *Normal Retirement Age:* The later of age 65 and the fifth anniversary of Plan participation

Section 3: Certificate of Actuarial Valuation

Service Pension	• *Age Requirement:* 65 • *Service Requirement:* 25 separate and distinct years of attachment to the legitimate theater including Covered Employment in the legitimate theater for at least 15 of those years. • *Amount:* Regular pension accrued
Spouse's Pre-Retirement Death Benefit	• *Age Requirement:* None • *Service Requirement:* Five years of Vesting Service • *Amount:* 50% of the benefit participant would have received had they retired the day before death and elected the joint and survivor option. Benefit payments commence immediately. • *Charge for Coverage:* None
60 Monthly Payments Death Benefit	• *Age Requirement:* None • *Service Requirement:* Five years of Vesting Service • *Amount:* 60 times the regular monthly pension accrued to date of death, payable immediately. This benefit is not provided if the Spouse's Benefit is payable.
Post-Retirement Death Benefit	*Joint and Survivor:* If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	Life Annuity with 60 months guaranteed; 50%, 75% or 100% Joint and Survivor Pension.
Benefit and Vesting Credit	One year is credited for two weeks of employment in a calendar year for which contributions are made to the Plan. If a participant works in non-covered employment and no break in service occurs between non-covered employment and covered employment, a year of vesting service shall be granted but no year of benefit service shall be granted. Two years are credited for twenty weeks of such employment in a calendar year ("two for one rule"); but this rule can only be applied in a maximum of three years and is only applicable towards eligibility for the Regular Pension if 10 years of service are required for eligibility.
Participation	Earliest of January 1 or July 1 after completion of a 12 consecutive month period during which he or she completed at least two weeks of work in covered employment.
Contribution Rate	As specified by applicable collective bargaining agreement, if theatrical production not covered by "tax relief" legislation.
Plan Provisions for Fund Office Staff Participants	Accrued benefit earned under plan provisions in the Staff Plan as of June 1, 2008. Benefits earned after June 1, 2008 are valued using the Equity-League Pension Trust Fund Plan provisions, with the exception of certain death benefits.
Section 415 Limit	$230,000 (the same as in the prior year)

Section 3: Certificate of Actuarial Valuation

Section 401(a)(17) Limit	$290,000 (previously $285,000)
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

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Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	$93,542,935
2022	96,468,906
2023	100,624,827
2024	105,447,513
2025	110,551,950
2026	115,740,363
2027	121,282,050
2028	126,877,188
2029	132,206,886
2030	137,774,775

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

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	06/01/1993	$2,226,202	2	$1,152,039
Assumption change	06/01/1995	83,140	4	23,015
Plan amendment	06/01/1995	6,297,824	4	1,743,402
Assumption change	06/01/1997	1,918,662	6	378,218
Plan amendment	06/01/1997	16,774,251	6	3,306,641
Assumption change	06/01/1998	6,581,437	7	1,148,598
Plan amendment	06/01/1999	32,488,738	8	5,122,279
Plan amendment	06/01/2000	693,775	9	100,345
Assumption change	06/01/2001	6,544,655	10	878,889
Plan amendment	06/01/2002	3,625,639	11	456,450
Plan amendment	06/01/2003	11,543,646	12	1,373,233
Plan amendment	06/01/2004	167,532	13	18,956
Plan amendment	06/01/2005	15,561,132	14	1,684,015
Plan amendment	06/01/2006	321,723	15	33,458
Assumption change	06/01/2006	22,561,387	15	2,346,272
Plan amendment	06/01/2007	25,509,811	16	2,559,729
Plan amendment	06/01/2008	49,855	2	25,800
Actuarial loss	06/01/2008	3,957,193	2	2,047,812
Plan amendment	06/01/2009	188,721	3	67,358
Investment loss subject to relief	06/01/2009	87,844,356	17	8,535,089
Assumption change	06/01/2010	6,883,690	4	1,905,586
Investment loss subject to relief	06/01/2010	52,797,773	17	5,129,910
Investment loss subject to relief	06/01/2011	48,078,039	17	4,671,334
Actuarial loss	06/01/2012	4,709,198	6	928,305

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Investment loss subject to relief	06/01/2012	44,771,654	17	4,350,081
Actuarial loss	06/01/2013	9,048,847	7	1,579,213
Actuarial loss	06/01/2015	5,543,820	9	801,840
Plan amendment	06/01/2015	48,795,183	9	7,057,572
Assumption change	06/01/2016	21,479,047	10	2,884,447
Actuarial loss	06/01/2016	41,762,683	10	5,608,360
Actuarial loss	06/01/2017	24,058,811	11	3,028,884
Actuarial loss	06/01/2018	33,466,683	12	3,981,200
Assumption change	06/01/2018	45,503,869	12	5,413,144
Plan amendment	06/01/2019	222,896	13	25,220
Actuarial loss	06/01/2019	31,461,781	13	3,559,858
Plan amendment	06/01/2020	34,870	14	3,774
Actuarial loss subject to relief	06/01/2020	17,713,759	28	1,393,805
Actuarial loss	06/01/2020	33,936,964	14	3,672,635
Assumption change	06/01/2020	71,788,234	14	7,768,874
Plan amendment	06/01/2021	783	15	81
Total		**$786,998,263**		**$96,765,721**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	06/01/2019	$90,425,876	2.13	$44,200,005
Change in asset method	06/01/2020	4,501,527	29	350,318
Change in funding method	06/01/2020	256,700,858	9	37,128,352
Actuarial gain	06/01/2021	95,894,464	15	9,972,546
Total		**$447,522,725**		**$91,651,221**

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.72% to 2.34% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption was changed as of June 1, 2021: Administrative expenses, previously $4,600,000.

THE EQUITY-LEAGUE PENSION PLAN

FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2022 AND 2021

THE EQUITY-LEAGUE PENSION PLAN

YEARS ENDED MAY 31, 2022 AND 2021

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Independent Auditor's Report

Board of Trustees
The Equity-League Pension Plan

Opinion

We have audited the accompanying financial statements of The Equity-League Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended May 31, 2022 and 2021, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2022, and the changes therein for the year ended May 31, 2022 and its financial status as of May 31, 2021, and its changes therein for the year ended May 31, 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Supplemental Schedules Required by ERISA

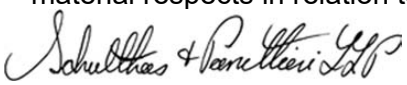
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 32 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 33 through 34 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
February 9, 2023

THE EQUITY-LEAGUE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2022 AND 2021

	2022	2021
Assets		
Investments at fair value		
Interest bearing cash	$ 12,440,827	$ 14,345,570
U.S. government securities	59,904,679	73,859,214
Corporate debt instruments	33,612,993	50,239,536
Corporate stock	125,856,711	179,672,063
Partnership/joint venture interests	1,470,536,539	1,470,812,595
Common/collective trust funds	25,648,256	17,940,545
103-12 investment entities	263,660,377	279,912,270
Registered investment companies	122,400,853	137,654,747
Total investments	2,114,061,235	2,224,436,540
Receivables		
Employers' contributions	2,040,000	300,000
Accrued interest/dividends	745,280	795,870
Related organizations	12,228	21,711
Net trades pending settlement	-	6,813,772
Tax relief contributions	3,626,857	76,297
Cash	82,823	70,640
Other assets	68,418	27,356
Total assets	2,120,636,841	2,232,542,186
Liabilities		
Accounts payable	834,121	1,498,662
Net trades pending settlement	4,050,151	-
Total liabilities	4,884,272	1,498,662
Net assets available for benefits	$ 2,115,752,569	$ 2,231,043,524

See Notes to Financial Statements

THE EQUITY-LEAGUE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2022 AND 2021

	2022	2021
Additions to net assets attributed to:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ (63,846,310)	$ 489,191,330
Interest/dividends	45,217,308	53,840,107
Total investment income (loss)	(18,629,002)	543,031,437
Less investment expenses	(24,303,973)	(26,015,471)
Net investment income (loss)	(42,932,975)	517,015,966
Contributions		
Employers'	12,734,493	1,735,390
Tax relief contributions	12,665,739	-
Total additions	(17,532,743)	518,751,356
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	92,835,126	89,219,494
Administrative expenses	4,923,086	4,626,092
Total deductions	97,758,212	93,845,586
Net increase (decrease)	(115,290,955)	424,905,770
Net assets available for benefits		
Beginning of year	2,231,043,524	1,806,137,754
End of year	$ 2,115,752,569	$ 2,231,043,524

See Notes to Financial Statements

Note 1 - Description of Plan and Significant Accounting Policies

The following description of The Equity-League Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective June 1, 1960 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the Actors' Equity Association (the "Union") and various employers and employer associations in the theatrical industry mainly in the United States with a small number in Canada and other areas outside of the United States. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

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

Purpose

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

Participation

A participant is a pensioner, beneficiary or individual in covered employment as provided for by collective bargaining agreements and participation agreements. Employees of the fringe benefit funds are also participants of the Plan.

Benefits

In general, participants with five or more years vesting service are entitled to monthly pension benefits beginning at normal retirement age (65). The Plan permits early retirement at ages 60 to 64 and other forms of retirement based on age and years of credited service (pension credits).

Pension credits are based on earnings in covered employment. A participant may accumulate up to a maximum of 1 credit per year.

Monthly pension benefits are based on 3% of all covered earnings while in covered employment subject to earnings limitations established by the IRS and earnings limitations pursuant to collective bargaining agreements and participation agreements, plus $12 per month for each year of vesting service for retirees who retired on or after August 1, 2015.

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

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

Plan termination

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

Basis of accounting

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

Investment valuation and income recognition

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

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

Administrative expense allocation

The administrative office is occupied by the Plan, Equity-League Health Trust Fund, and Equity-League 401(k) Plan, related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended May 31, 2022 and 2021 were $2,150,231 and $2,176,072, respectively.

Effective January 1, 2020, the Plan's general allocable percentage of administrative expenses is 37.9%.

Use of estimates

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

Note 2 - Fair value measurements

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

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

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

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

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

Interest bearing cash: Valued at cost.

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

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

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

Investments measured at net asset value: The value of partnership/joint venture interests, common/collective trust funds, 103-12 investment entities and non-publicly traded registered investment companies are estimated by management of the investment entities.

Note 2 - Fair value measurements (cont'd)

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of May 31, 2022, with fair value measurements on a recurring basis:

	2022	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	$ 12,440,827	$ 12,440,827	$ -	$ -
U.S. government securities	59,904,679	19,905,838	39,998,841	-
Corporate debt instruments	33,612,993	-	33,612,993	-
Corporate stock	125,856,711	125,856,711	-	-
Registered investment companies	120,394,337	120,394,337	-	-
Total assets in the fair value hierarchy	352,209,547	$ 278,597,713	$ 73,611,834	$ -
Investments measured at net asset value	1,761,851,688			
Investments at fair value	$ 2,114,061,235			

Note 2 - Fair value measurements (cont'd)

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

	2021	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	$ 14,345,570	$ 14,345,570	$ -	$ -
U.S. government securities	73,859,214	31,406,208	42,453,006	-
Corporate debt instruments	50,239,536	-	50,239,536	-
Corporate stock	179,672,063	179,672,063	-	-
Registered investment companies	135,461,240	135,461,240	-	-
Total assets in the fair value hierarchy	453,577,623	$ 360,885,081	$ 92,692,542	$ -
Investments measured at net asset value	1,770,858,917			
Investments at fair value	$ 2,224,436,540			

Note 3 - Cash

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

Note 4 - Significant investments - Partnership/joint venture interests

The Plan invests in numerous partnerships/joint venture interests. A significant partnership investment held by the Plan is detailed below.

Note 4 - Significant investments - Partnership/joint venture interests (cont'd)

The Plan has a Limited Partnership agreement with BlackRock ELPT GP, LLC, a Delaware limited liability company, forming the Equity-Broadway League Private Equity Fund I, L.P., (the "BlackRock Partnership"). BlackRock ELPT GP, LLC is the General Partner and the Plan is the Initial Limited Partner. Additional Limited Partners are subject to approval by the Plan. The BlackRock Partnership seeks to provide superior capital appreciation through investments in private equity, while reducing risk by constructing a diversified portfolio of externally managed pooled investment vehicles and privately negotiated investments in private companies. No Limited Partner shall have any right to withdraw from the BlackRock Partnership without the express written consent of the General Partner, which may be withheld in its sole discretion. The estimated fair value of the Plan's investment as of May 31, 2022 and 2021 was $87,267,893 and $90,833,337, respectively. As of May 31 2022 and 2021, the Plan owned approximately 77% and 89% of the BlackRock Partnership respectively. The BlackRock Partnership was liquidated subsequent to year end.

Note 5 - Party-in-interest transactions

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

Note 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 financial statements.

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

Note 7 - Employer and tax relief contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Employer contributions are generally based on a percentage of gross wages up to a maximum weekly salary based on each collective bargaining agreement or participation agreement.

Note 7 - Employer and tax relief contributions (cont'd)

The Plan also shares the related benefit funds and other theatrical multiemployer benefit plans, the net tax savings that resulted from the repeal of the 4.50% New York City Amusement Tax on theatre admissions. Participating tax relief employers may use tax relief contributions to offset their contributions to the Plan. The Plan's portion of tax relief for the years ended May 31, 2022 and 2021 was $12,665,739 and $0, respectively.

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

Note 8 - Investment commitments

Total outstanding capital commitments as of May 31, 2022 were approximately $494,000,000. Capital commitments are funded based on the capital calls issued by each investment manager. Subsequent to May 31, 2022, the Plan entered into additional capital commitments of approximately $140,000,000.

