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 07/01/2021 and ending 06/30/2022

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
- [X] 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
BUILDING SERVICE 32BJ PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

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 BUILDING SERVICE 32BJ PENSION FUND

25 WEST 18TH STREET
NEW YORK, NY 10011

2b Employer Identification Number (EIN) 13-1879376

2c Plan Sponsor's telephone number 212-539-2778

2d Business code (see instructions) 561790

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.	06/05/2023	MANNY PASTREICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/04/2023	HOWARD ROTHSCHILD
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	**5**	112351
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)**	53369
a(2) Total number of active participants at the end of the plan year	**6a(2)**	54120
b Retired or separated participants receiving benefits	**6b**	32208
c Other retired or separated participants entitled to future benefits	**6c**	19141
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	105469
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10784
f Total. Add lines **6d** and **6e**	**6f**	116253
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**	3951

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

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 07/01/2021 and ending 06/30/2022

▶ **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
BUILDING SERVICE 32BJ PENSION 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 BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

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

1a Enter the valuation date: Month 07 Day 01 Year 2021

b	Assets		
(1)	Current value of assets	**1b(1)**	3511934218
(2)	Actuarial value of assets for funding standard account	**1b(2)**	3199581724
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	4468101496
(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)**	4468101496
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)**	8957674201
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	232633333
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	318780353
(3)	Expected plan disbursements for the plan year	**1d(3)**	335280353

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

	01/27/2023
Signature of actuary	Date
SUSAN L. BOYLE, FSA, FCA, MAAA	20-06862
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**		3515537689
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		39601	3542535282
(2) For terminated vested participants		19434	1240184279
(3) For active participants:			
(a) Non-vested benefits			514548635
(b) Vested benefits			3660406005
(c) Total active		48654	4174954640
(4) Total		107689	8957674201
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		39.25 %

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
01/15/2022	306902186				
			Totals ► **3(b)**	306902186	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	5354022

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	71.6 %
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**	C

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

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] 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**	2023

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** [X] 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 [X] 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**	2.33 %
		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**	7.50 %		7.50 %	
e Expense loading	**6e**	22.5 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	10.1 %
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	24.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-49954686	-5264398

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**	52449112
b Employer's normal cost for plan year as of valuation date		**9b**	86517347
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)**	1266025346	178214680
(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**	23788585
e Total charges. Add lines 9a through 9d		**9e**	340969724

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	0
g	Employer contributions. Total from column (b) of line 3		**9g**	306902186
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 49954686		5264398
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	10944593
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 1456664903		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 5082714499		
	(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**	323111177
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	17858547

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**	17858547
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 07/01/2021 and ending 06/30/2022

A Name of plan
BUILDING SERVICE 32BJ PENSION 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 BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

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

ALTRINSIC GLOBAL ADVISORS, LLC

30-0016268

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

GQG PARTNERS

450 EAST LAS OLAS BLVD
STE 750
FORT LAUDERDALE, FL 33301

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

LEXINGTON ASSOCIATES VII, LP

399 PARK AVENUE
20TH FLOOR
NEW YORK, NY 10022

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

PAYDEN & RYGEL

95-4712619

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

PNC

22-1146430

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

POMONA ASSOCIATES VIII, LP

46-0715295

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

STEPSTONE GROUP

85-1138271

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

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

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

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

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)

LSV ASSET MANAGEMENT

23-2772200

(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	1494191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PARNASSUS INVESTMENTS

87-2269073

(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	880228	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ISQ GLOBAL INFRASTRUCTURE

98-1043772

(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	867021	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)

VITECH SYSTEMS GROUP INC

13-3785492

(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	531084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK FINANCIAL MGMT, INC.

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	519173	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STATE STREET GLOBAL ADVISORS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	479124	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

PRIMUS HIGH YIELD BOND

151 W 42ND STREET
29TH FLOOR
NEW YORK, NY 10036

(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	393716	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MEKETA INVESTMENT GROUP INC

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?
27 50	NONE	342000	Yes [ ] No [X]	Yes [ ] No [ ]		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	275608	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

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	259899	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH AND MANAGEMENT

04-2955404

(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	254435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

H&H GRAPHIC PRINTING COMMUNICATIONS

27-0771521

(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	253994	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)

CONSTITUTION CAPITAL EQUITY PARTNER

74-3246212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	253293	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

REGINE BRETON

13-1879376

(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?
50 30	EMPLOYEE	236787	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAAB STURM & GANCHROW LLP

13-1566077

(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	213182	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 NORTHERN TRUST COMPANY

36-1561860

(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	212589	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JP MORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50 99	NONE	210218	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRAIN MANAGEMENT, LLC

27-2066237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	206978	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

KERRI APONTE

13-1879376

(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?
50 30	EMPLOYEE	205650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LUCINDA HILBERT

13-1879376

(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?
50 30	EMPLOYEE	160259	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK

13-4920330

(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	147482	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)

NINA L TERRELL

13-1879376

(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?
50 30	EMPLOYEE	135339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NINA ENG

13-1879376

(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?
50 30	EMPLOYEE	129950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELE CINIGLIO

13-1879376

(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?
50 30	EMPLOYEE	126455	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)

JANICE ROOM

13-1879376

(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?
50 30	EMPLOYEE	124174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAISY SUSAN RAJAN

13-1879376

(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?
50 30	EMPLOYEE	115413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXL SERVICE HOLDINGS INC.

320 PARK AVENUE
29TH 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?
16 50	NONE	115181	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)

WITHUMSMITH+BROWN, PC

22-2027092

(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	115000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YANET TORIBIO

13-1879376

(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?
50 30	EMPLOYEE	114804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BREDHOFF & KAISER PLLC

52-0969534

(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	113175	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)

NANCY ACOSTA

13-1879376

(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?
50 30	EMPLOYEE	110345	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAMARIS E FERNANDEZ

13-1879376

(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?
50 30	EMPLOYEE	109184	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JANINE ELCIK

13-1879376

(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?
50 30	EMPLOYEE	105667	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)

JUNI CASILLADE LEON

13-1879376

(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?
50 30	EMPLOYEE	103908	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMES IOVINE

13-1879376

(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?
50 30	EMPLOYEE	103506	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FANNY MEDINA

13-1879376

(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?
50 30	EMPLOYEE	101100	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)

MARGARET EMANUELE NAPIER

13-1879376

(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?
50 30	EMPLOYEE	100206	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE 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?
19 50	NONE	100136	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADRIAN BATISTA

13-1879376

(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?
50 30	EMPLOYEE	98429	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)

SILVIA L SANCHEZ

13-1879376

(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?
50 30	EMPLOYEE	97141	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC GLOBAL ASSET MANAGEMENT US INC

41-1460668

(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	94940	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ISHITA CHAKRAVORTY

13-1879376

(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?
50 30	EMPLOYEE	94259	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)

SAMERE R JONES

13-1879376

(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?
50 30	EMPLOYEE	93743	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	92010	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEPHANIE A NYAMEKYE

13-1879376

(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?
50 30	EMPLOYEE	90939	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)

CRISTINA CHONG

13-1879376

(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?
50 30	EMPLOYEE	90849	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TEJA KULKARNI

13-1879376

(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?
50 30	EMPLOYEE	89538	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LESLIE MERCEDES

13-1879376

(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?
50 30	EMPLOYEE	89332	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)

CARLOS CONTRERAS

13-1879376

(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?
50 30	EMPLOYEE	89189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARGARET MCLAUGHLIN

13-1879376

(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?
50 30	EMPLOYEE	87222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOBEL MARTE

13-1879376

(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?
50 30	EMPLOYEE	84779	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)

FLORENCE ROXANNA BECKFORD

13-1879376

(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?
50 30	EMPLOYEE	84214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEJANDRA RODRIGUEZ

13-1879376

(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?
50 30	EMPLOYEE	83488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIZZETTE RUIZ

13-1879376

(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?
50 30	EMPLOYEE	79414	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)

DAVID MEGLAUGHLIN

13-1879376

(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?
50 30	EMPLOYEE	75974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TREVIA K BENJAMIN

13-1879376

(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?
50 30	EMPLOYEE	75153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERLINA NUNEZ

13-1879376

(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?
50 30	EMPLOYEE	71058	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)

CHERYL EPPES

13-1879376

(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?
50 30	EMPLOYEE	70353	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAFRAZ HUSSAIN

13-1879376

(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?
50 30	EMPLOYEE	65693	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RANDI S. FARBER

13-1879376

(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?
50 30	EMPLOYEE	63582	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)

GILLAN FAULKNER

13-1879376

(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?
50 30	EMPLOYEE	59416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETER GOLDBERGER

13-1879376

(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?
50 30	EMPLOYEE	56910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIE CHENG CHIHA

13-1879376

(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?
50 30	EMPLOYEE	56782	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)

MALGORZATA GAPINSKA

13-1879376

(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?
50 30	EMPLOYEE	54580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONVERGED TECHNOLOGY GROUP

20-4185989

(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	53746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIEL R BIKOFF

13-1879376

(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?
50 30	EMPLOYEE	50922	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)

STEVE JENKINS

13-1879376

(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?
50 30	EMPLOYEE	47074	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

QINAN CHEN

13-1879376

(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?
50 30	EMPLOYEE	45721	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERIK HENDIN

13-1879376

(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?
50 30	EMPLOYEE	45681	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)

SUSAN SHACK

13-1879376

(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?
50 30	EMPLOYEE	45461	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAR LAP CHAN

13-1879376

(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?
50 30	EMPLOYEE	45369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLEG ZHDANOV

13-1879376

(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?
50 30	EMPLOYEE	44653	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)

ELAINE POMMELLS

13-1879376

(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?
50 30	EMPLOYEE	43918	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FEI XU

13-1879376

(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?
50 30	EMPLOYEE	43395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROY H LAVERTY JR

13-1879376

(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?
50 30	EMPLOYEE	43103	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)

EUGENE ALEXANDROVSKY

13-1879376

(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?
50 30	EMPLOYEE	42766	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERIZON WIRELESS

6932 WISCONSIN AVE
BETHESDA, MD 20813

(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?
49 50	NONE	42724	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAKINA FORD

13-1879376

(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?
50 30	EMPLOYEE	42204	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)

MING KONG

13-1879376

(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?
50 30	EMPLOYEE	42079	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EDOUARD A ILLIDGE

13-1879376

(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?
50 30	EMPLOYEE	41993	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JHYYEUAN WANG

13-1879376

(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?
50 30	EMPLOYEE	40951	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)

LAW OFFICE OF LLOYD SOMER

330 7TH AVENUE
NEW YORK, NY 10001

(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?
50 29	NONE	40080	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANJOY MULLESSERRIL

13-1879376

(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?
50 30	EMPLOYEE	39201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVARISTO CRUZ

13-1879376

(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?
50 30	EMPLOYEE	39182	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)

CLINTON HUNTE JR.