Note 9 - Lease commitments

The Plan and its related benefit funds lease office space located at 165 West 46th Street (8th floor) from an unrelated third party, at an annual rent of $56,298 (June 1, 2021 through May 31, 2022) and $65,926 (June 1, 2020 through May 31, 2021), plus escalation charges. The lease has been renewed through May 31, 2026.

Certain space on the 8th floor was being sublet at an annual rent of $24,756 for the period October 20, 2017 to May 31, 2021. Due to COVID-19, the tenant ceased use of the office space during March of 2020 and terminated the lease agreement. The tenants final payment was made in January 2021 and the security deposit was allocated to the related funds based on their agreed upon allocation rates.

The Plan and its related benefit funds leased additional office space located at 165 West 46th Street, (14th floor) from Actors' Equity Association, a related organization, at an annual rent of $107,820 (July 1, 2020 through June 30, 2021), plus escalation charges. The term of the lease was from July 1, 2011 through June 30, 2021, and has not been renewed.

Rent is allocated among the Plan and its related benefit funds based upon the estimated benefit received by each entity. The Plan's allocable percentage of the lease and future minimum lease payments is 37.9%.

Note 9 - Lease commitments (cont'd)

Future minimum lease obligations for the Plan and its related benefit funds as of May 31, 2022 are as follows:

2023	$ 57,565
2024	58,860
2025	60,184
2026	61,538
Total	$ 238,147

The Plan's share of occupancy expenses for the years ended May 31, 2022 and 2021 was $26,038 and $128,813, respectively.

Note 10 - Reconciliation of financial statements to Form 5500

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

The following is a reconciliation of the reclassifications:

	Per Financial Statements	Reclassification	Per Form 5500
Investment (loss)	$ (42,932,975)	$ 24,303,973	$ (18,629,002)
Contributions	25,400,232	-	25,400,232
Total additions	(17,532,743)	24,303,973	6,771,230
Benefits paid directly to participants or beneficiaries	92,835,126	-	92,835,126
Administrative expenses	4,923,086	24,303,973	29,227,059
Total deductions	97,758,212	24,303,973	122,062,185
Net (decrease)	$ (115,290,955)	$ -	$ (115,290,955)

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 33.

Note 11 - Accumulated plan benefits

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

	June 1, 2021	June 1, 2020
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	$ 789,260,297	$ 735,207,189
Other vested participants	1,185,606,079	1,175,332,832
Total vested benefits	1,974,866,376	1,910,540,021
Nonvested benefits	22,894,258	25,622,666
Total actuarial present value of accumulated plan benefits	$ 1,997,760,634	$ 1,936,162,687

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

	June 1, 2021	June 1, 2020
Actuarial present value of accumulated plan benefits - Beginning of year	$ 1,936,162,687	$ 1,795,104,063
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	13,949,370	40,488,315
Interest due to the decrease in the discount period	136,868,071	126,873,280
Benefits paid	(89,219,494)	(83,312,849)
Change of assumptions	-	57,009,878
Net increase (decrease) in actuarial present value of accumulated plan benefits	61,597,947	141,058,624
Actuarial present value of accumulated plan benefits - End of year	$ 1,997,760,634	$ 1,936,162,687

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

Note 11 - Accumulated plan benefits (cont'd)

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

Actuarial cost method	Unit Credit Actuarial Cost Method
Mortality rates - healthy lives	70% of the Pri-2012 Blue Collar Healthy Annuitant Amount-weighted Mortality Table
Mortality rates - disabled lives	Pri-2012 Disabled Retiree Amount-weighted Mortality Table
Net investment return	7.25%
Normal retirement age	65
Future benefit accruals	Participants are assumed to earn a pension credit in 60% of all future years. Average covered earnings for future benefit accruals are based on the previous three calendar years indexed for an earnings increase of 3%.
Asset valuation method	Method 15

The following should be noted with respect to the valuations: The Plan's Scheduled Cost is based on a funding schedule different from the minimum funding requirements established by ERISA. This asset valuation method is known as "Method 15". While the ERISA Funding Standard Account has separate components with different amortization schedules for each change in the unfunded actuarial accrued liability resulting from experience gains and losses, revised assumptions, and benefit changes, the Plan's Scheduled Cost is derived by using a single amortization schedule for the Plan's combined unfunded actuarial accrued liability. The Scheduled Cost recognizes all plan provisions at the time the Actuarial Valuation was prepared.

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

Note 12 - Tax status

The Plan has received a determination letter from the IRS dated May 2, 2016, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF INTEREST BEARING CASH

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	FOREIGN CURRENCY IN USD	VARIABLE	ON DEMAND	$ 86,693	$ 86,693
	MORGAN STANLEY	VARIABLE	ON DEMAND	559,000	559,000
*	THE BANK OF NEW YORK MELLON	VARIABLE	ON DEMAND	11,795,134	11,795,134
	EQUITY-BROADWAY LEAGUE PRIVATE EQUITY FUND I L.P. - INT BEARING CASH			3,464,886	3,464,886
	NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - INT BEARING CASH			2,534,991	2,534,991
	PZENA US BEST IDEAS FUND LP - INT BEARING CASH			264,197	264,197
				$ 18,704,901	$ 18,704,901

* PARTY-IN-INTEREST

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U S TREASURY NOTE	0.25%	09/30/2025	$ 1,300,000	$ 1,299,191	$ 1,196,104
U S TREASURY NOTE	0.38%	12/31/2025	400,000	399,922	367,156
U S TREASURY NOTE	0.75%	04/30/2026	1,300,000	1,295,221	1,201,486
U S TREASURY NOTE	2.63%	05/31/2027	1,500,000	1,486,992	1,487,115
U S TREASURY NOTE	0.75%	01/31/2028	1,400,000	1,378,945	1,245,174
U S TREASURY NOTE	1.13%	02/29/2028	800,000	798,171	726,312
U S TREASURY NOTE	1.25%	04/30/2028	1,500,000	1,496,992	1,367,520
FNMA POOL #0BL4949	2.48%	11/01/2029	1,000,000	998,672	955,170
FNMA POOL #0BL0469	3.88%	11/01/2030	600,000	724,359	620,700
FNMA POOL #0BL3779	2.76%	09/01/2031	498,000	500,957	479,016
FNMA POOL #0BL3792	2.87%	09/01/2031	2,000,000	2,068,906	1,924,380
FNMA GTD REMIC P/T 20-M15 X1	1.62%	09/25/2031	1,236,465	167,985	108,042
U S TREASURY NOTE	1.38%	11/15/2031	1,900,000	1,827,307	1,669,036
FNMA POOL #0AN4172	3.37%	02/01/2032	597,578	699,493	590,269
U S TREASURY NOTE	1.88%	02/15/2032	200,000	181,141	183,562
U S TREASURY NOTE	2.88%	05/15/2032	900,000	902,109	902,394
U S TREASURY BOND	1.75%	08/15/2041	3,000,000	2,927,315	2,336,940
U S TREASURY BOND	2.00%	11/15/2041	2,200,000	2,237,466	1,790,602
FNMA GTD REMIC P/T 16-92 A	3.00%	04/25/2042	389,412	391,888	387,613
FNMA POOL #0AB7928	3.00%	02/01/2043	933,031	940,466	908,446
FNMA POOL #0AR9215	3.00%	03/01/2043	614,417	619,313	598,485
FNMA POOL #0AT7623	3.00%	06/01/2043	768,157	774,218	748,016
FHLMC MULTICLASS MTG 4223 SB	4.15%	07/15/2043	644,690	568,221	532,050
FNMA GTD REMIC P/T 14-29 BZ	3.00%	05/25/2044	3,269,201	3,249,191	3,100,151
FHLMC POOL #G0-7993	3.50%	03/01/2045	898,992	921,467	898,471
FHLMC POOL #G0-8715	3.00%	08/01/2046	356,632	364,601	345,876
FHLMC POOL #Q4-2197	3.50%	08/01/2046	565,529	585,720	563,041
FHLMC POOL #G6-0933	3.50%	11/01/2046	364,200	375,865	362,193
FHLMC POOL #G0-8747	3.00%	02/01/2047	627,406	624,710	607,561
FNMA POOL #0AS9597	4.00%	05/01/2047	166,687	176,063	169,248
FHLMC POOL #ZS-4750	3.00%	01/01/2048	230,056	236,706	221,583
FNMA GTD REMIC P/T 20-13 HB	3.00%	03/25/2050	985,186	1,058,151	930,577
FNMA GTD REMIC P/T 20-51 AZ	2.00%	07/25/2050	4,156,178	3,863,512	3,069,670
U S TREASURY BOND	1.38%	08/15/2050	1,900,000	1,875,688	1,272,772
FHLMC POOL #SD-7526	2.50%	10/01/2050	1,181,181	1,254,266	1,096,325
FHLMC POOL #SD-0699	2.00%	11/01/2050	690,405	696,338	616,083
FNMA POOL #0FM8911	3.50%	02/01/2051	2,047,850	2,019,637	2,015,801
FNMA POOL #0FM8215	2.50%	03/01/2051	601,314	631,285	558,236
FNMA POOL #0CB0514	2.50%	05/01/2051	1,138,326	1,187,505	1,049,184
U S TREASURY BOND	2.38%	05/15/2051	700,000	766,750	602,875
GNMA GTD REMIC P/T 21-77 SJ	2.15%	05/20/2051	1,859,878	242,947	132,665
GNMA II POOL #0785638	2.50%	08/20/2051	920,295	968,035	858,184
GNMA GTD REMIC P/T 21-156 AI	3.00%	09/20/2051	1,534,082	231,790	235,804
GNMA GTD REMIC P/T 21-160 TI	3.00%	09/20/2051	1,498,993	232,812	226,753
GNMA II POOL #0785764	2.50%	11/20/2051	389,625	403,505	362,854
U S TREASURY BOND	2.25%	02/15/2052	100,000	84,328	83,906
U S TREASURY BOND	2.88%	05/15/2052	3,600,000	3,468,656	3,472,884
COMMIT TO PUR FNMA SF MTG	2.50%	06/01/2052	3,000,000	2,716,406	2,760,480
COMMIT TO PUR FNMA SF MTG	3.00%	07/01/2052	8,400,000	7,973,438	7,993,188
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2052	3,000,000	2,937,188	2,933,848
GNMA GTD REMIC P/T 21-20 IO	1.14%	08/16/2062	1,666,769	162,770	139,475
GNMA GTD REMIC P/T 21-52 IO	0.72%	04/16/2063	1,802,388	148,134	118,759
GNMA GTD REMIC P/T 21-70 IO	0.72%	04/16/2063	2,232,238	164,628	161,636
GNMA GTD REMIC P/T 21-22 IO	0.97%	05/16/2063	1,886,046	171,439	146,489
GNMA GTD REMIC P/T 21-129 IO	0.98%	06/16/2063	1,998,931	177,717	157,396

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GNMA REMIC STRIP P/T 79 IO	0.91%	08/16/2063	2,002,806	173,994	153,996
GNMA GTD REMIC P/T 22-49 IO	0.76%	03/16/2064	2,361,566	172,320	161,127
			$ 83,814,510	$ 65,002,812	$ 59,904,679

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED				(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
NOMURA HOLDINGS INC	1.85%	07/16/2025	$ 300,000		$ 300,000	$ 280,719
MARATHON CLO V LTD 5A A1R 144A	2.37%	11/21/2027	31,838		31,838	31,826
BANNER HEALTH	2.34%	01/01/2030	200,000		200,000	176,586
EMPRESA DE TRANSPORTE DE 144A	3.65%	05/07/2030	200,000		199,518	183,500
CK HUTCHISON INTERNATIONA 144A	2.50%	05/08/2030	200,000		199,104	176,744
ADVOCATE HEALTH & HOSPITALS CO	2.21%	06/15/2030	200,000		200,000	171,554
CRESTLINE DENALI C 1A AR2 144A	2.32%	10/23/2031	250,000		250,000	245,452
MADISON PARK FUNDI 34A AR 144A	2.30%	04/25/2032	500,000		500,000	489,558
NOVASTAR MORTGAGE FUNDING 3 M2	2.33%	01/25/2036	134,900		132,202	133,546
BSPRT 2021-FL6 ISSU FL6 A 144A	2.42%	03/15/2036	100,000		100,000	97,506
FS RIALTO FL2 A 144A	2.73%	05/16/2038	100,000		100,000	98,109
UNIV OF MICHIGAN MI	2.44%	04/01/2040	200,000		200,000	161,514
MARYLAND ST HLTH & HGR EDUCTNL	3.05%	07/01/2040	100,000		100,000	78,898
BX TRUST 2019-OC11 OC11 E 144A	4.08%	12/09/2041	117,000		113,357	97,370
SOFI PROFESSIONAL LOA A B 144A	3.61%	02/25/2042	500,000		499,673	486,320
DUKE UNIVERSITY	2.68%	10/01/2044	100,000		100,000	81,170
EUROSAIL-UK 2007-1 1X A3A REGS	0.00%	03/13/2045	60,818	a	71,353	64,636
COMM 2013-CCRE9 MORTGAG CR9 XA	0.04%	07/10/2045	25,805,583		279,576	5,161
TOWD POINT MORTGA A13A A1 144A	1.79%	07/20/2045	187,288		229,015	235,680
COMM 2013-LC6 MORTGAGE LC6 XA	1.39%	01/10/2046	2,334,576		138,119	5,159
COMM 2014-CCRE16 MORTGA CR16 C	5.08%	04/10/2047	100,000		107,535	97,959
JP MORGAN CHASE COMMERC C20 XA	0.99%	07/15/2047	3,198,485		143,012	31,281
MORGAN STANLEY BANK OF C19 XA	1.10%	12/15/2047	2,541,571		159,534	46,282
CITIGROUP COMMERCIAL MO GC27 C	4.57%	02/10/2048	100,000		105,500	95,604
COMM 2015-CCRE23 MORTGA CR23 C	4.43%	05/10/2048	100,000		104,043	96,271
COMM 2015-LC21 MORTGAG LC21 XA	0.81%	07/10/2048	3,420,866		161,356	56,307
WELLS FARGO COMMERCIAL M C35 B	3.44%	07/15/2048	200,000		208,875	187,598
COMM 2015-CCRE25 MORTG CR25 XA	0.97%	08/10/2048	2,912,539		170,041	62,387
GS MORTGAGE SECURITIES GC34 B	4.47%	10/10/2048	91,000		95,870	89,036
MORGAN STANLEY CAPITAL UB11 XA	1.63%	08/15/2049	2,345,308		254,550	105,023
JP MORGAN CHASE COMMERCI JP3 B	3.40%	08/15/2049	100,000		101,281	93,773
MORGAN STANLEY BANK OF A C31 C	4.42%	11/15/2049	124,000		125,022	109,946
CD 2017-CD4 MORTGAGE TR CD4 XA	1.39%	05/10/2050	2,792,233		265,597	113,448
GS MORTGAGE SECURITIES GS6 XA	1.16%	05/10/2050	2,589,957		222,013	109,633
CFCRE COMMERCIAL MORTGAG C8 XA	1.65%	06/15/2050	1,909,353		223,460	109,864
MORGAN STANLEY CAPITAL I H1 XA	1.50%	06/15/2050	2,620,170		271,395	116,650
UBS COMMERCIAL MORTGAGE C1 XA	1.69%	06/15/2050	1,502,387		169,581	89,122
NORTHWESTERN UNIVERSITY	2.64%	12/01/2050	100,000		100,000	75,773
GS MORTGAGE SECURITIES T GS9 C	4.50%	03/10/2051	100,000		102,180	95,337
TOWD POINT MORTGA GR4A A1 144A	2.04%	10/20/2051	122,607		162,086	153,962
WELLS FARGO COMMERCIAL C48 XA	1.12%	01/15/2052	1,517,436		89,861	76,327
WELLS FARGO COMMERCIAL C50 XA	1.60%	05/15/2052	900,226		96,855	64,276
CSAIL 2019-C17 COMMERCI C17 XA	1.50%	09/15/2052	1,039,270		93,255	73,300
MORGAN STANLEY CAPITAL I L3 XA	0.76%	11/15/2052	1,687,585		91,540	64,618
WELLS FARGO COMMERCIAL C54 XA	0.96%	12/15/2052	1,454,855		99,161	71,492
MORGAN STANLEY CAPITAL I L4 B	3.08%	02/15/2053	70,000		72,098	62,121
JPMDB COMMERCIAL MORTG COR7 XA	1.78%	05/13/2053	772,864		89,913	67,780
BENCHMARK 2020-B19 MORT B19 XA	1.89%	09/15/2053	995,848		122,622	89,606
TOWD POINT MORTGAGE V2A A 144A	2.19%	02/20/2054	207,914		266,345	261,845
BENCHMARK 2021-B24 MORT B24 XA	1.27%	03/15/2054	1,129,125		99,833	78,677
BENCHMARK 2021-B27 MORT B27 XA	1.39%	07/15/2054	1,002,883		99,681	81,585
BBCMS MORTGAGE TRUST 20 C11 XA	1.51%	09/15/2054	902,265		94,816	79,598
BMO 2022-C1 MORTGAGE TRU C1 XA	0.62%	02/15/2055	2,478,977		95,493	86,640
TOWD POINT MORTGAG HY2 A1 144A	2.62%	05/25/2058	63,044		63,173	62,575
NAVIENT PRIVATE EDUCA A B 144A	3.91%	12/16/2058	500,000		499,964	483,505

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BANK 2019-BNK20 BN20 AS	3.24%	09/15/2062	105,000	111,542	95,706
BANK 2020-BNK25 BN25 AS	2.84%	01/15/2063	105,000	108,145	93,841
BANK 2021-BNK35 BN35 XA	1.16%	06/15/2064	1,155,058	95,560	77,886
GCAT 2019-RPL1 TR RPL1 A1 144A	2.65%	10/25/2068	99,275	97,630	96,333
UNIV OF VIRGINIA VA UNIV REVEN	3.23%	09/01/2119	100,000	100,000	67,890
			$ 74,879,104	$ 9,684,173	$ 7,371,865

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER				(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
PHILIPPINE GOVERNMENT INTERNAT	0.00%	02/03/2023	$ 200,000	a	$ 221,077	$ 212,853
SYNGENTA FINANCE NV 144A	4.44%	04/24/2023	300,000		300,000	302,088
SOUTHWEST AIRLINES CO	4.75%	05/04/2023	400,000		398,508	406,276
GENERAL MOTORS FINANCIAL CO IN	3.70%	05/09/2023	300,000		300,885	301,554
BGC PARTNERS INC	5.38%	07/24/2023	250,000		248,790	253,978
CREDIT SUISSE AG 144A	6.50%	08/08/2023	300,000		325,875	306,000
AMERICAN TOWER CORP	5.00%	02/15/2024	339,000		338,620	348,011
SMBC AVIATION CAPITAL FIN 144A	3.55%	04/15/2024	200,000		205,290	197,294
CREDIT AGRICOLE SA 144A	4.38%	03/17/2025	500,000		499,585	500,830
DELTA AIR LINES INC 144A	7.00%	05/01/2025	176,000		176,000	188,295
VOLKSWAGEN GROUP OF AMERI 144A	3.35%	05/13/2025	400,000		399,580	394,780
CONSTELLATION ENERGY GENERATIO	3.25%	06/01/2025	430,000		429,200	422,054
SANTANDER HOLDINGS USA INC	3.45%	06/02/2025	300,000		299,412	294,894
PINNACLE WEST CAPITAL CORP	1.30%	06/15/2025	200,000		199,980	185,050
BAT INTERNATIONAL FINANCE 144A	3.95%	06/15/2025	300,000		309,711	298,101
CAESARS ENTERTAINMENT INC 144A	6.25%	07/01/2025	160,000		160,000	161,917
INFOR INC 144A	1.75%	07/15/2025	275,000		274,676	258,464
RATTLER MIDSTREAM LP 144A	5.63%	07/15/2025	100,000		100,000	102,500
ENDEAVOR ENERGY RESOURCES 144A	6.63%	07/15/2025	100,000		100,000	103,391
UNITED AIRLINES 2012-1 CLASS A	4.15%	10/11/2025	55,703		50,411	55,135
BGC PARTNERS INC	4.38%	12/15/2025	100,000		100,444	99,110
ING GROEP NV 144A	4.63%	01/06/2026	300,000		299,232	304,116
PENSKE TRUCK LEASING CO L 144A	4.45%	01/29/2026	200,000		216,684	201,284
LLOYDS BANKING GROUP PLC REGS	3.50%	04/01/2026	100,000		134,210	110,288
AVOLON HOLDINGS FUNDING L 144A	4.25%	04/15/2026	200,000		199,950	191,410
BARCLAYS PLC	2.85%	05/07/2026	300,000		300,000	288,555
REALTY INCOME CORP	4.88%	06/01/2026	100,000		114,911	103,518
AIRCASTLE LTD	4.25%	06/15/2026	200,000		202,838	190,722
HSBC HOLDINGS PLC	4.29%	09/12/2026	300,000		334,086	298,917
SABINE PASS LIQUEFACTION LLC	5.00%	03/15/2027	300,000		306,009	308,952
TRAVEL + LEISURE CO	6.00%	04/01/2027	136,000		135,694	134,667
BOEING CO/THE	5.04%	05/01/2027	325,000		325,000	326,632
VMWARE INC	4.65%	05/15/2027	140,000		156,395	142,055
NATWEST GROUP PLC	1.64%	06/14/2027	400,000		400,000	358,556
ALROSA FINANCE SA 144A	3.10%	06/25/2027	200,000		200,000	15,000
FIRSTENERGY CORP	4.40%	07/15/2027	300,000		294,393	299,625
AVIATION CAPITAL GROUP LL 144A	3.50%	11/01/2027	300,000		298,404	276,219
AVOLON HOLDINGS FUNDING L 144A	2.53%	11/18/2027	12,000		12,116	10,364
SYNCHRONY FINANCIAL	3.95%	12/01/2027	200,000		188,490	190,820
CLEARWAY ENERGY OPERATING 144A	4.75%	03/15/2028	150,000		153,000	143,250
GOODMAN US FINANCE THREE 144A	3.70%	03/15/2028	100,000		109,686	96,708
PACIFIC NATIONAL FINANCE REGS	4.75%	03/22/2028	200,000		191,336	193,723
EDGEWELL PERSONAL CARE CO 144A	5.50%	06/01/2028	100,000		100,000	96,990
WELLS FARGO & CO	2.39%	06/02/2028	500,000		500,000	459,575
MPT OPERATING PARTNERSHIP LP /	3.69%	06/05/2028	200,000		276,492	228,361
DEVON ENERGY CORP	5.88%	06/15/2028	66,000		73,624	68,809
AVANTOR FUNDING INC 144A	4.63%	07/15/2028	160,000		160,000	155,765
BNP PARIBAS SA 144A	4.40%	08/14/2028	300,000		298,392	296,376
CUBESMART LP	4.38%	02/15/2029	400,000		441,144	396,624
SANDS CHINA LTD 144A	3.10%	03/08/2029	200,000		199,494	148,152
STORE CAPITAL CORP	4.63%	03/15/2029	100,000		92,292	99,485
SOUTHERN CALIFORNIA EDISON CO	6.65%	04/01/2029	200,000		245,478	217,402
CARLYLE FINANCE SUBSIDIAR 144A	3.50%	09/19/2029	100,000		99,841	93,485
GLOBAL ATLANTIC FIN CO 144A	4.40%	10/15/2029	200,000		199,660	187,398
REALTY INCOME CORP	3.10%	12/15/2029	200,000		217,312	186,444

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER				(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
UNITED AIRLINES 2016-1 CLASS A	3.45%	01/07/2030	154,036		154,036	138,904
SPIRIT REALTY LP	3.40%	01/15/2030	100,000		84,782	90,142
GLP CAPITAL LP / GLP FINANCING	4.00%	01/15/2030	200,000		201,386	182,646
HIGHWOODS REALTY LP	3.05%	02/15/2030	100,000		94,317	89,162
KILROY REALTY LP	3.05%	02/15/2030	100,000		93,541	88,823
CITRIX SYSTEMS INC	3.30%	03/01/2030	100,000		99,350	98,949
T-MOBILE USA INC	3.88%	04/15/2030	200,000		219,050	191,668
NATIONAL RETAIL PROPERTIES INC	2.50%	04/15/2030	100,000		87,984	87,299
FAIRFAX FINANCIAL HOLDINGS LTD	4.63%	04/29/2030	150,000		150,000	147,102
IPALCO ENTERPRISES INC	4.25%	05/01/2030	50,000		51,773	47,661
NEWCREST FINANCE PTY LTD 144A	3.25%	05/13/2030	200,000		199,356	182,300
NVR INC	3.00%	05/15/2030	350,000		350,064	314,108
EQUIFAX INC	3.10%	05/15/2030	200,000		199,620	180,802
AON CORP	2.80%	05/15/2030	285,000		284,900	255,959
NEXTERA ENERGY CAPITAL HOLDING	2.25%	06/01/2030	200,000		199,926	173,064
FISERV INC	2.65%	06/01/2030	300,000		299,472	262,155
FERGUSON FINANCE PLC 144A	3.25%	06/02/2030	200,000		199,104	179,308
PERRIGO FINANCE UNLIMITED CO	4.40%	06/15/2030	200,000		198,340	184,796
MARRIOTT INTERNATIONAL INC/MD	4.63%	06/15/2030	100,000		99,379	99,125
ARES FINANCE CO II LLC 144A	3.25%	06/15/2030	150,000		149,657	136,461
REGENCY CENTERS LP	3.70%	06/15/2030	200,000		199,610	187,802
PACIFIC GAS AND ELECTRIC CO	4.55%	07/01/2030	200,000		226,943	186,896
STANDARD INDUSTRIES INC/N 144A	4.38%	07/15/2030	100,000		100,000	89,500
RELIANCE STEEL & ALUMINUM CO	2.15%	08/15/2030	100,000		99,722	84,744
MSBAM COMMERCIAL CKSV CK 144A	4.30%	10/15/2030	225,000		201,604	193,786
JPMORGAN CHASE & CO	2.74%	10/15/2030	800,000		819,760	723,888
MP CLO III LTD 1A AR 144A	2.31%	10/20/2030	500,000		500,000	494,487
GLP CAPITAL LP / GLP FINANCING	4.00%	01/15/2031	100,000		103,824	90,331
TARGA RESOURCES PARTNERS LP /	4.88%	02/01/2031	100,000		100,000	95,868
GS MORTGAGE SECURIT TWR D 144A	2.92%	07/15/2031	65,000		65,000	61,573
MORGAN STANLEY REGS	0.00%	04/02/2032	200,000	a	169,700	130,988
CBAM 2019-10 LTD 10A A1R 144A	2.18%	04/20/2032	500,000		500,000	489,350
THUNDERBOLT AIRCRAFT A A 144A	4.21%	05/17/2032	1,113,810		1,113,763	971,309
ALLEGRO CLO X LTD 1A AR 144A	2.21%	07/20/2032	500,000		500,000	492,448
PROSUS NV 144A	2.03%	08/03/2032	100,000		117,285	79,481
ALEN 2021-ACEN MOR ACEN D 144A	4.42%	04/15/2034	100,000		100,000	95,402
CSMC TRUST 2017-MO MOON D 144A	3.30%	07/10/2034	91,000		90,022	90,778
ABFC 2005-WF1 TRUST WF1 M5	2.57%	07/25/2034	108,615		106,375	106,182
TRTX 2019-FL3 ISSU FL3 AS 144A	3.04%	10/15/2034	100,000		100,000	99,726
LONG BEACH MORTGAGE LOAN 4 M2	2.60%	10/25/2034	116,343		116,125	114,678
BEAR STEARNS ASSET BAC HE10 M1	2.60%	12/25/2034	146,224		146,132	143,678
CENTEX HOME EQUITY LOAN T D M5	2.58%	10/25/2035	200,000		198,000	196,130
GE-WMC ASSET-BACKED PASS 1 M1	2.28%	10/25/2035	137,164		135,964	132,673
SOUNDVIEW HOME LOAN TR CTX1 M4	2.55%	11/25/2035	300,000		299,625	297,186
LOANCORE 2019-CRE CRE2 AS 144A	2.82%	05/15/2036	100,000		100,000	99,637
J.P. MORGAN CHASE C MFP D 144A	2.98%	07/15/2036	100,000		94,906	96,369
BX COMMERCIAL MORT VOLT E 144A	3.32%	09/15/2036	100,000		100,000	93,999
BX COMMERCIAL MORT VOLT F 144A	3.72%	09/15/2036	100,000		100,000	93,372
GS MORTGAGE SECURITI IP D 144A	3.42%	10/15/2036	100,000		100,000	93,911
BX TRUST 2021-RISE RISE D 144A	3.07%	11/15/2036	100,000		100,000	94,244
GREAT WOLF TRUST 2 WOLF D 144A	3.26%	12/15/2036	100,000		99,188	94,736
MORGAN STANLEY CAP NUGS C 144A	3.00%	12/15/2036	100,000		100,031	96,563
J.P. MORGAN CHASE C NLP A 144A	1.88%	04/15/2037	100,000		96,200	94,745
ACRE COMMERCIAL MOR FL4 B 144A	3.01%	12/18/2037	100,000		100,000	98,408
BX COMMERCIAL MORTG XL2 E 144A	3.17%	10/15/2038	93,346		92,879	88,785