13-1879376

(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?
50 30	EMPLOYEE	37914	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JUDITH HOGAN

13-1879376

(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?
50 30	EMPLOYEE	37213	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATHEEN MOHAMMAD

13-1879376

(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?
50 30	EMPLOYEE	37126	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GABRIEL KRUGER

13-1879376

(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?
50 30	EMPLOYEE	36587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIN KANG

13-1879376

(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?
50 30	EMPLOYEE	36467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILLIP D RODRIGUEZ

13-1879376

(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?
50 30	EMPLOYEE	36290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONNIE WEISNER

13-1879376

(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?
50 30	EMPLOYEE	36247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEANNE RODNEY

13-1879376

(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?
50 30	EMPLOYEE	36136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAN YEUNG LAW

13-1879376

(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?
50 30	EMPLOYEE	35639	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROLYN V MCCULLOUGH

13-1879376

(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?
50 30	EMPLOYEE	35552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL COLON

13-1879376

(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?
50 30	EMPLOYEE	35548	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORRAINE FENNELL

13-1879376

(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?
50 30	EMPLOYEE	35459	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALBERTA GALDRI

13-1879376

(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?
50 30	EMPLOYEE	35056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINA MCLAUGHLIN

13-1879376

(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?
50 30	EMPLOYEE	34786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LESLIE A PELLEGRINO

13-1879376

(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?
50 30	EMPLOYEE	34711	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)

TIELIANG KUANG

13-1879376

(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?
50 30	EMPLOYEE	33969	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SYNTONIC SYSTEMS INC.

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 50	NONE	33807	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NICOLA CANNIZZARO

13-1879376

(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?
50 30	EMPLOYEE	33778	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)

CAROL TONER

13-1879376

(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?
50 30	EMPLOYEE	33654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRISTIAN PENA

13-1879376

(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?
50 30	EMPLOYEE	33496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANASTASIA FRANCIS

13-1879376

(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?
50 30	EMPLOYEE	33473	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)

TOM ORMSBY

13-1879376

(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?
50 30	EMPLOYEE	33331	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOFIYA ZAYATS

13-1879376

(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?
50 30	EMPLOYEE	33015	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NAVIN SINGH

13-1879376

(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?
50 30	EMPLOYEE	33005	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)

KERREN WILLNER

13-1879376

(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?
50 30	EMPLOYEE	32955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT H SCHROEDER JR

13-1879376

(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?
50 30	EMPLOYEE	32884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP, INC

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 16 50	NONE	32614	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)

WINMILL SOFTWARE

52-2247044

(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 49 50	NONE	32530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN RODRIGUEZ

13-1879376

(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?
50 30	EMPLOYEE	32140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BACHRACH GROUP LTD

03-0408733

(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?
50 70	NONE	30323	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)

AKOS E SZAIFF

13-1879376

(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?
50 30	EMPLOYEE	30233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDRIA KALLY

13-1879376

(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?
50 30	EMPLOYEE	29722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSAURA M CAPELLAN

13-1879376

(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?
50 30	EMPLOYEE	29219	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)

ANNA YU

13-1879376

(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?
50 30	EMPLOYEE	28715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALI AKAYDIN

13-1879376

(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?
50 30	EMPLOYEE	27978	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHANT SIMONIAN

13-1879376

(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?
50 30	EMPLOYEE	27124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GABRIELE K SCHROEDER

13-1879376

(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?
50 30	EMPLOYEE	26822	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILENA GIGLIOTTI

13-1879376

(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?
50 30	EMPLOYEE	26690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YANG YANG

13-1879376

(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?
50 30	EMPLOYEE	26557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAULETTA MURCHISON

13-1879376

(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?
50 30	EMPLOYEE	26386	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAREN DAVERN

13-1879376

(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?
50 30	EMPLOYEE	25610	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ORACLE AMERICA INC

94-2805249

(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?
49 50	NONE	24138	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)

SOFTART SOLUTIONS INC

20-0067615

(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	23637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CORE BTS INC.

20-3873764

(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?
49 50	NONE	23345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEVEL 3 COMMUNICATIONS, LLC

51-0395386

(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?
49 50	NONE	19691	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)

UNITED PARCEL SERVICE INC

58-2480149

(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?
49 50	NONE	18859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEGRO BUSINESS INTELLIGENCE

51 POSSUM WAY
SUITE 100
NEW PROVIDENCE, NJ 07974

(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?
49 50	NONE	16620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOCUFREE CORPORATION

1175 NORTHMEADOW PKWY #140
ROSWELL, GA 30076

(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	13957	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)

CASE INTERACTIVE LLC

20-3964087

(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?
49 50	NONE	12032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTERNATIONAL INTEGRATED SOLUTIONS

575 LEXINGTON AVE
STE 4
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?
49 50	NONE	12015	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUNGARD AVAILABILITY SERVICES

13-2106195

(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?
50 70	NONE	11556	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)

DEAF TALK INC

23539 PAUL RD
PEAWAUKEE, WI 53072

(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?
49 50	NONE	10950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUSAN COWELL

233 W 99TH ST
#16E
NEW YORK, NY 10025

(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?
49 50	NONE	10787	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DOCUSAFE RECORDS MANAGEMENT

3 APPLEGATE DRIVE
ROBBINSVILLE, NJ 08691

(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?
49 50	NONE	10595	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)

LINKEDIN CORPORATION

47-0912023

(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?
49 50	NONE	10466	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BEACON HILL STAFFING GROUP, LLC

04-3496741

(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	10348	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ATLAS ACON ELECTRIC SERVICE CORP

11-2215064

(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?
49 50	NONE	10076	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)

HORIZON TEK INC

11-3448259

(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	9773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELL MARKETING LP

74-2616805

(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?
49 50	NONE	9546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALDAN TROY GROUP

622 3RD AVENUE
7TH FLOOR
NEW YORK, NY 10017

(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?
50 70	NONE	7974	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)

IFM INVESTORS PTY LTD.

114 WEST 47TH STREET
26TH FLOOR
NEW YORK, NY 10036

(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 40 51 52	NONE	7960	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HEALTH MANAGEMENT SYSTEMS, INC.

13-2770433

(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	7889	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MODIS, INC.

10151 DEERWOOD PARK BOULEVARD, BUIL
SUITE 400
JACKSONVILLE, FL 32256

(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?
49 50	NONE	7759	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)

STUDIO LUSTRO INC

20-4274849

(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	6815	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PKF O'CONNOR DAVIES, LLP

27-1728945

(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	6417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHI INTERNATIONAL CORP

290 DAVIDSON AVENUE
SOMERSET, NJ 08873

(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?
49 50	NONE	6373	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)

HITOUCH BUSINESS SERVICES LLC

27-2313934

(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?
49 50	NONE	6115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOMENTUM RESOURCE SOLUTIONS, LLC

22-3615098

(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?
49 50	NONE	6016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CQ FLUENCY INC

32-0102982

(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?
49 50	NONE	5913	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)

UNITED ENVELOPE LLC

80-0427880

(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	5635	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL SELECT

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	54956	Yes [ ] No [X]

(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
CHUBB	22	27690
(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.	
SEGAL SELECT 46-0619194	COMMISSIONS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EUCLID/HUDSON	22	18932
(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.	
SEGAL SELECT 46-0619194	COMMISSIONS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ULLICO/MARKEL	22	8334
(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.	
SEGAL SELECT 46-0619194	COMMISSIONS	

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 07/01/2021 and ending 06/30/2022

A Name of plan
BUILDING SERVICE 32BJ PENSION 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 BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

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: LONGVIEW LARGE CAP 500 INDEX FD NL

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

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)
13-4920330-009	C	461487615

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND FD NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-088	C	277363849

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY

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

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)
82-6253445-011	C	216988176

a Name of MTIA, CCT, PSA, or 103-12 IE: ALTRINSIC INTERNATIONAL EQUITY

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

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)
36-7634097-001	C	208631724

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA DAILY MSCI EMRG MRKT INDX NL

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

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)
04-0025081-192	C	180570764

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EAFE 100 HEDGED

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

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)
90-0337987-455	C	123660214

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG U.S. TREASURY INDEX NL FD

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

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)
90-0337987-183	C	120017843

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 VALUE INDEX NL FD

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

c EIN-PN 90-0337987-123	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110243389

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P GBL LARGEMIDCAP NAT RES

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

c EIN-PN 90-0337987-287	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81280486

a Name of MTIA, CCT, PSA, or 103-12 IE: NT S&P 400

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69407374

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 2000 INDEX FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-096	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59370667

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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 07/01/2021 and ending 06/30/2022

A Name of plan
BUILDING SERVICE 32BJ PENSION 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 BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

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	31874031	29618807
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	22989617	24062499
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5691514	5408253
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14496887	26886753
(2) U.S. Government securities	1c(2)	5960071	5623076
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	40359794	42411537
(B) All other	1c(3)(B)	62440030	57902341
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	285530947	216922654
(5) Partnership/joint venture interests	1c(5)	650270090	627496288
(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)	2086165193	1909022101
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	308392245	275310763
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	3988370	4523821
f	Total assets (add all amounts in lines 1a through 1e)	1f	3518158789	3225188893
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1589335	1989489
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1031765	729236
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2621100	2718725
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3515537689	3222470168

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)	305658744	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		305658744
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
	(B) U.S. Government securities	2b(1)(B)	65360	
	(C) Corporate debt instruments	2b(1)(C)	3060580	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	110894	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3236837
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	3082020	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	19075112	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22157132
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	403073531	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	393548718	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		9524813
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-39370144	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-39370144

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-262253666
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		206111
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-11802152
c Other income	2c		753417
d Total income. Add all **income** amounts in column (b) and enter total	2d		28111092
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	300325572	
(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)		300325572
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)	1384802	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6519463	
(4) Other	2i(4)	12948776	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		20853041
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		321178613
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-293067521
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: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

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		2000000
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		2536518389
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 457861.