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
MED TRUST 2021-MDL MDLN D 144A	3.33%	11/15/2038	100,000	100,000	95,805
SREIT TRUST 2021-MF MFP D 144A	2.90%	11/15/2038	100,000	99,415	94,330
GREYSTONE CRE NOTES FL3 B 144A	2.97%	07/15/2039	100,000	100,000	95,520
SAPPHIRE AVIATION FI 1A A 144A	3.23%	03/15/2040	393,130	393,124	342,117
SAPPHIRE AVIATION FI 1A A 144A	4.25%	03/15/2040	159,404	159,330	132,119
SLG OFFICE TRUST 20 OVA E 144A	2.85%	07/15/2041	100,000	96,473	79,446
CITIGROUP COMMERCIA 555 E 144A	3.62%	12/10/2041	106,000	108,464	85,804
PACIFIC GAS AND ELECTRIC CO	3.75%	08/15/2042	200,000	208,568	143,714
S-JETS 2017-1 LTD 1 A 144A	3.97%	08/15/2042	197,056	197,056	175,874
METAL 2017-1 LLC 1 A 144A	4.58%	10/15/2042	167,205	167,140	132,577
KDAC AVIATION FINANC 1A A 144A	4.21%	12/15/2042	201,607	201,600	167,332
CSMC 2021-B33 B33 A1 144A	3.05%	10/10/2043	100,000	103,000	91,397
VAULT DI ISSUER LLC 1A A2 144A	2.80%	07/15/2046	350,000	350,000	316,117
ALIGNED DATA CENTER 1A A2 144A	1.94%	08/15/2046	300,000	300,000	270,984
ALIGNED DATA CENTERS 1A B 144A	2.48%	08/15/2046	200,000	200,000	178,386
JPMBB COMMERCIAL MORTGAG C27 C	4.44%	02/15/2048	239,000	227,890	225,977
SG COMMERCIAL MORTGAGE SE C5 B	3.93%	10/10/2048	100,000	105,484	93,223
HSBC HOLDINGS PLC	5.88%	12/31/2049	200,000	265,060	243,553
SERVICEMASTER FUND 1 A2II 144A	3.34%	01/30/2051	335,750	335,750	292,008
TACO BELL FUNDING 1A A2I 144A	1.95%	08/25/2051	298,500	298,500	265,650
TACO BELL FUNDING 1A A23 144A	2.54%	08/25/2051	199,000	199,000	163,731
BENCHMARK 2020-B16 MORT B16 XA	1.05%	02/15/2053	1,336,574	104,356	74,420
CSAIL 2020-C19 COMMERCI C19 XA	1.23%	03/15/2053	1,132,780	93,369	75,194
JPMDB COMMERCIAL MORTGA COR7 B	3.29%	05/13/2053	100,000	103,000	90,337
BANK 2019-BNK19 BN19 C	4.17%	08/15/2061	100,000	107,762	90,380
FINSBURY SQUARE 2020 1A A 144A	1.87%	03/16/2070	149,946	196,451	188,224
			$ 30,176,193	$ 28,343,694	$ 26,241,128

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
AERCAP HOLDINGS NV	22,924	$ 1,073,943	$ 1,133,363
AFFIRM HOLDINGS INC	7,581	1,151,023	216,058
ALIGN TECHNOLOGY INC	8,084	1,941,047	2,244,442
ALPHABET INC	2,576	2,733,071	5,875,289
ALPHABET INC	796	1,555,160	1,815,501
ALTERYX INC	29,864	3,490,526	1,661,932
AMAZON.COM INC	1,625	3,122,046	3,906,809
AON PLC	9,319	1,434,376	2,568,969
BEST BUY CO INC	25,025	2,819,164	2,053,552
BLOCK INC	46,270	3,464,525	4,049,088
BOOKING HOLDINGS INC	479	1,011,347	1,074,665
CAPITAL ONE FINANCIAL CORP	8,539	593,843	1,091,797
CHARLES SCHWAB CORP/THE	500,000	500,000	489,945
CHARTER COMMUNICATIONS INC	1,378	479,717	698,550
CITIGROUP INC	52,304	2,873,147	2,793,557
COCA-COLA CO/THE	11,025	573,983	698,765
COMCAST CORP	67,752	2,530,336	3,000,059
COSTAR GROUP INC	17,590	405,281	1,071,935
DIAGEO PLC	5,415	860,026	1,012,443
DICK'S SPORTING GOODS INC	21,425	2,215,490	1,740,353
DISH NETWORK CORP	43,109	1,396,541	984,178
DOMINO'S PIZZA INC	2,555	1,076,657	927,899
ELEVANCE HEALTH INC	3,833	1,129,683	1,953,335
EVOLUTION AB	3,880	502,783	405,068
GENERAL ELECTRIC CO	33,743	2,310,274	2,641,739
GENERAL MOTORS CO	17,760	608,017	686,957
GOLDMAN SACHS GROUP INC/THE	9,113	1,919,402	2,978,584
HILTON WORLDWIDE HOLDINGS INC	16,146	1,204,132	2,274,326
HOME DEPOT INC/THE	3,130	913,759	947,608
IAC/INTERACTIVECORP	6,726	870,053	573,728
INTEL CORP	40,300	1,893,986	1,790,126
INTERACTIVE BROKERS GROUP INC	27,565	1,140,219	1,696,350
LIBERTY BROADBAND CORP	20,219	2,193,555	2,530,812
LOCKHEED MARTIN CORP	4,485	1,968,860	1,973,893
LYONDELLBASELL INDUSTRIES NV	10,325	644,626	1,179,631
MARRIOTT INTERNATIONAL INC/MD	22,280	2,069,062	3,822,802
MCDONALD'S CORP	3,360	664,189	847,426
META PLATFORMS INC	18,697	4,136,685	3,620,487
META PLATFORMS INC	13,940	3,736,066	2,699,342
MICROSOFT CORP	22,305	2,174,007	6,064,060
MICROSOFT CORP	6,540	1,427,919	1,778,030
MORGAN STANLEY	34,436	1,998,407	2,966,317
NASPERS LTD	11,681	463,337	257,017
NESTLE SA	5,475	537,663	668,273
NETFLIX INC	13,976	4,346,376	2,759,421
NETFLIX INC	6,860	2,251,867	1,354,438
NOKIA OYJ	685	4,891	3,432
PAYPAL HOLDINGS INC	13,500	1,399,564	1,150,335
PEGASYSTEMS INC	42,091	3,438,916	2,085,188
PEPSICO INC	4,200	566,107	704,550
PROSUS NV	46,474	833,946	480,727
QUALCOMM INC	7,875	1,045,121	1,127,858
RALPH LAUREN CORP	29,125	3,305,414	2,944,246
REDFIN CORP	141,904	6,296,062	1,390,659
SAFRAN SA	51,090	1,646,815	1,316,947
SCHLUMBERGER LTD	53,800	2,132,123	2,472,648

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
STARBUCKS CORP	15,750	1,559,079	1,236,375
UNITED PARCEL SERVICE INC	13,195	2,303,639	2,404,789
UNITEDHEALTH GROUP INC	7,212	1,413,881	3,582,777
VISA INC	4,311	865,589	914,665
VISA INC	4,780	955,348	1,014,173
VISTRA CORP	9	-	237
WALMART INC	6,625	865,159	852,174
WALT DISNEY CO/THE	8,732	861,965	964,362
WAYFAIR INC	48,988	5,378,004	2,909,398
WELLS FARGO & CO	40,083	1,375,426	1,834,599
WILLIAMS-SONOMA INC	23,315	3,094,335	2,982,452
WOODWARD INC	10,945	1,148,796	1,112,121
WORKDAY INC	17,870	2,502,619	2,793,080
PZENA U.S. BEST IDEAS FUND LP - COMMON STOCK	-	24,713,610	33,800,800
		$ 146,112,585	$ 159,657,511

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
400 CAPITAL ASSET BASED TERM OFFSHORE FUND I LP		$ 20,661,776	$ 20,731,370
400 CAPITAL ASSET BASED TERM OFFSHORE FUND II LP		28,286,421	28,240,526
400 CAPITAL ASSET BASED TERM OFFSHORE FUND III		6,389,206	6,389,206
AC CARBON CAYMAN LP		9,500,000	9,500,000
AETOS CAPITAL OPPORTUNITIES FUND CAYMAN LP		12,095,041	12,095,041
AG CORE PLUS REALTY FUND IV LP		29,498,409	29,966,430
ALINDA INFRASTRUCTURE FUND II LP		4,862,489	5,645,466
ARCM FEEDER FUND IV LTD		20,000,000	30,455,843
ASF VIII LP		2,361,517	4,934,189
ATALAYA ASSET INCOME FUND V LP		16,190,888	16,491,878
BALANCE POINT CAPITAL PARTNERS III LP		16,976,878	19,336,959
BALANCE POINT CAPITAL PARTNERS V LP		5,753,867	5,582,103
BARINGS NORTH AMERICAN PRIVATE LOAN FUND (CAYMAN)-A LP		12,797,614	12,050,336
BERKSHIRE FUND X LP		1,529,815	2,258,600
BLUE TORCH CREDIT OPPORTUNITIES FUND I LP		8,019,386	7,893,347
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND II LP		11,691,393	11,777,500
BRIDGEWATER FUND LTD		18,613,939	19,175,521
BUENA VISTA ASIAN OPPORTUNITIES OFFSHORE FUND LTD		20,902,580	22,390,073
CAMBER CAPITAL OFFSHORE FUND LTD		11,000,000	14,414,736
CAPITAL TODAY EVERGREEN FUND LP		5,743,776	13,769,007
CASTLELAKE V LP		14,549,984	21,758,899
CAT ROCK CAPITAL PARTNERS CAYMAN LTD		25,298,080	28,238,530
CEVIAN CAPITAL II LTD		31,722,875	43,638,127
CONSTELLATION FUND SPC - EQUITIES IV SEGREGATED PORTFOLIO		1,970,322	2,372,451
CRAYHILL PRINCIPAL STRATEGY II LP		6,680,956	8,271,237
DAVIDSON KEMPNER INTERNATIONAL BVI LTD		25,505,562	31,038,802
DOVER STREET X LP		6,732,346	10,155,877
DUNE REAL ESTATE FUND III LP		14,240,480	14,100,963
ELLIOTT INTERNATIONAL LIMITED		25,000,000	34,360,266
ENCAP ENERGY CAPITAL FUND XI LP		4,157,091	5,819,516
ENCAP FLATROCK MIDSTREAM FUND IV LP		1,511,458	1,543,327
FIRST RESERVE FUND XIII LP		17,552,261	15,606,452
FORT GLOBAL OFFSHORE FUND SPC		10,342,100	9,917,011
FORTRESS CREDIT OPPORTUNITIES FUND V EXPANSION (B) LP		4,010,211	4,530,412
FORTRESS CREDIT OPPORTUNITIES FUND V LP		13,820,971	17,409,990
FORTRESS LENDING FD III A LP		6,230,219	6,226,141
GAOCHENG FUND I LP		10,099,776	9,302,630
GAOCHENG FUND II LP		1,077,049	1,077,049
GLENDON OPPORTUNITIES FUND II FEEDER B LP		14,000,000	14,000,000
GREAT HILL EQUITY PARTNERS VI LP		5,029,414	7,755,296
GREAT HILL EQUITY PTNRS VII LP		2,768,173	3,758,741
HARBOURVEST PRTNS IX-BUYOUT FD LP		4,062,966	7,754,012
HBK MULTI-STRATEGY OFFSHORE FUND LTD		22,298,139	28,033,897
HILLHOUSE FUND IV FEEDER LP		9,669,245	9,656,181
INCA LATIN AMERICA FUND LP		2,705,571	2,838,004
INDABA CAPITAL PARTNERS (CAYMAN) LP		13,991,738	18,371,707
JACKSON SQUARE VENTURES III LP		3,787,686	4,753,136
JANCHOR PARTNERS OPPORTUNITIES OFFSHORE FUND II LP		10,920,636	10,920,636
JUNTO OFFSHORE FUND LTD		35,000,000	48,316,615
KABOUTER INTERNATIONAL OPPORTUNITIES OFFSHORE FUND II LTD		29,000,000	21,882,518
KENNEDY LEWIS CAPITAL PARTNERS ERISA FUND E2 (US) LP		18,391,856	19,084,161
KLCP ERISA FUND E III LP		3,379,989	3,379,989
KPS SPECIAL SITUATIONS FUND V LP		10,369,022	10,511,950
LANDMARK REAL ESTATE PARTNERS IV LP		57	775,329