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 07/01/2021 and ending 06/30/2022

A Name of plan
BUILDING SERVICE 32BJ PENSION 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 BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

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 ABM JANITORIAL SERVICES

b EIN 94-1369354 **c** Dollar amount contributed by employer 17059472

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 2023

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 126.75
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	1040
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**	1739
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**	63

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**	0.60
b The corresponding number for the second preceding plan year	**15b**	16.51

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**	15
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**	5127665

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: 60 % Investment-Grade Debt: 23 % High-Yield Debt: 6 % Real Estate: 1 % Other: 10 %

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 _____



BUILDING SERVICE 32BJ PENSION FUND
Financial Statements
June 30, 2022 and 2021
With Independent Auditor's Reports

withum
ADVISORY TAX AUDIT

Building Service 32BJ Pension Fund
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June 30, 2022 and 2021

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withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants,
Building Service 32BJ Pension Fund:

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the Building Service 32BJ Pension Fund (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 June 30, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2021, and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2021, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the 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 from the date the financial statements are available to be issued.

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

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 GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Withum Smith + Brown, PC

March 24, 2023

Building Service 32BJ Pension Fund
Statements of Net Assets Available for Benefits
June 30, 2022 and 2021

	2022	2021
Assets		
Investments - at fair value	$ 3,161,575,513	$ 3,453,615,257
Cash	29,618,807	31,874,031
Receivables		
Employers' contributions	24,062,499	22,989,617
Due from withdrawing employers	3,065,097	3,603,471
Accrued interest and dividends	1,709,279	1,740,597
Due from brokers for securities sold	-	91,117
Due from affiliates - net	633,877	256,329
Total receivables	29,470,752	28,681,131
Other assets		
Property and equipment net	4,238,801	3,652,050
Other assets	285,020	336,320
Total other assets	4,523,821	3,988,370
Total assets	3,225,188,893	3,518,158,789
Liabilities		
Accounts payable and accrued expenses	1,989,489	1,589,335
Due to brokers for securities purchased	729,236	1,031,765
Total liabilities	2,718,725	2,621,100
Net assets available for benefits	$ 3,222,470,168	$ 3,515,537,689

The Notes to Financial Statements are an integral part of these statements.

Building Service 32BJ Pension Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2022 and 2021

	2022	2021
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ (301,740,418)	$ 695,555,844
Interest and dividends	25,393,969	12,911,871
	(276,346,449)	708,467,715
Investment expenses	(6,519,463)	(5,778,370)
Net investment income (loss)	(282,865,912)	702,689,345
Employers' contributions	300,964,841	287,722,452
Withdrawal liability income	4,693,903	2,418,661
Interest income employers	698,848	517,783
Liquidated damages employers	6,220	1,965
Other income	48,349	106,316
Total additions	23,546,249	993,456,522
Deductions		
Benefits paid	300,325,572	289,725,590
Administrative expenses	16,288,198	16,339,141
Total deductions	316,613,770	306,064,731
Change in net assets available for benefits	(293,067,521)	687,391,791
Net assets available for benefits		
Beginning of year	3,515,537,689	2,775,934,014
Net assets available for benefits before the transfer in of net assets	3,222,470,168	3,463,325,805
Transfer in of net assets	-	52,211,884
Net assets available for benefits		
End of year	$ 3,222,470,168	$ 3,515,537,689

The Notes to Financial Statements are an integral part of these statements.

Building Service 32BJ Pension Fund
Statement of Accumulated Plan Benefits
June 30, 2021

Vested benefits	
Participants currently receiving benefits	$ 2,320,572,564
Other vested benefits	1,988,906,746
Total vested benefits	4,309,479,310
Nonvested benefits	158,622,186
Total actuarial present value of accumulated plan benefits before administrative expenses	4,468,101,496
Actuarial present value of administrative expenses	252,000,000
Total actuarial present value of accumulated plan benefits	$ 4,720,101,496

The Notes to Financial Statements are an integral part of this statement.

Building Service 32BJ Pension Fund
Statement of Changes in Accumulated Plan Benefits
Year Ended June 30, 2021

Actuarial present value of accumulated plan benefits at the beginning of the year	$ 4,574,215,067
Increase (decrease) during the year attributable to	
Interest	313,558,528
Benefits accumulated, net experience gain or loss, changes in data	106,553,491
Benefits paid	(289,725,590)
Changes in present value of administrative expenses	15,500,000
Net increase	145,886,429
Actuarial present value of accumulated plan benefits at the end of the year	$ 4,720,101,496

The Notes to Financial Statements are an integral part of this statement.

1. PLAN DESCRIPTION AND FUNDING

The following description of the Building Service 32BJ Pension Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Plan's summary plan description for a complete description of the Plan's provisions.

General

The Plan is a multiemployer, noncontributory defined benefit pension plan that was established under the terms of collective bargaining agreements between 32BJ SEIU (the "Union"), the Realty Advisory Board on Labor Relations, Inc. and certain employers ("Program A"). On September 1, 2000, Program B was established providing retirement benefits to former participants of the Local 307 Pension Trust Fund. On January 1, 2008, Program C was established as a new program within the Plan for security employees within the jurisdiction of the Union and building service employees outside of the five boroughs of New York City and Nassau and Suffolk Counties under agreements with the Union. On July 1, 2020, Program D was established as a new program pursuant to the merger of the National Conference of Fireman and Oilers National Pension Fund into the Plan. The Plan provides retirement benefits to eligible participants employed in the building service industry who are covered under collective bargaining agreements or participation agreements with the Plan.

The Plan is administered by a Board of Trustees (the "Trustees") having equal representation by the employers and the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Benefits and Vesting

The Plan, as amended, provides various types of benefits and payment options for participants who have met the eligibility requirements as stated in the Plan document. Regular pension, reduced pension, early retirement pension and disability pension are the benefits provided and are available as a 50% or 75% joint and survivor option for participants who are married or, if rejected, a life annuity with a 36-month guarantee (12-month guarantee for Program B and 60-month guarantee for Program D) with spousal consent, if applicable. A participant shall be credited with one year of vesting service for each Plan year in which the participant is credited with (i) at least 22 weeks of employment, or (ii) at least 1,000 hours of service, or (iii) four quarters of past service credit as defined, or (iv) periods of service in covered employment under other programs of the Plan. However, no participant can receive more than one year of vesting service credit for any Plan year. For Programs B and C, a participant shall be credited with one year of vesting service credit for each Plan year in which the participant is credited with (i) at least 1,000 hours of service, (ii) four quarters of past service credit as defined or (iii) periods of service in covered employment under other programs of the Plan. For Program D, a participant shall be credited with one year of vesting service credit for each Plan year in which the participant is credited with at least 750 hours of service. The maximum regular pension for Program A is $1,400 per month. For Programs B, C and D, the maximum regular pension is $1,160, $1,000 and $1,960.50 per month, respectively.

Plan Funding

The Plan's primary sources of income are earnings from investments and payments made by contributing employers in accordance with collective bargaining agreements or participation agreements. These agreements provide that the employers contribute to the Plan at a fixed rate on behalf of each covered employee.

Actuarial Certification of Funded Status

On September 28, 2021 and September 28, 2020, the Plan's independent actuary certified that for the Plan years beginning July 1, 2021 and July 1, 2020, respectively, the Plan remains in critical status under the Pension Protection Act of 2006 ("PPA"). The significance of entering critical status is that the Plan's Trustees are required by law to adopt a "rehabilitation plan," consistent with the requirements of the PPA, designed to improve the Plan's financial health and to allow it to emerge from critical status. On March 25, 2009, the Trustees adopted a rehabilitation plan consistent with this requirement. Under the Rehabilitation Plan, one schedule (the Preferred Schedule) provides for an increase in employer contributions only, while another schedule (the Default Schedule) provides for an increase in employer contributions, reduces accrued benefits by eliminating the benefit improvement (increase in the accrual rate) that was implemented in 2008 and provides for a reduced accrual rate for future benefit accruals and reduces or eliminates the following benefits and benefit alternatives: (i) 36 months (or 12 months in Program B) payment guarantees, (ii) disability benefits (not yet in pay status), (iii) early retirement benefits, (iv) 12-month pre-retirement benefit guarantee for Program B and (v) 300 months or 25-year service credit pension payable at age 62.

Consistent with the PPA, if the collective bargaining agreements or participation agreements were not amended to adopt the Preferred Schedule or the Default Schedule, a mandatory 10% surcharge would have been in effect for each Plan year in which the Plan remains in critical status. Surcharges do not generate benefit accruals.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies followed by the Plan:

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and the actuarial present value of accumulated plan benefits, and the disclosure of contingencies, at the date of the financial statements and changes therein during the reporting period. Actual results could differ from those estimates.

Employers' Contributions Receivable

The Plan reports as employers' contributions receivable any contributions due that relate to work completed on or before June 30. Management believes all amounts recorded are collectible, and therefore, no allowance for doubtful accounts is necessary.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by its investment advisors and custodian. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's realized and unrealized gains and losses on investments bought and sold as well as held during the year.

Derivative Instruments
The Plan reflects the fair value of all forward contracts as an asset or liability in the Plan's financial statements. On the statements of net assets available for benefits, pending foreign exchange sales are shown as a receivable whereas purchases are shown as a liability. Changes in fair value are accounted for as net appreciation (depreciation) in fair value of investments.

Property and Equipment
Property and equipment are capitalized at cost and presented net of accumulated depreciation and amortization. Expenditures for maintenance and repairs are expensed as incurred while additions and improvements that extend the useful life of the asset are capitalized.

Depreciation and amortization are provided on the straight-line method over the estimated useful lives of the related assets. The estimated useful lives are as follows:

Description	Estimated Life (Years)
Building improvements	10-20
Office furniture and equipment	10-20
Computer equipment and software	5

Recognition of Benefits
Benefits are recognized when paid.

Expenses
Expenses incurred in connection with the administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Benefits paid represent pension benefits paid to eligible participants or beneficiaries. Administrative expenses represent costs associated with the general operation of the Plan.