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
LCM PARTNERS COPS 4 (USD) SLP		5,071,516	5,359,301
LIGHTSPEED OPPORTUNITIES IIÉ		1,097,303	1,097,303
LIGHTSPEED OPPORTUNITY FUND LP		10,283,484	15,237,168
LIGHTSPEED VENT PTN SELECT V		494,334	494,334
LIGHTSPEED VENT XIV-A INCPTN		549,157	549,157
LIGHTSPEED VENTURE PARTNERS SELECT IV LP		7,963,190	11,337,497
LIGHTSPEED VP XIV-B IGNITE LP		594,968	594,968
LSC SELECT II LP		768,376	829,487
LSC V LP		555,441	610,938
MALABAR INDIA FUND LP		3,000,000	6,211,282
MATRIX CAPITAL MANAGEMENT FUND (OFFSHORE) LTD		6,181,595	9,386,454
MCP PRIVATE CAPITAL FEEDER FUND III SCSP		17,402,683	18,861,386
MCP PRIVATE CAPITAL FEEDER FUND IV SCSP		7,939,995	7,597,901
MERITECH CAPITAL PARTNERS VI LP		8,326,626	10,001,687
MERITECH CAPITAL PARTNERS VII LP		3,284,323	4,351,377
MERITECH FRANCHISE FUND LP		984,209	1,044,285
OCP ASIA FUND III LP		21,762,920	20,766,702
OCP ASIA FUND IV LP		7,959,052	7,817,551
ORBIS INSTITUTIONAL GLOBAL EQUITY LP		27,024,124	38,773,743
OVERLOOK PARTNERS FUND LP		20,371,656	29,773,547
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD		15,001,600	18,379,969
PEMBERTON STRATEGIC CAPITAL FUND I LP		14,029,771	18,765,264
QUAN VENTURE FUND II LP		10,078,737	10,082,012
QUAN VENTURES FUND III		2,085,354	2,085,354
RIVERSIDE STRATEGIC CAPITAL FUND I LP		26,248,604	21,233,965
THE RUSSIAN PROSPERITY FUND		2,122,483	2,559,714
SENATOR GLOBAL OPPORTUNITY OFFSHORE FUND LTD		13,958,979	21,151,981
SILVER LAKE PARTNERS V LP		5,439,134	10,606,714
SILVER LAKE PARTNERS VI LP		5,243,362	6,567,541
SOROBAN OPPORTUNITIES CAYMAN FUND LTD		12,660,515	21,158,899
TENZING PRIVATE EQUITY II LP		1,116,659	1,036,039
THE CHILDREN'S INVESTMENT FUND		32,859,580	53,023,184
THOMA BRAVO FUND X III-A LP		5,862,590	10,477,065
THOMA BRAVO FUND X IV-A LP		11,713,539	11,899,052
THOMPSON STREET CAPITAL PARTNERS V LP		2,746,085	5,858,872
THOMPSON STREET CAPITAL PTNS VI LP		2,191,576	2,191,576
TIGER GLOBAL LONG OPPORTUNITIES LTD		15,564,800	14,853,960
TRIDENT VIII LP		8,005,685	12,261,741
VALINOR CAPITAL PARTNERS OFFSHORE LTD		31,987	55,719
VENROCK ASSOCIATES IX LP		1,961,169	2,099,643
VENROCK ASSOCIATES VIII LP		4,700,338	12,959,922
VENROCK HEALTHCARE CAPITAL PARTNERS EN LP		7,665,092	7,848,025
VENROCK HEALTHCARE CAPITAL PARTNERS III LP		7,068,140	7,087,417
VENROCK OPPORTUNITIES FUND LP		2,136,008	2,213,636
VIKING GLOBAL EQUITIES III		20,000,000	18,746,718
VITRUVIAN INVESTMENT PARTNERSHIP III FEEDER LP		3,886,940	8,570,665
VITRUVIAN INVESTMENT PARTNERSHIP IV LP		4,590,550	5,312,522
WCP REAL ESTATE FUND IV (ERISA) LP		16,045,897	12,365,628
XIANG HE CAPITAL FUND II LP		7,642,069	10,726,568
EQUITY-BROADWAY LEAGUE PRIVATE EQUITY FUND I LP - PARTNERSHIPS		59,360,753	84,119,558
NB CROSSROADS FUND XX - PLAN ASSET ALLOCATION LP PARTNERSHIPS		21,990,356	53,435,068
		-	-
		$ 1,164,374,532	$ 1,430,688,042

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.			

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	25,648,256	$ 25,648,256	$ 25,648,256
			$ 25,648,256	$ 25,648,256

* PARTY-IN-INTEREST

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF 103-12 INVESTMENT ENTITIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADIAN EMERGING MARKETS EQUITY FUND	11,275	$ 50,062,769	$ 72,530,395
HARBOURVEST PRTNS IX-CAYMAN CR OPP	1,729,484	1,646,303	1,729,484
HARBOURVEST PRTNS IX-CAYMAN VENTURE	8,385,813	2,415,883	8,385,813
HIPEP VI-CAYMAN PRTNS FD L.P.	4,100,687	2,939,477	4,392,861
MCMORGAN INFRASTRUCTURE FUND I LP	19,646,216	19,868,797	19,646,217
THE SILCHESTER INTERNATIONAL INVESTORS INTERNATIONAL VALUE EQUITY GROUP TRUST	513,487	64,217,687	79,122,983
TWO SIGMA INTERNATIONAL CORE FD LP	77,852,624	65,000,000	77,852,624
		$ 206,150,916	$ 263,660,377

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL-CIO HOUSING INVESTMENT TRUST	1,946,651	$ 2,113,205	$ 2,006,516
ARTISAN INTERNATIONAL VALUE FUND	1,337,415	47,817,115	53,750,715
DOUBLELINE SELECTIVE CREDIT FUND I	2,329,762	21,048,336	18,381,826
FIDELITY INVESTMENT MONEY MARKET TREASURY 680	29,543,878	29,543,878	29,543,878
ISHARES MSCI SOUTH AFRICA ETF	55,513	3,143,146	2,685,164
PIMCO FDS	1,098,084	10,991,262	10,986,326
PIMCO FDS PAC INVT MGMT SER	67,568	600,000	600,676
PAPS LONG DURATION CREDIT BOND	51,455	573,727	530,504
PIMCO FDS PAC INVT MGMT SER	326,271	4,105,841	3,915,248
		$ 119,936,510	$ 122,400,853

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	BNY MELLON CASH RESERVE	$ 141,500,267	$ -	$ -	$ -	$ -	$ 141,500,267	$ -
*	BNY MELLON CASH RESERVE	-	140,086,199	-	-	140,086,199	140,086,199	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	114,133,696	-	-	-	-	114,133,696	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	-	106,746,462	-	-	106,746,462	106,746,462	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	222,217,471	-	-	-	-	222,217,471	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	-	223,503,648	-	-	223,503,648	223,503,648	-

THE EQUITY-LEAGUE PENSION PLAN

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

MAY 31, 2022

	Per Financial Statements	Reclassification	Per Form 5500
Assets			
Investments			
Interest bearing cash	$ 12,440,827	$ 6,264,074	$ 18,704,901
U.S. government securities	59,904,679	-	59,904,679
Corporate debt instruments	33,612,993	-	33,612,993
Corporate stock	125,856,711	33,800,800	159,657,511
Partnership/joint venture interests	1,470,536,539	(39,848,497)	1,430,688,042
Common/collective trust funds	25,648,256	-	25,648,256
103-12 investment entities	263,660,377	-	263,660,377
Registered investment companies	122,400,853	-	122,400,853
Receivables	6,424,365	233,455	6,657,820
Cash	82,823	-	82,823
Other assets	68,418	-	68,418
Total assets	2,120,636,841	449,832	2,121,086,673
Liabilities			
Operating payables	834,121	-	834,121
Other liabilities	4,050,151	449,832	4,499,983
Total liabilities	4,884,272	449,832	5,334,104
Net assets available for benefits	$ 2,115,752,569	$ -	$ 2,115,752,569

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED MAY 31, 2022 AND 2021

	2022	2021
Payroll	$ 1,066,697	$ 994,613
Payroll taxes	84,279	77,332
Employee benefits	600,319	559,349
Occupancy	26,038	128,813
Telephone	12,040	10,290
Office	85,296	21,561
Legal	639,625	527,741
Accounting	114,400	112,200
Payroll audits	8,176	857
Actuarial consulting	233,693	221,575
Computer	79,391	73,265
Outside services	27,654	-
Insurance	1,637,173	1,660,779
Conferences and meetings	11,192	2,187
Communications	124,763	87,662
Depreciation	5,301	10,064
Lock box fees	16,113	12,561
Tax relief adminstration	18,306	-
Third party administration	132,630	125,243
Total administrative expenses	$ 4,923,086	$ 4,626,092

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF INTEREST BEARING CASH

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	FOREIGN CURRENCY IN USD	VARIABLE	ON DEMAND	$ 86,693	$ 86,693
	MORGAN STANLEY	VARIABLE	ON DEMAND	559,000	559,000
*	THE BANK OF NEW YORK MELLON	VARIABLE	ON DEMAND	11,795,134	11,795,134
	EQUITY-BROADWAY LEAGUE PRIVATE EQUITY FUND I L.P. - INT BEARING CASH			3,464,886	3,464,886
	NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - INT BEARING CASH			2,534,991	2,534,991
	PZENA US BEST IDEAS FUND LP - INT BEARING CASH			264,197	264,197
				$ 18,704,901	$ 18,704,901

* PARTY-IN-INTEREST

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U S TREASURY NOTE	0.25%	09/30/2025	$ 1,300,000	$ 1,299,191	$ 1,196,104
U S TREASURY NOTE	0.38%	12/31/2025	400,000	399,922	367,156
U S TREASURY NOTE	0.75%	04/30/2026	1,300,000	1,295,221	1,201,486
U S TREASURY NOTE	2.63%	05/31/2027	1,500,000	1,486,992	1,487,115
U S TREASURY NOTE	0.75%	01/31/2028	1,400,000	1,378,945	1,245,174
U S TREASURY NOTE	1.13%	02/29/2028	800,000	798,171	726,312
U S TREASURY NOTE	1.25%	04/30/2028	1,500,000	1,496,992	1,367,520
FNMA POOL #0BL4949	2.48%	11/01/2029	1,000,000	998,672	955,170
FNMA POOL #0BL0469	3.88%	11/01/2030	600,000	724,359	620,700
FNMA POOL #0BL3779	2.76%	09/01/2031	498,000	500,957	479,016
FNMA POOL #0BL3792	2.87%	09/01/2031	2,000,000	2,068,906	1,924,380
FNMA GTD REMIC P/T 20-M15 X1	1.62%	09/25/2031	1,236,465	167,985	108,042
U S TREASURY NOTE	1.38%	11/15/2031	1,900,000	1,827,307	1,669,036
FNMA POOL #0AN4172	3.37%	02/01/2032	597,578	699,493	590,269
U S TREASURY NOTE	1.88%	02/15/2032	200,000	181,141	183,562
U S TREASURY NOTE	2.88%	05/15/2032	900,000	902,109	902,394
U S TREASURY BOND	1.75%	08/15/2041	3,000,000	2,927,315	2,336,940
U S TREASURY BOND	2.00%	11/15/2041	2,200,000	2,237,466	1,790,602
FNMA GTD REMIC P/T 16-92 A	3.00%	04/25/2042	389,412	391,888	387,613
FNMA POOL #0AB7928	3.00%	02/01/2043	933,031	940,466	908,446
FNMA POOL #0AR9215	3.00%	03/01/2043	614,417	619,313	598,485
FNMA POOL #0AT7623	3.00%	06/01/2043	768,157	774,218	748,016
FHLMC MULTICLASS MTG 4223 SB	4.15%	07/15/2043	644,690	568,221	532,050
FNMA GTD REMIC P/T 14-29 BZ	3.00%	05/25/2044	3,269,201	3,249,191	3,100,151
FHLMC POOL #G0-7993	3.50%	03/01/2045	898,992	921,467	898,471
FHLMC POOL #G0-8715	3.00%	08/01/2046	356,632	364,601	345,876
FHLMC POOL #Q4-2197	3.50%	08/01/2046	565,529	585,720	563,041
FHLMC POOL #G6-0933	3.50%	11/01/2046	364,200	375,865	362,193
FHLMC POOL #G0-8747	3.00%	02/01/2047	627,406	624,710	607,561
FNMA POOL #0AS9597	4.00%	05/01/2047	166,687	176,063	169,248
FHLMC POOL #ZS-4750	3.00%	01/01/2048	230,056	236,706	221,583
FNMA GTD REMIC P/T 20-13 HB	3.00%	03/25/2050	985,186	1,058,151	930,577
FNMA GTD REMIC P/T 20-51 AZ	2.00%	07/25/2050	4,156,178	3,863,512	3,069,670
U S TREASURY BOND	1.38%	08/15/2050	1,900,000	1,875,688	1,272,772
FHLMC POOL #SD-7526	2.50%	10/01/2050	1,181,181	1,254,266	1,096,325
FHLMC POOL #SD-0699	2.00%	11/01/2050	690,405	696,338	616,083
FNMA POOL #0FM8911	3.50%	02/01/2051	2,047,850	2,019,637	2,015,801
FNMA POOL #0FM8215	2.50%	03/01/2051	601,314	631,285	558,236
FNMA POOL #0CB0514	2.50%	05/01/2051	1,138,326	1,187,505	1,049,184
U S TREASURY BOND	2.38%	05/15/2051	700,000	766,750	602,875
GNMA GTD REMIC P/T 21-77 SJ	2.15%	05/20/2051	1,859,878	242,947	132,665
GNMA II POOL #0785638	2.50%	08/20/2051	920,295	968,035	858,184
GNMA GTD REMIC P/T 21-156 AI	3.00%	09/20/2051	1,534,082	231,790	235,804
GNMA GTD REMIC P/T 21-160 TI	3.00%	09/20/2051	1,498,993	232,812	226,753
GNMA II POOL #0785764	2.50%	11/20/2051	389,625	403,505	362,854
U S TREASURY BOND	2.25%	02/15/2052	100,000	84,328	83,906
U S TREASURY BOND	2.88%	05/15/2052	3,600,000	3,468,656	3,472,884
COMMIT TO PUR FNMA SF MTG	2.50%	06/01/2052	3,000,000	2,716,406	2,760,480
COMMIT TO PUR FNMA SF MTG	3.00%	07/01/2052	8,400,000	7,973,438	7,993,188
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2052	3,000,000	2,937,188	2,933,848
GNMA GTD REMIC P/T 21-20 IO	1.14%	08/16/2062	1,666,769	162,770	139,475
GNMA GTD REMIC P/T 21-52 IO	0.72%	04/16/2063	1,802,388	148,134	118,759
GNMA GTD REMIC P/T 21-70 IO	0.72%	04/16/2063	2,232,238	164,628	161,636
GNMA GTD REMIC P/T 21-22 IO	0.97%	05/16/2063	1,886,046	171,439	146,489
GNMA GTD REMIC P/T 21-129 IO	0.98%	06/16/2063	1,998,931	177,717	157,396