Subsequent Events
In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2022 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through March 24, 2023, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of deceased participants and (c) present participants or their beneficiaries. Benefits under the Plan are based on program, the participant's age and years vested.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the valuations as of June 30, 2021 were as follows:

- Benefit Election: All participants are assumed to elect the 36-Month Benefit Guarantee form of payment (12-Month Guarantee for Program B and 60-Month Guarantee for Program D).
- Actuarial Cost Method - Unit credit actuarial cost method
- Net investment return - 7.50%
- Actuarial value of assets - Based on 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 expected return on the market value and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
- Postretirement mortality rates
  - Healthy - RP-2006 Blue-Collar Employee and Annuitant mortality tables (sex-specific) and projected forward generationally using scale MP-2017
  - Disabled - RP-2006 Disabled Annuitant mortality tables (sex-specific) and projected forward generationally using scale MP-2017
- Administrative expenses - $16,500,000 for the year beginning July 1, 2021
- Current liability interest rate - 2.33%
- Termination rates before retirement are as follows:

	Mortality			Withdrawal (Based on Years of Service)			
Age	Male	Female	Disability	Less than 2 Years	2-4 Years	5-9 Years	10 Years or More
20	0.07	0.02	-	9.00	7.10	-	-
25	0.07	0.02	-	10.87	8.57	6.48	-
30	0.06	0.02	-	9.31	6.79	4.20	2.42
35	0.07	0.03	-	8.39	5.51	3.58	2.51
40	0.10	0.05	-	7.96	5.18	3.01	2.08
45	0.16	0.09	-	7.74	4.74	2.91	1.87
50	0.26	0.13	0.30	7.80	4.45	2.66	1.75
55	0.38	0.19	0.50	6.76	3.91	1.30	0.44
60	0.64	0.31	0.81	6.82	3.92	1.06	0.10

- Rates for retirement are as follows:

Age	Rate of Retirement
55 - 61	1%
62	16%
63 - 64	10%
65 - 66	20%
67 - 70	15%
71 and older	100%

In developing the actuarial present value of accumulated plan benefits as of June 30, 2021, the following changes in actuarial assumptions were made from the assumptions used for the June 30, 2020 valuation:

- For purposes of determining current liability, the current liability interest rate was changed from 2.68% to 2.33% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of Internal Revenue Code ("IRC") Section 431(c)(6)(E), and the mortality tables were changed in accordance with Internal Revenue Service ("IRS") Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the actuarial assumption for annual administrative expenses was changed from $15,500,000 to $16,500,000.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of July 1, 2021. Had the valuation been performed as of June 30, 2021, there would be no material difference.

The Plan is operating in accordance with its Rehabilitation Plan and therefore is not subject to minimum funding standards.

4. RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

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

The Plan maintains accounts at several high-quality financial institutions. While the Plan attempts to limit any financial exposure, its deposit balances exceed federally insured limits. The Plan has not experienced any losses on such accounts.

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

Management continues to evaluate the impact of the COVID-19 pandemic (the "virus") on the industry and has concluded that while it is reasonably possible that the virus could have a negative effect on the Plan's financial position and the results of its operations, the specific impact is not readily determinable as of the date of these financial statements. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

5. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. During the years ended June 30, 2022 and 2021, there were no transfers in or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodologies were not changed during the years ended June 30, 2022 and 2021.

Corporate Stocks and Real Estate Investment Trusts ("REITs"): Shares in corporate stocks and REITS are valued based on closing quoted market prices in active markets in which the securities are traded.

U.S. Government and Agency Obligations: Shares in U.S. government and agency obligations, which include U.S. Treasury bonds and the obligations of other financing corporations sponsored by the U.S. government, are valued based on a dealer-supplied bid evaluation (i.e., an estimated price at which a dealer would pay for a security) and computerized pricing models if reported quoted market prices are not available. These models consider appropriate factors such as institutionalized trading markets in similar groups of securities, yield, quality, coupon rate, maturity, type of issue, trading characteristics and other market data.

Corporate and Other Bonds: Shares in corporate and other bonds are valued based on the present value of the bond's coupon payments and the repayment of the principal. Corporate bond valuation also accounts for the probability of the bond defaulting and not paying back the principal in full.

Investment Partnerships: Shares in investment partnerships that are publicly traded are valued based on closing market prices in active markets in which the securities are traded. Ownership in limited partnerships that are not publicly traded is valued based on the net asset value of the partnership interests owned by the Plan at year-end, as determined by the respective general partners of the limited partnerships based on the fair value of the underlying investments of the limited partnerships. The net asset value, as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investments, general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

Short-term Investments: Shares in short-term investments are stated using a constant price (or amortized cost) of $1 per unit of participation, which approximates fair value.

Collective Investment Funds: Shares in collective investment funds are valued based on the net asset value of the units of participation owned by the Plan at year-end as determined by the trustees of each collective investment fund based on the fair value of the underlying investments of the fund. The net asset value, as provided by the investment advisor, is used as a practical expedient to estimate fair value.

Registered Investment Companies: Shares in the registered investment company that is publicly traded is valued based on closing market prices in active markets. Shares in the registered investment company that is not publicly traded is valued based on the net asset value of the units owned by the Plan at year-end as determined by the trustees of the trust based on the fair value of the underlying investments of the trust. The net asset value, as provided by the investment advisor, is used as a practical expedient to estimate fair value in establishing the fair value of the trust.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2022 and 2021:

	2022			
	Level 1	**Level 2**	**Level 3**	**Total Fair Value**
Corporate stocks and REITs	$ 216,922,654	$ -	$ -	$ 216,922,654
U.S. government and agency obligations	1,991,105	3,631,971	-	5,623,076
Corporate and other bonds	-	100,313,878	-	100,313,878
Registered investment company	263,941,118	-	-	263,941,118
Short-term investments	-	26,886,753	-	26,886,753
Total investments in the fair value hierarchy	482,854,877	130,832,602	-	613,687,479
Investments measured at net asset value				2,547,888,034
Total recurring fair value measurements	$ 482,854,877	$ 130,832,602	$ -	$ 3,161,575,513

	2021			
	Level 1	**Level 2**	**Level 3**	**Total Fair Value**
Corporate stocks and REITs	$ 285,530,947	$ -	$ -	$ 285,530,947
U.S. government and agency obligations	-	5,960,071	-	5,960,071
Corporate and other bonds	-	102,799,824	-	102,799,824
Registered investment company	296,849,806			296,849,806
Investment partnerships	2,123,436	-	-	2,123,436
Short-term investments	-	14,496,887	-	14,496,887
Total investments in the fair value hierarchy	584,504,189	123,256,782	-	707,760,971
Investments measured at net asset value				2,745,854,286
Total recurring fair value measurements	$ 584,504,189	$ 123,256,782	$ -	$ 3,453,615,257

The following table sets forth a summary of the investments held by the Plan with a reported fair value based on net asset value as of June 30, 2022 and 2021:

	Fair Value		Unfunded Commitments		Redemption	Redemption
	2022	2021	2022	2021	Frequency	Notice Period
Collective investment funds						
Altrinsic International Equity Collective Fund	$ 208,631,724	$ 180,074,159	$ -	$ -	Daily	None
Amalgamated Longview LargeCap 500 Index Fund	461,487,615	561,591,700	-	-	Daily	None
NT Collective S&P 400 Index Fund Non Lending	69,407,374	81,335,508	-	-	Daily	None
NT Collective Aggregate Bond Index Fund Non Lending	277,363,849	385,571,334	-	-	Daily	None
NT Collective Russell 2000 Index Fund Non Lending	59,370,667	34,056,726	-	-	Daily	None
SSGA Daily MSCI Emerging Markets Index Non Lending Fund	180,570,764	180,993,042	-	-	Daily	None
SSGA MSCI EAFE 100% Hedged to USD Index Non Lending Fund	123,660,214	183,154,694	-	-	Daily	None
SSGA Russell 1000 Value Index Non Lending Fund	110,243,389	118,313,949	-	-	Daily	None
SSGA Long U.S. Treasury Index	120,017,843	-		-	Daily	None
SSGA S&P Global LgeMidCap Natural Resources Index Non Lending Fund	81,280,486	97,569,199	-	-	Daily	None
GQG Partners International Equity CIT	216,988,176	174,085,122	-	-	Daily	15 days
Payden & Rygel Emerging Markets Bond CIT	-	89,419,760	-	-	Daily	None
Limited partnerships						
LSV Emerging Markets Equity Fund LP (a)	162,883,350	168,272,422	-	-	Monthly	1 week
IFM Global Infrastructure (US), LP (b)	117,430,175	101,681,404	-	2,500,000	Quarterly	90 days
ISQ Global Infrastructure Funds II (c)	52,623,121	41,426,514	12,134,868	18,329,909	*	*
ISQ Global Infrastructure Funds I (c)	36,321,968	33,621,253	3,492,900	3,693,263	*	*
ISQ Global Infrastructure Funds III (c)	3,170,275	-	46,066,475	-		
Hamilton Lane Capital Opportunities Fund LP (d)	77,548	3,365,910	5,530,540	5,530,540	*	*
Ironsides Direct Investment Fund IV LP (e)	27,364,567	27,753,306	4,944,412	4,944,412	*	*
Ironsides Partnership Fund IV LP (f)	79,818,738	76,279,506	29,241,956	29,501,067	*	*
Lexington Capital Partners VII LP (g)	8,010,169	10,679,807	7,783,235	7,875,443	*	*
Pomona Capital VIII (h)	6,280,938	10,802,862	10,020,152	10,020,152	*	*
Grain Communications Opportunity Fund II LP (i)	34,207,925	23,849,206	8,097,021	5,502,647	*	*
Grain Communications Opportunity Fund III LP (i)	9,460,141	2,011,789	13,597,791	22,501,527	*	*
Global Renewable Power Infrastructure Fund III (B), L.P. (j)	8,341,857	3,489,253	26,487,935	31,121,567	*	*
StepStone VC Global Partners X, L.P.(k)	29,243,885	11,519,107	23,500,000	41,000,000	*	*
KKR European V ASP Fund (l)	588,587	265,650	191,550	316,500	*	*
Primus High Yield Bond Fund LP (m)	32,403,701	129,478,628	-	-	Monthly	10 days
Global Infrastructure Partners IV-B Feeder (n)	18,837,988	3,650,037	18,134,021	31,275,690	*	*
Strategic Partners VII ASP Fund (o)	431,355	-	269,053	-	*	*
Registered investment company						
AFL-CIO Housing Investment Trust (p)	10,372,410	11,542,439	-	-	Monthly	15 days
AFL-CIO Building Investment Trust (q)	997,235	-	-	-	Daily	1 Year
	$ 2,547,888,034	$ 2,745,854,286	$ 209,491,909	$ 214,112,717		

* In accordance with the limited partnership agreements, withdrawals from the partnerships are generally not allowed, unless otherwise noted.

The objectives of the limited partnerships are as follows:

a. This fund's investment objective is to outperform the MSCI Emerging Markets Index, net of dividend withholding taxes, by investing in a portfolio of non-U.S. emerging market equities.

b. This partnership's investment objective is to acquire and maintain a diversified portfolio of global infrastructure investments (with strong market positions, predictable regulatory environments, high barriers to entry, limited demand elasticity and long lives) that realizes a 10% annual return over the long term (10+ years), which will range between 8% and 12% per annum depending on the stage of the market cycle.

c. The objective of these funds is to achieve returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. They may also invest in debt securities that have equity-like returns or an equity component, or are related to their equity investments, including, without limitation, convertible debt, mezzanine debt, bank loans and participations and other similar instruments. These funds expect to use leverage through both investment level financing and by borrowing money with recourse to its assets.

d. This partnership invests in other private, collective investment funds that make up private equity and equity-related investments. Through a multifaceted industry and geographical forces of the partnership's underlying fund investments, this fund-of-funds strategy allows the partnership to pursue broad diversification within the private equity investment market.

e. This fund is organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America.

f. The fund is organized for the purpose of investing in leading private equity funds and primarily engaging in leveraged buyouts of middle market companies located in or having a principal place of business in North America.

g. The partnership was formed to acquire a diversified portfolio of interests in private investment funds, principally established global buyout, mezzanine and venture capital funds primarily through secondary market transactions. The partnership can also invest up to 5% of its committed capital, up to a capitalization of $6.0 billion, in newly formed global buyout, mezzanine and venture capital funds. The partnership can also invest up to 10% of its committed capital in direct investments in operating companies through secondary market transactions.

h. The partnership's investment objective is to build a diversified portfolio of investments, including venture capital, energy, buyout funds and fund of funds through secondary market or direct purchases, securities of undervalued private and public companies, privately issued securities of public companies and other alternative assets.

i. These partnerships were organized for the primary purpose to seek to generate returns for its partners, principally through long-term capital appreciation, by owning, managing, supervising and disposing of equity and equity-related investments in telecommunication companies.

j. The partnership's investment objective is to seek to take advantage of opportunities in growing renewable and EV charging markets.

k. The partnership makes, holds and disposes of privately negotiated equity and equity related investments principally in venture capital, private equity partnerships and operating companies. The objective of the partnership is long-term capital appreciation through investments in companies in the healthcare, information technology, and communications industries.

l. The fund's strategy focuses on the "mid" part of the large-cap buyout market in core Western Europe, such as the UK, France, Southern Europe, Nordics, and DACH. Enterprise values of target companies range form €200m to €2bn with average equity cheques for the fund of €200m alongside meaningful co-investment program. The fund targets family/founder businesses and opportunities, where the fund can bring a robust operational skillset

m. The fund's objective is to maximize total returns by investing primarily in debt securities issued by highly leveraged companies (i.e., high-yield companies). The fund may invest in debt securities of U.S. and non-U.S. (other than emerging markets) corporate issuers, although all securities must be U.S. dollar denominated. The fund does not invest in sovereign debt or employ leverage or margin.

n. The fund's objective is to invest in infrastructure assets or portfolios of infrastructure assets in the energy, transport and water/waste industries globally, with a primary focus on organization for economic co-operation and development markets. The fund will target investments with "Core" and "Core Plus" risk category characteristics.

o. This fund's strategy focuses primarily on buyout strategies and secondarily on mezzanine debt, venture capital, and distressed strategies. The fund targets partnership investments sponsored by high-quality managers that are 4–8-year-old and 75-80% funded.

p. The trust's objective is to generate competitive risk-adjusted total rates of return for its investors by investing in fixed-income investments, primarily multifamily and single-family mortgage-backed assets.

q. The Fund's primary objective is to generate competitive risk-adjusted returns by investing in Real Estate Investments that have the potential to off the Trust current cash return, long-term capital appreciation, or both.

6. DUE FROM WITHDRAWING EMPLOYERS

During the years ended June 30, 2022 and 2021, the Plan had receivables from withdrawing employers, which represent their share of the Plan's unfunded liabilities as determined by the Plan's independent consulting actuary. At June 30, 2022 and 2021, management has deemed that all withdrawal liability amounts are fully collectible.

7. PROPERTY AND EQUIPMENT

At June 30, 2022 and 2021, property and equipment consisted of the following:

	2022	2021
Computer equipment and software	$ 8,741,763	$ 7,419,978
Building improvements	788,645	713,147
Office furniture and equipment	345,856	339,999
	9,876,264	8,473,124
Accumulated depreciation and amortization	(5,637,463)	(4,821,074)
Total property and equipment - net	$ 4,238,801	$ 3,652,050

Depreciation and amortization expense for the years ended June 30, 2022 and 2021, totaled $822,714 and $752,978, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office, payroll, certain computer equipment and software, and certain administrative expenses with affiliated funds and the Union. Shared expenses are allocated in proportion to the benefit derived by each entity based on an analysis of the related expenses. The Plan's share of allocated expenses totaled $13,492,917 and $11,919,254 for the years ended June 30, 2022 and 2021, respectively. The Plan pays building operating costs under a space sharing arrangement with the Building Service 32BJ Health Fund (the "Health Fund").

The Plan's share of these expenses totaled $1,405,047 and $1,424,622 for the years ended June 30, 2022 and 2021, respectively.

At June 30, 2022 and 2021, the Plan had the following amounts due from and due to affiliated entities:

	2022	2021
Due from affiliates		
Building Service 32BJ Health Fund	$ 613,156	$ 290,728
32BJ School Workers Pension Fund	619	161
32BJ North Benefit Funds	19,791	43,598
32BJ/Broadway League Pension Fund	78	75
32BJ Connecticut Pension Fund	-	127
Thomas Shortman Training, Scholarship and Safety Fund	-	28
Massachusetts Service Employees Pension Fund	233	1,365
	633,877	336,082
Due to affiliates		
Building Service 32BJ Supplemental Retirement Savings Plan	-	79,753
Due from affiliates - net	$ 633,877	$ 256,329

Amounts due to and from affiliates are noninterest bearing and due on demand.

The Plan holds investments managed by BNY Mellon, the Plan's custodian. These transactions quality as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. EMPLOYEE BENEFIT PLANS

Defined Benefit Plans

Certain employees of the Health Fund who are represented by the Office & Professional Employees International Union, ("Local 153") under a collective bargaining agreement are covered under the Local 153 Pension Fund upon meeting the eligibility requirements. The pension benefit is based on age and years of service. Non-represented employees are covered under the Plan upon meeting the eligibility requirements. Pension benefits are based on age and years of service.

The risks of participating in these multiemployer plans are different from single-employer plans in the following aspects:

a. Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to a multiemployer plan, the unfunded obligations of a multiemployer plan may be borne by the remaining participating employers.

c. If the Plan chooses to stop participating in a multiemployer plan, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the multiemployer plan, referred to as withdrawal liability.

The Plan's participation in multiemployer pension plans for the years ended June 30, 2022 and 2021 is outlined in the table below: The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three digit plan number. The 2021 and 2020 Pension Protection Act ("PPA") zone status, for the years beginning July 1, 2021 and 2020 for the Building Service 32BJ Pension Fund and January 1, 2021 and 2020 for the Local 153 Pension Fund, is based on information reported on the Form 5500 for that year. Among other factors, plans in the red zone are generally less than 65% funded or projected to have a deficit in their funding standard account within four years, plans in the yellow zone are less than 80% funded and plans in the green zone are at least 80% funded. The "RP Implemented" column indicates whether a rehabilitation plan ("RP") has been implemented. The last column lists the expiration date of the collective bargaining agreement to which Plan contributions are subject.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status 2021	Pension Protection Act Zone Status 2020	RP Implemented	Contributions 2022	Contributions 2021	Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
Building Service 32BJ Pension Fund	13-1879376 #001	Red	Red	Yes	$ 246,907	$ 228,742	None	N/A
Local 153 Pension Fund	13-2864289 #001	Red	Red	Yes	175,119	190,059	None	2/20/2025
					$ 422,026	$ 418,800		

There were no changes that affect the comparability of the Plan's allocable portion of contributions for the years ended June 30, 2022 and 2021. The Plan's allocable portion of contributions was less than 5% of total Plan contributions to the Local 153 Pension Fund for the years ended December 31, 2021 and 2020 and the Plan for the years ended June 30, 2022 and 2021.

The Plan's allocable portion of contributions to the Health Fund totaled $1,578,685 and $1,538,181 in 2022 and 2021, respectively. The Health Fund provides health benefits to its participants.

Defined Contribution Plan

Employees of the Health Fund who meet eligibility requirements participate in the Building Service 32BJ Supplemental Retirement Savings Plan ("SRSP"), a defined contribution plan. Under the SRSP, employees may elect to have a portion of their compensation directed into the SRSP on a pre-tax basis. The Plan contributes at a fixed rate per week or a percentage of salary in accordance with the employees' respective collective bargaining agreement or participation agreement. Employees are immediately vested in both their voluntary and employer contributions plus actual earnings and losses thereon. The Plan's allocable portion of contributions to SRSP totaled $218,430 and $202,451 for the years ended June 30, 2022 and 2021, respectively, on behalf of covered employees.

10. TAX STATUS

The Plan obtained its latest determination letter dated February 19, 2016, in which the IRS stated that the Plan, as then designed, was qualified under Section 401(a) of the IRC, and therefore, the underlying trust was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan was qualified, and the underlying trust was exempt from income tax, as of the financial statement date. The Plan is subject to unrelated business income tax on earnings from its limited partnership investments. Management has determined that any income tax liability is insignificant for the years ended June 30, 2022 and 2021.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of June 30, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

11. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents in accordance with applicable law. In the event that the Plan terminates, the net assets of the Plan will be used for the payment of benefits and administrative expenses as prescribed by ERISA and its related regulations and will not revert to any employer, the Union or any other union under any condition. Benefits are generally paid in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the “PBGC”), a U.S. government agency, up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Additional information describing pension guarantees can be found in the summary plan description, as well as the annual funding notice.

SUPPLEMENTARY INFORMATION

withum
ADVISORY TAX AUDIT

REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants,
Building Service 32BJ Pension Fund:

We have audited the financial statements of the Building Service 32BJ Pension Fund as of and for the years ended June 30, 2022 and 2021, and our report thereon, dated March 24, 2023 contained an unmodified opinion on those financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole.