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GNMA REMIC STRIP P/T 79 IO	0.91%	08/16/2063	2,002,806	173,994	153,996
GNMA GTD REMIC P/T 22-49 IO	0.76%	03/16/2064	2,361,566	172,320	161,127
			$ 83,814,510	$ 65,002,812	$ 59,904,679

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED				(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
NOMURA HOLDINGS INC	1.85%	07/16/2025	$ 300,000		$ 300,000	$ 280,719
MARATHON CLO V LTD 5A A1R 144A	2.37%	11/21/2027	31,838		31,838	31,826
BANNER HEALTH	2.34%	01/01/2030	200,000		200,000	176,586
EMPRESA DE TRANSPORTE DE 144A	3.65%	05/07/2030	200,000		199,518	183,500
CK HUTCHISON INTERNATIONA 144A	2.50%	05/08/2030	200,000		199,104	176,744
ADVOCATE HEALTH & HOSPITALS CO	2.21%	06/15/2030	200,000		200,000	171,554
CRESTLINE DENALI C 1A AR2 144A	2.32%	10/23/2031	250,000		250,000	245,452
MADISON PARK FUNDI 34A AR 144A	2.30%	04/25/2032	500,000		500,000	489,558
NOVASTAR MORTGAGE FUNDING 3 M2	2.33%	01/25/2036	134,900		132,202	133,546
BSPRT 2021-FL6 ISSU FL6 A 144A	2.42%	03/15/2036	100,000		100,000	97,506
FS RIALTO FL2 A 144A	2.73%	05/16/2038	100,000		100,000	98,109
UNIV OF MICHIGAN MI	2.44%	04/01/2040	200,000		200,000	161,514
MARYLAND ST HLTH & HGR EDUCTNL	3.05%	07/01/2040	100,000		100,000	78,898
BX TRUST 2019-OC11 OC11 E 144A	4.08%	12/09/2041	117,000		113,357	97,370
SOFI PROFESSIONAL LOA A B 144A	3.61%	02/25/2042	500,000		499,673	486,320
DUKE UNIVERSITY	2.68%	10/01/2044	100,000		100,000	81,170
EUROSAIL-UK 2007-1 1X A3A REGS	0.00%	03/13/2045	60,818	a	71,353	64,636
COMM 2013-CCRE9 MORTGAG CR9 XA	0.04%	07/10/2045	25,805,583		279,576	5,161
TOWD POINT MORTGA A13A A1 144A	1.79%	07/20/2045	187,288		229,015	235,680
COMM 2013-LC6 MORTGAGE LC6 XA	1.39%	01/10/2046	2,334,576		138,119	5,159
COMM 2014-CCRE16 MORTGA CR16 C	5.08%	04/10/2047	100,000		107,535	97,959
JP MORGAN CHASE COMMERC C20 XA	0.99%	07/15/2047	3,198,485		143,012	31,281
MORGAN STANLEY BANK OF C19 XA	1.10%	12/15/2047	2,541,571		159,534	46,282
CITIGROUP COMMERCIAL MO GC27 C	4.57%	02/10/2048	100,000		105,500	95,604
COMM 2015-CCRE23 MORTGA CR23 C	4.43%	05/10/2048	100,000		104,043	96,271
COMM 2015-LC21 MORTGAG LC21 XA	0.81%	07/10/2048	3,420,866		161,356	56,307
WELLS FARGO COMMERCIAL M C35 B	3.44%	07/15/2048	200,000		208,875	187,598
COMM 2015-CCRE25 MORTG CR25 XA	0.97%	08/10/2048	2,912,539		170,041	62,387
GS MORTGAGE SECURITIES GC34 B	4.47%	10/10/2048	91,000		95,870	89,036
MORGAN STANLEY CAPITAL UB11 XA	1.63%	08/15/2049	2,345,308		254,550	105,023
JP MORGAN CHASE COMMERCI JP3 B	3.40%	08/15/2049	100,000		101,281	93,773
MORGAN STANLEY BANK OF A C31 C	4.42%	11/15/2049	124,000		125,022	109,946
CD 2017-CD4 MORTGAGE TR CD4 XA	1.39%	05/10/2050	2,792,233		265,597	113,448
GS MORTGAGE SECURITIES GS6 XA	1.16%	05/10/2050	2,589,957		222,013	109,633
CFCRE COMMERCIAL MORTGAG C8 XA	1.65%	06/15/2050	1,909,353		223,460	109,864
MORGAN STANLEY CAPITAL I H1 XA	1.50%	06/15/2050	2,620,170		271,395	116,650
UBS COMMERCIAL MORTGAGE C1 XA	1.69%	06/15/2050	1,502,387		169,581	89,122
NORTHWESTERN UNIVERSITY	2.64%	12/01/2050	100,000		100,000	75,773
GS MORTGAGE SECURITIES T GS9 C	4.50%	03/10/2051	100,000		102,180	95,337
TOWD POINT MORTGA GR4A A1 144A	2.04%	10/20/2051	122,607		162,086	153,962
WELLS FARGO COMMERCIAL C48 XA	1.12%	01/15/2052	1,517,436		89,861	76,327
WELLS FARGO COMMERCIAL C50 XA	1.60%	05/15/2052	900,226		96,855	64,276
CSAIL 2019-C17 COMMERCI C17 XA	1.50%	09/15/2052	1,039,270		93,255	73,300
MORGAN STANLEY CAPITAL I L3 XA	0.76%	11/15/2052	1,687,585		91,540	64,618
WELLS FARGO COMMERCIAL C54 XA	0.96%	12/15/2052	1,454,855		99,161	71,492
MORGAN STANLEY CAPITAL I L4 B	3.08%	02/15/2053	70,000		72,098	62,121
JPMDB COMMERCIAL MORTG COR7 XA	1.78%	05/13/2053	772,864		89,913	67,780
BENCHMARK 2020-B19 MORT B19 XA	1.89%	09/15/2053	995,848		122,622	89,606
TOWD POINT MORTGAGE V2A A 144A	2.19%	02/20/2054	207,914		266,345	261,845
BENCHMARK 2021-B24 MORT B24 XA	1.27%	03/15/2054	1,129,125		99,833	78,677
BENCHMARK 2021-B27 MORT B27 XA	1.39%	07/15/2054	1,002,883		99,681	81,585
BBCMS MORTGAGE TRUST 20 C11 XA	1.51%	09/15/2054	902,265		94,816	79,598
BMO 2022-C1 MORTGAGE TRU C1 XA	0.62%	02/15/2055	2,478,977		95,493	86,640
TOWD POINT MORTGAG HY2 A1 144A	2.62%	05/25/2058	63,044		63,173	62,575
NAVIENT PRIVATE EDUCA A B 144A	3.91%	12/16/2058	500,000		499,964	483,505

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BANK 2019-BNK20 BN20 AS	3.24%	09/15/2062	105,000	111,542	95,706
BANK 2020-BNK25 BN25 AS	2.84%	01/15/2063	105,000	108,145	93,841
BANK 2021-BNK35 BN35 XA	1.16%	06/15/2064	1,155,058	95,560	77,886
GCAT 2019-RPL1 TR RPL1 A1 144A	2.65%	10/25/2068	99,275	97,630	96,333
UNIV OF VIRGINIA VA UNIV REVEN	3.23%	09/01/2119	100,000	100,000	67,890
			$ 74,879,104	$ 9,684,173	$ 7,371,865

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2022

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ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
PHILIPPINE GOVERNMENT INTERNAT	0.00%	02/03/2023	$ 200,000	a	$ 221,077	$ 212,853
SYNGENTA FINANCE NV 144A	4.44%	04/24/2023	300,000		300,000	302,088
SOUTHWEST AIRLINES CO	4.75%	05/04/2023	400,000		398,508	406,276
GENERAL MOTORS FINANCIAL CO IN	3.70%	05/09/2023	300,000		300,885	301,554
BGC PARTNERS INC	5.38%	07/24/2023	250,000		248,790	253,978
CREDIT SUISSE AG 144A	6.50%	08/08/2023	300,000		325,875	306,000
AMERICAN TOWER CORP	5.00%	02/15/2024	339,000		338,620	348,011
SMBC AVIATION CAPITAL FIN 144A	3.55%	04/15/2024	200,000		205,290	197,294
CREDIT AGRICOLE SA 144A	4.38%	03/17/2025	500,000		499,585	500,830
DELTA AIR LINES INC 144A	7.00%	05/01/2025	176,000		176,000	188,295
VOLKSWAGEN GROUP OF AMERI 144A	3.35%	05/13/2025	400,000		399,580	394,780
CONSTELLATION ENERGY GENERATIO	3.25%	06/01/2025	430,000		429,200	422,054
SANTANDER HOLDINGS USA INC	3.45%	06/02/2025	300,000		299,412	294,894
PINNACLE WEST CAPITAL CORP	1.30%	06/15/2025	200,000		199,980	185,050
BAT INTERNATIONAL FINANCE 144A	3.95%	06/15/2025	300,000		309,711	298,101
CAESARS ENTERTAINMENT INC 144A	6.25%	07/01/2025	160,000		160,000	161,917
INFOR INC 144A	1.75%	07/15/2025	275,000		274,676	258,464
RATTLER MIDSTREAM LP 144A	5.63%	07/15/2025	100,000		100,000	102,500
ENDEAVOR ENERGY RESOURCES 144A	6.63%	07/15/2025	100,000		100,000	103,391
UNITED AIRLINES 2012-1 CLASS A	4.15%	10/11/2025	55,703		50,411	55,135
BGC PARTNERS INC	4.38%	12/15/2025	100,000		100,444	99,110
ING GROEP NV 144A	4.63%	01/06/2026	300,000		299,232	304,116
PENSKE TRUCK LEASING CO L 144A	4.45%	01/29/2026	200,000		216,684	201,284
LLOYDS BANKING GROUP PLC REGS	3.50%	04/01/2026	100,000		134,210	110,288
AVOLON HOLDINGS FUNDING L 144A	4.25%	04/15/2026	200,000		199,950	191,410
BARCLAYS PLC	2.85%	05/07/2026	300,000		300,000	288,555
REALTY INCOME CORP	4.88%	06/01/2026	100,000		114,911	103,518
AIRCASTLE LTD	4.25%	06/15/2026	200,000		202,838	190,722
HSBC HOLDINGS PLC	4.29%	09/12/2026	300,000		334,086	298,917
SABINE PASS LIQUEFACTION LLC	5.00%	03/15/2027	300,000		306,009	308,952
TRAVEL + LEISURE CO	6.00%	04/01/2027	136,000		135,694	134,667
BOEING CO/THE	5.04%	05/01/2027	325,000		325,000	326,632
VMWARE INC	4.65%	05/15/2027	140,000		156,395	142,055
NATWEST GROUP PLC	1.64%	06/14/2027	400,000		400,000	358,556
ALROSA FINANCE SA 144A	3.10%	06/25/2027	200,000		200,000	15,000
FIRSTENERGY CORP	4.40%	07/15/2027	300,000		294,393	299,625
AVIATION CAPITAL GROUP LL 144A	3.50%	11/01/2027	300,000		298,404	276,219
AVOLON HOLDINGS FUNDING L 144A	2.53%	11/18/2027	12,000		12,116	10,364
SYNCHRONY FINANCIAL	3.95%	12/01/2027	200,000		188,490	190,820
CLEARWAY ENERGY OPERATING 144A	4.75%	03/15/2028	150,000		153,000	143,250
GOODMAN US FINANCE THREE 144A	3.70%	03/15/2028	100,000		109,686	96,708
PACIFIC NATIONAL FINANCE REGS	4.75%	03/22/2028	200,000		191,336	193,723
EDGEWELL PERSONAL CARE CO 144A	5.50%	06/01/2028	100,000		100,000	96,990
WELLS FARGO & CO	2.39%	06/02/2028	500,000		500,000	459,575
MPT OPERATING PARTNERSHIP LP /	3.69%	06/05/2028	200,000		276,492	228,361
DEVON ENERGY CORP	5.88%	06/15/2028	66,000		73,624	68,809
AVANTOR FUNDING INC 144A	4.63%	07/15/2028	160,000		160,000	155,765
BNP PARIBAS SA 144A	4.40%	08/14/2028	300,000		298,392	296,376
CUBESMART LP	4.38%	02/15/2029	400,000		441,144	396,624
SANDS CHINA LTD 144A	3.10%	03/08/2029	200,000		199,494	148,152
STORE CAPITAL CORP	4.63%	03/15/2029	100,000		92,292	99,485
SOUTHERN CALIFORNIA EDISON CO	6.65%	04/01/2029	200,000		245,478	217,402
CARLYLE FINANCE SUBSIDIAR 144A	3.50%	09/19/2029	100,000		99,841	93,485
GLOBAL ATLANTIC FIN CO 144A	4.40%	10/15/2029	200,000		199,660	187,398
REALTY INCOME CORP	3.10%	12/15/2029	200,000		217,312	186,444

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2022

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(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER				(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
UNITED AIRLINES 2016-1 CLASS A	3.45%	01/07/2030	154,036		154,036	138,904
SPIRIT REALTY LP	3.40%	01/15/2030	100,000		84,782	90,142
GLP CAPITAL LP / GLP FINANCING	4.00%	01/15/2030	200,000		201,386	182,646
HIGHWOODS REALTY LP	3.05%	02/15/2030	100,000		94,317	89,162
KILROY REALTY LP	3.05%	02/15/2030	100,000		93,541	88,823
CITRIX SYSTEMS INC	3.30%	03/01/2030	100,000		99,350	98,949
T-MOBILE USA INC	3.88%	04/15/2030	200,000		219,050	191,668
NATIONAL RETAIL PROPERTIES INC	2.50%	04/15/2030	100,000		87,984	87,299
FAIRFAX FINANCIAL HOLDINGS LTD	4.63%	04/29/2030	150,000		150,000	147,102
IPALCO ENTERPRISES INC	4.25%	05/01/2030	50,000		51,773	47,661
NEWCREST FINANCE PTY LTD 144A	3.25%	05/13/2030	200,000		199,356	182,300
NVR INC	3.00%	05/15/2030	350,000		350,064	314,108
EQUIFAX INC	3.10%	05/15/2030	200,000		199,620	180,802
AON CORP	2.80%	05/15/2030	285,000		284,900	255,959
NEXTERA ENERGY CAPITAL HOLDING	2.25%	06/01/2030	200,000		199,926	173,064
FISERV INC	2.65%	06/01/2030	300,000		299,472	262,155
FERGUSON FINANCE PLC 144A	3.25%	06/02/2030	200,000		199,104	179,308
PERRIGO FINANCE UNLIMITED CO	4.40%	06/15/2030	200,000		198,340	184,796
MARRIOTT INTERNATIONAL INC/MD	4.63%	06/15/2030	100,000		99,379	99,125
ARES FINANCE CO II LLC 144A	3.25%	06/15/2030	150,000		149,657	136,461
REGENCY CENTERS LP	3.70%	06/15/2030	200,000		199,610	187,802
PACIFIC GAS AND ELECTRIC CO	4.55%	07/01/2030	200,000		226,943	186,896
STANDARD INDUSTRIES INC/N 144A	4.38%	07/15/2030	100,000		100,000	89,500
RELIANCE STEEL & ALUMINUM CO	2.15%	08/15/2030	100,000		99,722	84,744
MSBAM COMMERCIAL CKSV CK 144A	4.30%	10/15/2030	225,000		201,604	193,786
JPMORGAN CHASE & CO	2.74%	10/15/2030	800,000		819,760	723,888
MP CLO III LTD 1A AR 144A	2.31%	10/20/2030	500,000		500,000	494,487
GLP CAPITAL LP / GLP FINANCING	4.00%	01/15/2031	100,000		103,824	90,331
TARGA RESOURCES PARTNERS LP /	4.88%	02/01/2031	100,000		100,000	95,868
GS MORTGAGE SECURIT TWR D 144A	2.92%	07/15/2031	65,000		65,000	61,573
MORGAN STANLEY REGS	0.00%	04/02/2032	200,000	a	169,700	130,988
CBAM 2019-10 LTD 10A A1R 144A	2.18%	04/20/2032	500,000		500,000	489,350
THUNDERBOLT AIRCRAFT A A 144A	4.21%	05/17/2032	1,113,810		1,113,763	971,309
ALLEGRO CLO X LTD 1A AR 144A	2.21%	07/20/2032	500,000		500,000	492,448
PROSUS NV 144A	2.03%	08/03/2032	100,000		117,285	79,481
ALEN 2021-ACEN MOR ACEN D 144A	4.42%	04/15/2034	100,000		100,000	95,402
CSMC TRUST 2017-MO MOON D 144A	3.30%	07/10/2034	91,000		90,022	90,778
ABFC 2005-WF1 TRUST WF1 M5	2.57%	07/25/2034	108,615		106,375	106,182
TRTX 2019-FL3 ISSU FL3 AS 144A	3.04%	10/15/2034	100,000		100,000	99,726
LONG BEACH MORTGAGE LOAN 4 M2	2.60%	10/25/2034	116,343		116,125	114,678
BEAR STEARNS ASSET BAC HE10 M1	2.60%	12/25/2034	146,224		146,132	143,678
CENTEX HOME EQUITY LOAN T D M5	2.58%	10/25/2035	200,000		198,000	196,130
GE-WMC ASSET-BACKED PASS 1 M1	2.28%	10/25/2035	137,164		135,964	132,673
SOUNDVIEW HOME LOAN TR CTX1 M4	2.55%	11/25/2035	300,000		299,625	297,186
LOANCORE 2019-CRE CRE2 AS 144A	2.82%	05/15/2036	100,000		100,000	99,637
J.P. MORGAN CHASE C MFP D 144A	2.98%	07/15/2036	100,000		94,906	96,369
BX COMMERCIAL MORT VOLT E 144A	3.32%	09/15/2036	100,000		100,000	93,999
BX COMMERCIAL MORT VOLT F 144A	3.72%	09/15/2036	100,000		100,000	93,372
GS MORTGAGE SECURITI IP D 144A	3.42%	10/15/2036	100,000		100,000	93,911
BX TRUST 2021-RISE RISE D 144A	3.07%	11/15/2036	100,000		100,000	94,244
GREAT WOLF TRUST 2 WOLF D 144A	3.26%	12/15/2036	100,000		99,188	94,736
MORGAN STANLEY CAP NUGS C 144A	3.00%	12/15/2036	100,000		100,031	96,563
J.P. MORGAN CHASE C NLP A 144A	1.88%	04/15/2037	100,000		96,200	94,745
ACRE COMMERCIAL MOR FL4 B 144A	3.01%	12/18/2037	100,000		100,000	98,408
BX COMMERCIAL MORTG XL2 E 144A	3.17%	10/15/2038	93,346		92,879	88,785

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
MED TRUST 2021-MDL MDLN D 144A	3.33%	11/15/2038	100,000	100,000	95,805
SREIT TRUST 2021-MF MFP D 144A	2.90%	11/15/2038	100,000	99,415	94,330
GREYSTONE CRE NOTES FL3 B 144A	2.97%	07/15/2039	100,000	100,000	95,520
SAPPHIRE AVIATION FI 1A A 144A	3.23%	03/15/2040	393,130	393,124	342,117
SAPPHIRE AVIATION FI 1A A 144A	4.25%	03/15/2040	159,404	159,330	132,119
SLG OFFICE TRUST 20 OVA E 144A	2.85%	07/15/2041	100,000	96,473	79,446
CITIGROUP COMMERCIA 555 E 144A	3.62%	12/10/2041	106,000	108,464	85,804
PACIFIC GAS AND ELECTRIC CO	3.75%	08/15/2042	200,000	208,568	143,714
S-JETS 2017-1 LTD 1 A 144A	3.97%	08/15/2042	197,056	197,056	175,874
METAL 2017-1 LLC 1 A 144A	4.58%	10/15/2042	167,205	167,140	132,577
KDAC AVIATION FINANC 1A A 144A	4.21%	12/15/2042	201,607	201,600	167,332
CSMC 2021-B33 B33 A1 144A	3.05%	10/10/2043	100,000	103,000	91,397
VAULT DI ISSUER LLC 1A A2 144A	2.80%	07/15/2046	350,000	350,000	316,117
ALIGNED DATA CENTER 1A A2 144A	1.94%	08/15/2046	300,000	300,000	270,984
ALIGNED DATA CENTERS 1A B 144A	2.48%	08/15/2046	200,000	200,000	178,386
JPMBB COMMERCIAL MORTGAG C27 C	4.44%	02/15/2048	239,000	227,890	225,977
SG COMMERCIAL MORTGAGE SE C5 B	3.93%	10/10/2048	100,000	105,484	93,223
HSBC HOLDINGS PLC	5.88%	12/31/2049	200,000	265,060	243,553
SERVICEMASTER FUND 1 A2II 144A	3.34%	01/30/2051	335,750	335,750	292,008
TACO BELL FUNDING 1A A2I 144A	1.95%	08/25/2051	298,500	298,500	265,650
TACO BELL FUNDING 1A A23 144A	2.54%	08/25/2051	199,000	199,000	163,731
BENCHMARK 2020-B16 MORT B16 XA	1.05%	02/15/2053	1,336,574	104,356	74,420
CSAIL 2020-C19 COMMERCI C19 XA	1.23%	03/15/2053	1,132,780	93,369	75,194
JPMDB COMMERCIAL MORTGA COR7 B	3.29%	05/13/2053	100,000	103,000	90,337
BANK 2019-BNK19 BN19 C	4.17%	08/15/2061	100,000	107,762	90,380
FINSBURY SQUARE 2020 1A A 144A	1.87%	03/16/2070	149,946	196,451	188,224
			$ 30,176,193	$ 28,343,694	$ 26,241,128

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
AERCAP HOLDINGS NV	22,924	$ 1,073,943	$ 1,133,363
AFFIRM HOLDINGS INC	7,581	1,151,023	216,058
ALIGN TECHNOLOGY INC	8,084	1,941,047	2,244,442
ALPHABET INC	2,576	2,733,071	5,875,289
ALPHABET INC	796	1,555,160	1,815,501
ALTERYX INC	29,864	3,490,526	1,661,932
AMAZON.COM INC	1,625	3,122,046	3,906,809
AON PLC	9,319	1,434,376	2,568,969
BEST BUY CO INC	25,025	2,819,164	2,053,552
BLOCK INC	46,270	3,464,525	4,049,088
BOOKING HOLDINGS INC	479	1,011,347	1,074,665
CAPITAL ONE FINANCIAL CORP	8,539	593,843	1,091,797
CHARLES SCHWAB CORP/THE	500,000	500,000	489,945
CHARTER COMMUNICATIONS INC	1,378	479,717	698,550
CITIGROUP INC	52,304	2,873,147	2,793,557
COCA-COLA CO/THE	11,025	573,983	698,765
COMCAST CORP	67,752	2,530,336	3,000,059
COSTAR GROUP INC	17,590	405,281	1,071,935
DIAGEO PLC	5,415	860,026	1,012,443
DICK'S SPORTING GOODS INC	21,425	2,215,490	1,740,353
DISH NETWORK CORP	43,109	1,396,541	984,178
DOMINO'S PIZZA INC	2,555	1,076,657	927,899
ELEVANCE HEALTH INC	3,833	1,129,683	1,953,335
EVOLUTION AB	3,880	502,783	405,068
GENERAL ELECTRIC CO	33,743	2,310,274	2,641,739
GENERAL MOTORS CO	17,760	608,017	686,957
GOLDMAN SACHS GROUP INC/THE	9,113	1,919,402	2,978,584
HILTON WORLDWIDE HOLDINGS INC	16,146	1,204,132	2,274,326
HOME DEPOT INC/THE	3,130	913,759	947,608
IAC/INTERACTIVECORP	6,726	870,053	573,728
INTEL CORP	40,300	1,893,986	1,790,126
INTERACTIVE BROKERS GROUP INC	27,565	1,140,219	1,696,350
LIBERTY BROADBAND CORP	20,219	2,193,555	2,530,812
LOCKHEED MARTIN CORP	4,485	1,968,860	1,973,893
LYONDELLBASELL INDUSTRIES NV	10,325	644,626	1,179,631
MARRIOTT INTERNATIONAL INC/MD	22,280	2,069,062	3,822,802
MCDONALD'S CORP	3,360	664,189	847,426
META PLATFORMS INC	18,697	4,136,685	3,620,487
META PLATFORMS INC	13,940	3,736,066	2,699,342
MICROSOFT CORP	22,305	2,174,007	6,064,060
MICROSOFT CORP	6,540	1,427,919	1,778,030
MORGAN STANLEY	34,436	1,998,407	2,966,317
NASPERS LTD	11,681	463,337	257,017
NESTLE SA	5,475	537,663	668,273
NETFLIX INC	13,976	4,346,376	2,759,421
NETFLIX INC	6,860	2,251,867	1,354,438
NOKIA OYJ	685	4,891	3,432
PAYPAL HOLDINGS INC	13,500	1,399,564	1,150,335
PEGASYSTEMS INC	42,091	3,438,916	2,085,188
PEPSICO INC	4,200	566,107	704,550
PROSUS NV	46,474	833,946	480,727
QUALCOMM INC	7,875	1,045,121	1,127,858
RALPH LAUREN CORP	29,125	3,305,414	2,944,246
REDFIN CORP	141,904	6,296,062	1,390,659
SAFRAN SA	51,090	1,646,815	1,316,947
SCHLUMBERGER LTD	53,800	2,132,123	2,472,648