The supplemental schedules of schedule H, line 4i - schedule of assets (held at end of year) as of June 30, 2022 and schedule H, line 4j - schedule of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("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 auditing principles generally accepted in the United States of America.

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.

WithumSmith+Brown, PC

March 24, 2023

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1879376, Plan Number: 001
June 30, 2022

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
U.S. GOVERNMENT AND AGENCY OBLIGATIONS								
	FHLMC POOL #E0-9010	BONDS	N/A	2.5000%	09/012027	12,634	12,721	12,466
	FHLMC POOL #E0-9012	BONDS	N/A	2.5000%	10/1/2027	48,724	50,783	48,078
	FHLMC POOL #G0-1823	BONDS	N/A	6.0000%	5/1/2035	1	1	1
	FHLMC POOL #G1-6597	BONDS	N/A	2.5000%	9/1/2028	53,198	53,551	52,492
	FHLMC POOL #G1-8472	BONDS	N/A	2.5000%	7/1/2028	110,838	118,199	109,367
	FHLMC MULTICLASS MTG K071 A2	BONDS	N/A	3.2860%	11/25/2027	305,000	310,909	301,494
	FNMA POOL #0AP7534	BONDS	N/A	2.5000%	9/1/2027	12,004	12,013	11,835
	FNMA POOL #0AQ8719	BONDS	N/A	2.5000%	12/1/2027	17,127	17,106	16,884
	FNMA POOL #0AT5836	BONDS	N/A	2.5000%	5/1/2028	42,229	42,006	41,631
	FRESB 2019-SB61 MORTG SB61 A5H	BONDS	N/A	VAR	2/25/2039	220,840	226,283	219,661
	GNMA POOL #0780817	BONDS	N/A	7.5000%	6/15/2028	2,475	7,473	2,636
	GNMA GTD REMIC P/T 13-50 A	BONDS	N/A	1.5690%	5/16/2043	13,472	12,650	13,226
	GNMA GTD REMIC P/T 18-117 AB	BONDS	N/A	2.5000%	7/16/2046	7,731	7,769	7,707
	SBA GTD PARTN CTFS 2014-20K 1	BONDS	N/A	2.8000%	11/1/2034	90,738	90,738	87,283
	SBA GTD PARTN CTFS 2015-20J 1	BONDS	N/A	2.7200%	10/1/2035	341,110	341,101	330,958
	U S TREASURY NOTE	BONDS	N/A	1.5000%	1/31/2027	1,040,000	979,976	971,019
	U S TREASURY NOTE	BONDS	N/A	1.8750%	2/15/2032	1,126,000	1,037,224	1,020,086
	CHICAGO O'HARE INTERNATIONA 2.166% 01/01/02028 DD 10/07/20	OTHER	N/A	2.1660%	1/1/2028	255,000	255,000	230,288
	CHICAGO IL TRANSIT AUTH SALES 2.064% 12/01/2024 DD 09/03/20	OTHER	N/A	2.0640%	12/1/2024	295,000	295,000	284,262
	FLORIDA ST BRD OF ADMIN FIN CO 1.705% 07/01/2027 DD 09/16/20	OTHER	N/A	1.7050%	7/1/2027	119,000	119,000	107,634
	HOUSTON TX ARPT SYS REVENUE 2.085% 07/01/2028 DD 10/20/20	OTHER	N/A	2.0850%	7/1/2028	280,000	280,000	250,718
	ILLINOIS ST 4.950% 06/01/2023 DD 06/12/03	OTHER	N/A	4.9500%	6/1/2023	100,909	106,459	101,654
	MICHIGAN ST FIN AUTH REVENUE 3.084% 12/01/2034 DD 12/18/19	OTHER	N/A	3.0840%	12/1/2034	265,000	268,541	237,673
	NEW YORK ST URBAN DEV CORP REV 5.770% 03/15/2039 DD 12/01/09	OTHER	N/A	5.7700%	3/15/2039	400,000	482,828	433,224
	OREGON ST SCH BRDS ASSN SHORT - 5.550% 06/30/2028 DD 10/31/02	OTHER	N/A	5.5500%	6/30/2028	695,000	843,495	730,799
							5,970,826	5,623,076

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1879376, Plan Number: 001
June 30, 2022

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
CORPORATE BONDS - PREFERRED								
	ADVENTIST HEALTH SYSTEM/WEST	CORPORATE BONDS	N/A	2.4330%	9/1/2024	250,000	254,288	242,199
	AIA GROUP LTD 144A	CORPORATE BONDS	N/A	3.2000%	3/11/2025	200,000	199,238	197,061
	AIRCASTLE LTD	CORPORATE BONDS	N/A	4.4000%	9/25/2023	239,000	238,596	235,904
	ALIGNED DATA CENTER 1A A2 144A	CORPORATE BONDS	N/A	1.9370%	8/15/2046	352,000	352,000	310,972
	ANGLO AMERICAN CAPITAL PL 144A	CORPORATE BONDS	N/A	4.7500%	4/10/2027	415,000	476,930	409,986
	APOLLO MANAGEMENT HOLDING 144A	CORPORATE BONDS	N/A	4.0000%	5/30/2024	463,000	462,126	456,907
	ASCENSION HEALTH	CORPORATE BONDS	N/A	2.5320%	11/15/2029	580,000	578,905	524,100
	AT&T INC	CORPORATE BONDS	N/A	2.3000%	6/1/2027	501,000	500,259	457,335
	BANK 2020-BNK26 BN26 A2	CORPORATE BONDS	N/A	2.0410%	3/15/2063	270,000	272,688	244,615
	BANK 2020-BNK30 BN30 A4	CORPORATE BONDS	N/A	1.9250%	12/15/2053	269,000	277,065	224,063
	BANK 2021-BNK38 BN38 A5	CORPORATE BONDS	N/A	2.5210%	12/15/2064	317,000	326,493	273,334
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	3.5000%	4/19/2026	322,000	324,260	313,707
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	1/23/2026	90,000	89,803	87,164
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	4/23/2027	164,000	180,308	156,991
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	7/22/2027	417,000	417,000	370,670
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	7/23/2029	600,000	600,000	576,488
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	10/20/2032	733,000	733,000	604,587
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	12/20/2028	351,000	394,132	326,872
	BANK OF MONTREAL	CORPORATE BONDS	N/A	1.2500%	9/15/2026	331,000	330,441	293,218
	BANK OF MONTREAL	CORPORATE BONDS	N/A	3.3000%	2/5/2024	120,000	119,753	119,745
	BBCMS MORTGAGE TRUST 202 C9 A5	CORPORATE BONDS	N/A	2.2990%	2/15/2054	862,000	887,857	736,876
	BENCHMARK 2020-B17 MORT B17 A2	CORPORATE BONDS	N/A	2.2110%	3/15/2053	235,000	242,050	222,000
	BENCHMARK 2020-B20 MORT B20 A2	CORPORATE BONDS	N/A	1.7500%	10/15/2053	313,000	322,390	290,453
	BENCHMARK 2020-IG3 IG3 A4 144A	CORPORATE BONDS	N/A	2.4370%	9/15/2048	500,000	522,383	434,374
	BERKSHIRE HATHAWAY ENERGY CO	CORPORATE BONDS	N/A	3.7500%	11/15/2023	95,000	97,296	95,621
	BHP BILLITON FINANCE USA LTD	CORPORATE BONDS	N/A	6.4200%	3/1/2026	60,000	68,106	64,805
	BLACKSTONE HOLDINGS FINAN 144A	CORPORATE BONDS	N/A	2.5000%	1/10/2030	400,000	394,936	346,012
	BLACKSTONE HOLDINGS FINAN 144A	CORPORATE BONDS	N/A	4.7500%	2/15/2023	336,000	364,567	335,706
	BP CAPITAL MARKETS AMERICA INC	CORPORATE BONDS	N/A	2.7210%	1/12/2032	417,000	417,000	358,949
	BROOKFIELD FINANCE INC	CORPORATE BONDS	N/A	2.7240%	4/15/2031	323,000	323,000	272,958
	BX COMMERCIAL MORTGA XL A 144A	CORPORATE BONDS	N/A	VAR	10/15/2036	765,247	765,486	751,772
	CAMERON LNG LLC 144A	CORPORATE BONDS	N/A	2.9020%	7/15/2031	192,000	192,000	169,083
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	3.9000%	1/29/2024	441,000	440,047	440,278
	CF HIPPOLYTA ISSUER 1 A1 144A	CORPORATE BONDS	N/A	1.6900%	7/15/2060	170,293	172,229	154,309
	CF HIPPOLYTA ISSUER 1A A1 144A	CORPORATE BONDS	N/A	1.5300%	3/15/2061	149,498	149,470	131,785
	CHUBB INA HOLDINGS INC	CORPORATE BONDS	N/A	3.1500%	3/15/2025	231,000	231,044	226,775
	CIGNA CORP	CORPORATE BONDS	N/A	3.4000%	3/1/2027	363,000	374,645	349,096
	CIGNA CORP	CORPORATE BONDS	N/A	4.1250%	11/15/2025	193,000	192,840	193,212
	CIM TRUST 2020-IN INV1 A2 144A	CORPORATE BONDS	N/A	VAR	4/25/2050	148,209	152,424	130,729

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1879376, Plan Number: 001
June 30, 2022