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
STARBUCKS CORP	15,750	1,559,079	1,236,375
UNITED PARCEL SERVICE INC	13,195	2,303,639	2,404,789
UNITEDHEALTH GROUP INC	7,212	1,413,881	3,582,777
VISA INC	4,311	865,589	914,665
VISA INC	4,780	955,348	1,014,173
VISTRA CORP	9	-	237
WALMART INC	6,625	865,159	852,174
WALT DISNEY CO/THE	8,732	861,965	964,362
WAYFAIR INC	48,988	5,378,004	2,909,398
WELLS FARGO & CO	40,083	1,375,426	1,834,599
WILLIAMS-SONOMA INC	23,315	3,094,335	2,982,452
WOODWARD INC	10,945	1,148,796	1,112,121
WORKDAY INC	17,870	2,502,619	2,793,080
PZENA U.S. BEST IDEAS FUND LP - COMMON STOCK	-	24,713,610	33,800,800
		$ 146,112,585	$ 159,657,511

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
400 CAPITAL ASSET BASED TERM OFFSHORE FUND I LP		$ 20,661,776	$ 20,731,370
400 CAPITAL ASSET BASED TERM OFFSHORE FUND II LP		28,286,421	28,240,526
400 CAPITAL ASSET BASED TERM OFFSHORE FUND III		6,389,206	6,389,206
AC CARBON CAYMAN LP		9,500,000	9,500,000
AETOS CAPITAL OPPORTUNITIES FUND CAYMAN LP		12,095,041	12,095,041
AG CORE PLUS REALTY FUND IV LP		29,498,409	29,966,430
ALINDA INFRASTRUCTURE FUND II LP		4,862,489	5,645,466
ARCM FEEDER FUND IV LTD		20,000,000	30,455,843
ASF VIII LP		2,361,517	4,934,189
ATALAYA ASSET INCOME FUND V LP		16,190,888	16,491,878
BALANCE POINT CAPITAL PARTNERS III LP		16,976,878	19,336,959
BALANCE POINT CAPITAL PARTNERS V LP		5,753,867	5,582,103
BARINGS NORTH AMERICAN PRIVATE LOAN FUND (CAYMAN)-A LP		12,797,614	12,050,336
BERKSHIRE FUND X LP		1,529,815	2,258,600
BLUE TORCH CREDIT OPPORTUNITIES FUND I LP		8,019,386	7,893,347
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND II LP		11,691,393	11,777,500
BRIDGEWATER FUND LTD		18,613,939	19,175,521
BUENA VISTA ASIAN OPPORTUNITIES OFFSHORE FUND LTD		20,902,580	22,390,073
CAMBER CAPITAL OFFSHORE FUND LTD		11,000,000	14,414,736
CAPITAL TODAY EVERGREEN FUND LP		5,743,776	13,769,007
CASTLELAKE V LP		14,549,984	21,758,899
CAT ROCK CAPITAL PARTNERS CAYMAN LTD		25,298,080	28,238,530
CEVIAN CAPITAL II LTD		31,722,875	43,638,127
CONSTELLATION FUND SPC - EQUITIES IV SEGREGATED PORTFOLIO		1,970,322	2,372,451
CRAYHILL PRINCIPAL STRATEGY II LP		6,680,956	8,271,237
DAVIDSON KEMPNER INTERNATIONAL BVI LTD		25,505,562	31,038,802
DOVER STREET X LP		6,732,346	10,155,877
DUNE REAL ESTATE FUND III LP		14,240,480	14,100,963
ELLIOTT INTERNATIONAL LIMITED		25,000,000	34,360,266
ENCAP ENERGY CAPITAL FUND XI LP		4,157,091	5,819,516
ENCAP FLATROCK MIDSTREAM FUND IV LP		1,511,458	1,543,327
FIRST RESERVE FUND XIII LP		17,552,261	15,606,452
FORT GLOBAL OFFSHORE FUND SPC		10,342,100	9,917,011
FORTRESS CREDIT OPPORTUNITIES FUND V EXPANSION (B) LP		4,010,211	4,530,412
FORTRESS CREDIT OPPORTUNITIES FUND V LP		13,820,971	17,409,990
FORTRESS LENDING FD III A LP		6,230,219	6,226,141
GAOCHENG FUND I LP		10,099,776	9,302,630
GAOCHENG FUND II LP		1,077,049	1,077,049
GLENDON OPPORTUNITIES FUND II FEEDER B LP		14,000,000	14,000,000
GREAT HILL EQUITY PARTNERS VI LP		5,029,414	7,755,296
GREAT HILL EQUITY PTNRS VII LP		2,768,173	3,758,741
HARBOURVEST PRTNS IX-BUYOUT FD LP		4,062,966	7,754,012
HBK MULTI-STRATEGY OFFSHORE FUND LTD		22,298,139	28,033,897
HILLHOUSE FUND IV FEEDER LP		9,669,245	9,656,181
INCA LATIN AMERICA FUND LP		2,705,571	2,838,004
INDABA CAPITAL PARTNERS (CAYMAN) LP		13,991,738	18,371,707
JACKSON SQUARE VENTURES III LP		3,787,686	4,753,136
JANCHOR PARTNERS OPPORTUNITIES OFFSHORE FUND II LP		10,920,636	10,920,636
JUNTO OFFSHORE FUND LTD		35,000,000	48,316,615
KABOUTER INTERNATIONAL OPPORTUNITIES OFFSHORE FUND II LTD		29,000,000	21,882,518
KENNEDY LEWIS CAPITAL PARTNERS ERISA FUND E2 (US) LP		18,391,856	19,084,161
KLCP ERISA FUND E III LP		3,379,989	3,379,989
KPS SPECIAL SITUATIONS FUND V LP		10,369,022	10,511,950
LANDMARK REAL ESTATE PARTNERS IV LP		57	775,329

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
LCM PARTNERS COPS 4 (USD) SLP		5,071,516	5,359,301
LIGHTSPEED OPPORTUNITIES IIÉ		1,097,303	1,097,303
LIGHTSPEED OPPORTUNITY FUND LP		10,283,484	15,237,168
LIGHTSPEED VENT PTN SELECT V		494,334	494,334
LIGHTSPEED VENT XIV-A INCPTN		549,157	549,157
LIGHTSPEED VENTURE PARTNERS SELECT IV LP		7,963,190	11,337,497
LIGHTSPEED VP XIV-B IGNITE LP		594,968	594,968
LSC SELECT II LP		768,376	829,487
LSC V LP		555,441	610,938
MALABAR INDIA FUND LP		3,000,000	6,211,282
MATRIX CAPITAL MANAGEMENT FUND (OFFSHORE) LTD		6,181,595	9,386,454
MCP PRIVATE CAPITAL FEEDER FUND III SCSP		17,402,683	18,861,386
MCP PRIVATE CAPITAL FEEDER FUND IV SCSP		7,939,995	7,597,901
MERITECH CAPITAL PARTNERS VI LP		8,326,626	10,001,687
MERITECH CAPITAL PARTNERS VII LP		3,284,323	4,351,377
MERITECH FRANCHISE FUND LP		984,209	1,044,285
OCP ASIA FUND III LP		21,762,920	20,766,702
OCP ASIA FUND IV LP		7,959,052	7,817,551
ORBIS INSTITUTIONAL GLOBAL EQUITY LP		27,024,124	38,773,743
OVERLOOK PARTNERS FUND LP		20,371,656	29,773,547
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD		15,001,600	18,379,969
PEMBERTON STRATEGIC CAPITAL FUND I LP		14,029,771	18,765,264
QUAN VENTURE FUND II LP		10,078,737	10,082,012
QUAN VENTURES FUND III		2,085,354	2,085,354
RIVERSIDE STRATEGIC CAPITAL FUND I LP		26,248,604	21,233,965
THE RUSSIAN PROSPERITY FUND		2,122,483	2,559,714
SENATOR GLOBAL OPPORTUNITY OFFSHORE FUND LTD		13,958,979	21,151,981
SILVER LAKE PARTNERS V LP		5,439,134	10,606,714
SILVER LAKE PARTNERS VI LP		5,243,362	6,567,541
SOROBAN OPPORTUNITIES CAYMAN FUND LTD		12,660,515	21,158,899
TENZING PRIVATE EQUITY II LP		1,116,659	1,036,039
THE CHILDREN'S INVESTMENT FUND		32,859,580	53,023,184
THOMA BRAVO FUND X III-A LP		5,862,590	10,477,065
THOMA BRAVO FUND X IV-A LP		11,713,539	11,899,052
THOMPSON STREET CAPITAL PARTNERS V LP		2,746,085	5,858,872
THOMPSON STREET CAPITAL PTNS VI LP		2,191,576	2,191,576
TIGER GLOBAL LONG OPPORTUNITIES LTD		15,564,800	14,853,960
TRIDENT VIII LP		8,005,685	12,261,741
VALINOR CAPITAL PARTNERS OFFSHORE LTD		31,987	55,719
VENROCK ASSOCIATES IX LP		1,961,169	2,099,643
VENROCK ASSOCIATES VIII LP		4,700,338	12,959,922
VENROCK HEALTHCARE CAPITAL PARTNERS EN LP		7,665,092	7,848,025
VENROCK HEALTHCARE CAPITAL PARTNERS III LP		7,068,140	7,087,417
VENROCK OPPORTUNITIES FUND LP		2,136,008	2,213,636
VIKING GLOBAL EQUITIES III		20,000,000	18,746,718
VITRUVIAN INVESTMENT PARTNERSHIP III FEEDER LP		3,886,940	8,570,665
VITRUVIAN INVESTMENT PARTNERSHIP IV LP		4,590,550	5,312,522
WCP REAL ESTATE FUND IV (ERISA) LP		16,045,897	12,365,628
XIANG HE CAPITAL FUND II LP		7,642,069	10,726,568
EQUITY-BROADWAY LEAGUE PRIVATE EQUITY FUND I LP - PARTNERSHIPS		59,360,753	84,119,558
NB CROSSROADS FUND XX - PLAN ASSET ALLOCATION LP PARTNERSHIPS		21,990,356	53,435,068
		-	-
		$ 1,164,374,532	$ 1,430,688,042

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.			

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	25,648,256	$ 25,648,256	$ 25,648,256
			$ 25,648,256	$ 25,648,256

* PARTY-IN-INTEREST

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF 103-12 INVESTMENT ENTITIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADIAN EMERGING MARKETS EQUITY FUND	11,275	$ 50,062,769	$ 72,530,395
HARBOURVEST PRTNS IX-CAYMAN CR OPP	1,729,484	1,646,303	1,729,484
HARBOURVEST PRTNS IX-CAYMAN VENTURE	8,385,813	2,415,883	8,385,813
HIPEP VI-CAYMAN PRTNS FD L.P.	4,100,687	2,939,477	4,392,861
MCMORGAN INFRASTRUCTURE FUND I LP	19,646,216	19,868,797	19,646,217
THE SILCHESTER INTERNATIONAL INVESTORS INTERNATIONAL VALUE EQUITY GROUP TRUST	513,487	64,217,687	79,122,983
TWO SIGMA INTERNATIONAL CORE FD LP	77,852,624	65,000,000	77,852,624
		$ 206,150,916	$ 263,660,377

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL-CIO HOUSING INVESTMENT TRUST	1,946,651	$ 2,113,205	$ 2,006,516
ARTISAN INTERNATIONAL VALUE FUND	1,337,415	47,817,115	53,750,715
DOUBLELINE SELECTIVE CREDIT FUND I	2,329,762	21,048,336	18,381,826
FIDELITY INVESTMENT MONEY MARKET TREASURY 680	29,543,878	29,543,878	29,543,878
ISHARES MSCI SOUTH AFRICA ETF	55,513	3,143,146	2,685,164
PIMCO FDS	1,098,084	10,991,262	10,986,326
PIMCO FDS PAC INVT MGMT SER	67,568	600,000	600,676
PAPS LONG DURATION CREDIT BOND	51,455	573,727	530,504
PIMCO FDS PAC INVT MGMT SER	326,271	4,105,841	3,915,248
		$ 119,936,510	$ 122,400,853

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2022

EIN 13-6696817, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	BNY MELLON CASH RESERVE	$ 141,500,267	$ -	$ -	$ -	$ -	$ 141,500,267	$ -
*	BNY MELLON CASH RESERVE	-	140,086,199	-	-	140,086,199	140,086,199	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	114,133,696	-	-	-	-	114,133,696	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	-	106,746,462	-	-	106,746,462	106,746,462	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	222,217,471	-	-	-	-	222,217,471	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	-	223,503,648	-	-	223,503,648	223,503,648	-

Form **5558**
(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

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

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

Number, street, and room or suite no. (If a P.O. box, see instructions)
165 WEST 46TH STREET SUITE 812

City or town, state, and ZIP code
NEW YORK NY 10036-2501

B Filer's identifying number (see instructions)
Employer identification number (EIN) (9 digits XX-XXXXXXX)
13-6696817

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name
EQUITY-LEAGUE PENSION TRUST FUND

Plan number	Plan year ending— MM	DD	YYYY
0 0 1	5	31	2022

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

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 3 / 15 / 2023 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

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

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

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

b Enter the payment amount attached . . . . . ▶ b

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

5 State in detail why you need the extension:

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

Signature ▶ **Date ▶**

MGA

Certified Article Number
9414 7266 9904 2182 6234 09
SENDER'S RECORD