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	CITIGROUP INC	CORPORATE BONDS	N/A	3.4000%	5/1/2026	764,000	741,983	737,928
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR	4/24/2025	120,000	120,000	117,534
	COMCAST CABLE COMMUNICATIONS H	CORPORATE BONDS	N/A	9.4550%	11/15/2022	80,000	90,480	81,833
	COMM 2015-CCRE26 MORTG CR26 A4	CORPORATE BONDS	N/A	3.6300%	10/10/2048	350,000	390,018	343,090
	COMM 2015-CCRE27 MORTG CR27 A4	CORPORATE BONDS	N/A	3.6120%	10/10/2048	293,000	328,068	287,323
	COMMONSPIRIT HEALTH	CORPORATE BONDS	N/A	2.7600%	10/1/2024	510,000	533,929	496,572
	COOPERATIEVE RABOBANK UA 144A	CORPORATE BONDS	N/A	2.6250%	7/22/2024	270,000	269,360	261,335
	DELTA AIR LINES 2019-1 CLASS A	CORPORATE BONDS	N/A	3.4040%	10/25/2025	230,000	240,076	221,221
	DELTA AIR LINES 2020-1 CLASS A	CORPORATE BONDS	N/A	2.0000%	12/10/2029	392,664	392,470	342,548
	DLLAA 2021-1 LLC 1A A3 144A	CORPORATE BONDS	N/A	0.6700%	4/17/2026	298,000	297,957	283,970
	EOG RESOURCES INC	CORPORATE BONDS	N/A	4.3750%	4/15/2030	417,000	481,546	418,650
	EXXON MOBIL CORP	CORPORATE BONDS	N/A	2.6100%	10/15/2030	1,161,000	1,161,000	1,042,453
	F&G GLOBAL FUNDING 144A	CORPORATE BONDS	N/A	2.3000%	4/11/2027	352,000	351,602	314,030
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.6500%	4/20/2032	305,000	303,411	287,583
	FLAGSTAR MORTGAGE 3INV A2 144A	CORPORATE BONDS	N/A	VAR	6/25/2051	302,156	306,830	258,166
	FLORIDA POWER & LIGHT CO	CORPORATE BONDS	N/A	2.4500%	2/3/2032	416,000	415,334	362,480
	FORD CREDIT FLOORPLAN MAST 4 A	CORPORATE BONDS	N/A	2.4400%	9/15/2026	245,000	246,416	238,343
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	4.1500%	6/19/2023	581,000	581,611	581,356
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	4.3000%	4/6/2029	1,009,000	1,007,194	925,997
	GENPACT LUXEMBOURG SARL/GENPAC	CORPORATE BONDS	N/A	1.7500%	4/10/2026	406,000	405,472	369,554
	GLOBAL ATLANTIC FIN CO 144A	CORPORATE BONDS	N/A	3.1250%	6/15/2031	186,000	185,652	147,961
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR	2/24/2033	586,000	586,000	500,489
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR	5/1/2029	347,000	345,891	333,534
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR	12/9/2026	787,000	787,000	700,949
	GS MORTGAGE SECURITIES GC14 A5	CORPORATE BONDS	N/A	4.2430%	8/10/2046	1,155,000	1,199,350	1,151,693
	GS MORTGAGE SECURITIES GC45 A5	CORPORATE BONDS	N/A	2.9110%	2/13/2053	250,000	257,499	225,843
	GS MORTGAGE-BACKED PJ4 A2 144A	CORPORATE BONDS	N/A	VAR	1/25/2051	104,230	107,405	90,179
	GS MORTGAGE-BACKED PJ4 A8 144A	CORPORATE BONDS	N/A	VAR	9/25/2051	442,994	455,314	401,415
	HOME DEPOT INC/THE	CORPORATE BONDS	N/A	2.8000%	9/14/2027	195,000	184,290	185,987
	HOME PARTNERS OF AMER 1 A 144A	CORPORATE BONDS	N/A	3.9300%	4/17/2039	518,450	513,231	506,302
	ITE RAIL FUND LEVERE 3A A 144A	CORPORATE BONDS	N/A	2.2100%	6/28/2051	395,464	395,310	353,979
	JP MORGAN MORTGAGE T 3 A3 144A	CORPORATE BONDS	N/A	VAR	7/25/2051	406,218	419,420	347,078
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	3.6250%	12/1/2027	500,000	503,265	480,004
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR	1/23/2029	1,117,000	1,109,371	1,044,789
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR	1/25/2033	731,000	731,000	627,462
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR	7/23/2029	110,000	118,733	106,093
	KKR GROUP FINANCE CO VI L 144A	CORPORATE BONDS	N/A	3.7500%	7/1/2029	512,000	510,879	478,617
	LINCOLN NATIONAL CORP	CORPORATE BONDS	N/A	3.4000%	1/15/2031	630,000	695,797	563,127
	LOWE'S COS INC	CORPORATE BONDS	N/A	3.1000%	5/3/2027	267,000	268,290	254,277
	LUBRIZOL CORP/THE	CORPORATE BONDS	N/A	6.5000%	10/1/2034	227,000	319,791	271,152

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Building Service 32BJ Pension Fund
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EIN: 13-1879376, Plan Number: 001
June 30, 2022

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	LUBRIZOL CORP/THE	CORPORATE BONDS	N/A	7.2500%	6/15/2025	60,000	75,669	65,292
	METROPOLITAN LIFE INSURAN 144A	CORPORATE BONDS	N/A	7.8000%	11/1/2025	435,000	520,138	478,564
	MITSUBISHI UFJ FINANCIAL GROUP	CORPORATE BONDS	N/A	VAR	1/19/2028	700,000	700,000	630,948
	MORGAN STANLEY	CORPORATE BONDS	N/A	3.7000%	10/23/2024	217,000	224,934	216,534
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR	1/21/2033	259,000	259,000	221,977
	MORGAN STANLEY BANK OF C22 A4	CORPORATE BONDS	N/A	3.3060%	4/15/2048	404,000	442,506	392,560
	MORGAN STANLEY BANK OF C24 A4	CORPORATE BONDS	N/A	3.7320%	5/15/2048	257,000	286,635	252,696
	MORGAN STANLEY CAPITAL HR8 A4	CORPORATE BONDS	N/A	2.0410%	7/15/2053	212,000	218,346	179,068
	MORGAN STANLEY CAPITAL UBS8 A4	CORPORATE BONDS	N/A	3.8090%	12/15/2048	275,000	309,515	270,097
	NATIONAL RURAL UTILITIES COOPE	CORPORATE BONDS	N/A	VAR	4/30/2043	196,000	196,000	182,091
	OAK STREET INVESTME 1A A1 144A	CORPORATE BONDS	N/A	1.8500%	11/20/2050	528,979	532,419	484,032
	OAK STREET INVESTME 1A A2 144A	CORPORATE BONDS	N/A	1.9300%	1/20/2051	506,526	517,448	437,354
	OAKTREE SPECIALTY LENDING CORP	CORPORATE BONDS	N/A	2.7000%	1/15/2027	241,000	240,325	208,708
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.0000%	7/15/2025	248,000	247,196	244,128
	PHILLIPS 66	CORPORATE BONDS	N/A	3.8500%	4/9/2025	480,000	535,843	477,031
	PHILLIPS 66 CO 144A	CORPORATE BONDS	N/A	3.6050%	2/15/2025	569,000	566,434	562,383
	PNC FINANCIAL SERVICES GROUP I	CORPORATE BONDS	N/A	2.5500%	1/22/2030	60,000	60,254	52,184
	PRINCIPAL FINANCIAL GROUP INC	CORPORATE BONDS	N/A	3.7000%	5/15/2029	245,000	244,025	230,426
	PROGRESS RESIDENTI SFR6 A 144A	CORPORATE BONDS	N/A	1.5240%	7/17/2038	474,457	474,449	424,980
	PROGRESS RESIDENTI SFR9 A 144A	CORPORATE BONDS	N/A	2.0130%	11/17/2040	132,000	131,998	115,976
	PROVIDENCE ST JOSEPH HEALTH OB	CORPORATE BONDS	N/A	2.5320%	10/1/2029	412,000	411,801	365,828
	PRUDENTIAL PLC	CORPORATE BONDS	N/A	3.1250%	4/14/2030	172,000	170,380	158,305
	PSMC 2021-2 TRUST 2 A3 144A	CORPORATE BONDS	N/A	VAR	5/25/2051	257,084	264,636	234,137
	PUBLIC SERVICE CO OF COLORADO	CORPORATE BONDS	N/A	3.7000%	6/15/2028	20,000	20,053	19,681
	RELX CAPITAL INC	CORPORATE BONDS	N/A	4.0000%	3/18/2029	287,000	283,668	278,035
	ROGERS COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	3.8000%	3/15/2032	374,000	373,166	341,989
	SCENTRE GROUP TRUST 1 / S 144A	CORPORATE BONDS	N/A	3.6250%	1/28/2026	126,000	125,233	121,413
	SMBC AVIATION CAPITAL FIN 144A	CORPORATE BONDS	N/A	3.0000%	7/15/2022	297,000	296,632	296,958
	SOUTHWEST AIRLINES CO 2007-1 P	CORPORATE BONDS	N/A	6.1500%	2/1/2024	25,521	29,924	25,547
	SSM HEALTH CARE CORP	CORPORATE BONDS	N/A	3.6880%	6/1/2023	474,000	474,000	474,484
	STATE STREET CORP	CORPORATE BONDS	N/A	VAR	2/7/2028	355,000	355,000	325,096
	TOYOTA MOTOR CREDIT CORP	CORPORATE BONDS	N/A	3.3750%	4/1/2030	436,000	435,708	410,171
	TRANSURBAN FINANCE CO PTY 144A	CORPORATE BONDS	N/A	3.3750%	3/22/2027	285,000	282,931	271,009
	TRICON AMERICAN HO SFR1 A 144A	CORPORATE BONDS	N/A	1.4990%	7/17/2038	736,496	736,495	671,036
	TRICON AMERICAN HO SFR2 A 144A	CORPORATE BONDS	N/A	1.4820%	11/17/2039	315,171	315,164	276,482
	TRP 2021 LLC 1 A 144A	CORPORATE BONDS	N/A	2.0700%	6/19/2051	374,758	374,680	329,957
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	VAR	8/10/2027	370,000	370,000	323,781
	UNITED AIRLINES 2016-1 CLASS A	CORPORATE BONDS	N/A	3.1000%	1/7/2030	83,881	84,976	76,594
	US BANCORP	CORPORATE BONDS	N/A	3.1500%	4/27/2027	180,000	180,512	173,211
	VENTAS REALTY LP	CORPORATE BONDS	N/A	3.2500%	10/15/2026	278,000	301,007	262,551

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	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	2.8500%	9/26/2024	300,000	302,172	292,213
	WELLS FARGO & CO	CORPORATE BONDS	N/A	3.0000%	10/23/2026	1,048,000	1,040,494	988,838
	WESTINGHOUSE AIR BRAKE TECHNOL	CORPORATE BONDS	N/A	3.2000%	6/15/2025	370,000	379,753	352,784
	WORKDAY INC	CORPORATE BONDS	N/A	3.8000%	4/1/2032	373,000	372,261	340,801
							46,559,080	42,411,537
	CORPORATE BONDS - ALL OTHER							
	ABBVIE INC	CORPORATE BONDS	N/A	4.2500%	11/14/2028	387,000	383,691	383,282
	AERCAP IRELAND CAPITAL DAC / A	CORPORATE BONDS	N/A	1.6500%	10/29/2024	511,000	510,377	471,823
	AGREE LP	CORPORATE BONDS	N/A	2.9000%	10/1/2030	270,000	269,803	228,944
	AIR CANADA 2015-1 CLASS B 144A	CORPORATE BONDS	N/A	3.8750%	9/15/2024	203,541	203,541	199,801
	AIR LEASE CORP	CORPORATE BONDS	N/A	2.6250%	7/1/2022	245,000	243,905	245,000
	AIR LEASE CORP	CORPORATE BONDS	N/A	3.0000%	9/15/2023	154,000	144,842	150,555
	AKER BP ASA 144A	CORPORATE BONDS	N/A	2.0000%	7/15/2026	350,000	349,395	312,608
	AMCOR FLEXIBLES NORTH AMERICA	CORPORATE BONDS	N/A	4.0000%	5/17/2025	367,000	366,908	362,955
	AMEREN CORP	CORPORATE BONDS	N/A	2.5000%	9/15/2024	300,000	299,901	290,758
	AMPHENOL CORP	CORPORATE BONDS	N/A	2.8000%	2/15/2030	255,000	245,323	223,244
	AMSR 2021-SFR3 TRU SFR3 A 144A	CORPORATE BONDS	N/A	1.4760%	10/17/2038	293,000	292,998	258,899
	ANHEUSER-BUSCH INBEV WORLDWIDE	CORPORATE BONDS	N/A	4.7500%	1/23/2029	1,441,000	1,685,758	1,466,021
	ANTARES HOLDINGS LP 144A	CORPORATE BONDS	N/A	3.7500%	7/15/2027	363,000	359,392	305,191
	AON GLOBAL LTD	CORPORATE BONDS	N/A	3.5000%	6/14/2024	150,000	160,779	149,072
	APPLIED MATERIALS INC	CORPORATE BONDS	N/A	3.3000%	4/1/2027	95,000	95,326	92,744
	APTIV PLC / APTIV CORP	CORPORATE BONDS	N/A	3.2500%	3/1/2032	290,000	288,840	246,381
	AT&T INC	CORPORATE BONDS	N/A	2.2500%	2/1/2032	483,000	482,156	394,603
	AT&T INC 144A	CORPORATE BONDS	N/A	0.0000%	11/27/2022	1,000,000	776,800	985,530
	AUTOZONE INC	CORPORATE BONDS	N/A	3.7500%	6/1/2027	399,000	398,980	386,615
	BAE SYSTEMS FINANCE INC 144A	CORPORATE BONDS	N/A	7.5000%	7/1/2027	300,000	378,261	332,805
	BAE SYSTEMS HOLDINGS INC 144A	CORPORATE BONDS	N/A	3.8000%	10/7/2024	395,000	391,904	391,074
	BAE SYSTEMS PLC 144A	CORPORATE BONDS	N/A	1.9000%	2/15/2031	208,000	206,403	167,314
	BARINGS BDC INC 144A	CORPORATE BONDS	N/A	3.3000%	11/23/2026	337,000	334,301	292,321
	BENCHMARK 2019-B15 MORT B15 A5	CORPORATE BONDS	N/A	2.9280%	12/15/2072	334,000	337,979	304,461
	BERRY GLOBAL INC	CORPORATE BONDS	N/A	0.9500%	2/15/2024	517,000	516,343	489,706
	BLACKROCK TCP CAPITAL CORP	CORPORATE BONDS	N/A	2.8500%	2/9/2026	215,000	214,127	194,631
	BLUE CROSS AND BLUE SHIEL 144A	CORPORATE BONDS	N/A	3.7900%	5/1/2025	269,000	268,976	265,019
	BLUE OWL FINANCE LLC 144A	CORPORATE BONDS	N/A	3.1250%	6/10/2031	398,000	392,945	307,209
	BMW US CAPITAL LLC 144A	CORPORATE BONDS	N/A	3.4500%	4/1/2027	388,000	387,593	378,225
	BOEING CO/THE	CORPORATE BONDS	N/A	5.1500%	5/1/2030	364,000	364,000	349,396
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	2.7500%	10/1/2026	509,000	505,289	474,429
	BP CAPITAL MARKETS AMERICA INC	CORPORATE BONDS	N/A	3.7900%	2/6/2024	80,000	80,000	80,327
	BROADCOM CORP / BROADCOM CAYMA	CORPORATE BONDS	N/A	3.8750%	1/15/2027	106,000	109,874	101,993
	BROADCOM INC	CORPORATE BONDS	N/A	4.3000%	11/15/2032	156,000	155,803	141,685

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	BROADCOM INC	CORPORATE BONDS	N/A	4.7500%	4/15/2029	288,000	324,498	279,054
	BROADCOM INC 144A	CORPORATE BONDS	N/A	4.0000%	4/15/2029	532,000	531,739	492,949
	BROWN & BROWN INC	CORPORATE BONDS	N/A	2.3750%	3/15/2031	304,000	303,666	240,650
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	2.0500%	3/5/2030	245,000	244,515	207,326
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	3.3000%	10/30/2024	175,000	174,491	170,725
	CARDINAL HEALTH INC	CORPORATE BONDS	N/A	3.0790%	6/15/2024	342,000	320,964	336,439
	CARRIER GLOBAL CORP	CORPORATE BONDS	N/A	2.4930%	2/15/2027	137,000	138,677	124,636
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	4.9080%	7/23/2025	917,000	998,133	919,127
	CHENIERE CORPUS CHRISTI HOLDIN	CORPORATE BONDS	N/A	5.1250%	6/30/2027	190,000	207,769	190,700
	CITIGROUP INC	CORPORATE BONDS	N/A	4.6000%	3/9/2026	265,000	264,475	265,335
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR	1/25/2026	808,000	808,000	756,940
	CMS ENERGY CORP	CORPORATE BONDS	N/A	3.4500%	8/15/2027	429,000	428,361	410,985
	CMS ENERGY CORP	CORPORATE BONDS	N/A	3.8750%	3/1/2024	160,000	172,550	159,781
	COOPERATIEVE RABOBANK UA	CORPORATE BONDS	N/A	3.7500%	7/21/2026	364,000	362,347	347,076
	COREBRIDGE FINANCIAL INC 144A	CORPORATE BONDS	N/A	3.6500%	4/5/2027	332,000	331,535	312,090
	CREDIT AGRICOLE SA/LONDON 144A	CORPORATE BONDS	N/A	3.7500%	4/24/2023	449,000	447,420	448,596
	CROWN CASTLE INC	CORPORATE BONDS	N/A	2.9000%	3/15/2027	321,000	320,223	296,010
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	5.8800%	1/10/2028	196,371	226,317	206,610
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	6.0360%	12/10/2028	152,933	175,406	156,960
	CVS PASS-THROUGH TRUST 144A	CORPORATE BONDS	N/A	5.7730%	1/10/2033	339,380	399,982	354,716
	DELTA AIR LINES 2015-1 CLASS A	CORPORATE BONDS	N/A	3.8750%	1/30/2029	127,664	127,664	117,158
	DIAMOND INFRASTRUCTU 1A A 144A	CORPORATE BONDS	N/A	1.7600%	4/15/2049	228,000	228,000	195,798
	DOMINO'S PIZZA MA 1A A2II 144A	CORPORATE BONDS	N/A	3.1510%	4/25/2051	818,730	828,441	699,485
	DOW CHEMICAL CO/THE	CORPORATE BONDS	N/A	4.5500%	11/30/2025	43,000	42,957	43,877
	DTE ENERGY CO	CORPORATE BONDS	N/A	1.0500%	6/1/2025	378,000	377,543	347,673
	DTE ENERGY CO	CORPORATE BONDS	N/A	2.5290%	10/1/2024	255,000	271,570	245,570
	DUKE ENERGY FLORIDA LLC	CORPORATE BONDS	N/A	3.8000%	7/15/2028	128,000	130,108	125,077
	DUPONT DE NEMOURS INC	CORPORATE BONDS	N/A	4.4930%	11/15/2025	80,000	87,329	80,545
	EASTERN ENERGY GAS HOLDINGS LL	CORPORATE BONDS	N/A	2.5000%	11/15/2024	410,000	409,734	396,043
	ENERGY TRANSFER LP	CORPORATE BONDS	N/A	3.4500%	1/15/2023	241,000	204,149	240,270
	ENERGY TRANSFER LP	CORPORATE BONDS	N/A	4.5000%	4/15/2024	406,000	406,501	406,185
	ENTERPRISE PRODUCTS OPERATING	CORPORATE BONDS	N/A	3.9000%	2/15/2024	292,000	302,757	291,638
	EQUIFAX INC	CORPORATE BONDS	N/A	2.6000%	12/15/2025	84,000	83,906	79,184
	ERAC USA FINANCE LLC 144A	CORPORATE BONDS	N/A	3.8500%	11/15/2024	243,000	241,433	239,688
	EVERSOURCE ENERGY	CORPORATE BONDS	N/A	0.8000%	8/15/2025	390,000	389,275	352,007
	FEDEX CORP	CORPORATE BONDS	N/A	4.2500%	5/15/2030	270,000	318,373	262,073
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	3.2500%	6/2/2030	400,000	417,988	346,175
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.5000%	10/24/2028	292,000	290,978	283,593
	FIFTH THIRD BANCORP	CORPORATE BONDS	N/A	2.5500%	5/5/2027	167,000	166,671	153,045
	FIRSTKEY HOMES 202 SFR1 A 144A	CORPORATE BONDS	N/A	1.3390%	8/17/2037	397,543	399,189	368,904

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	FOX CORP	CORPORATE BONDS	N/A	4.0300%	1/25/2024	473,000	473,000	473,041
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	1.0500%	3/8/2024	474,000	473,782	449,351
	GENPACT LUXEMBOURG SARL	CORPORATE BONDS	N/A	3.3750%	12/1/2024	410,000	409,902	402,206
	GENUINE PARTS CO	CORPORATE BONDS	N/A	2.7500%	2/1/2032	348,000	343,859	287,905
	GLENCORE FUNDING LLC 144A	CORPORATE BONDS	N/A	1.6250%	4/27/2026	509,000	508,466	450,245
	GOLDENTREE LOAN MAN 10A A 144A	CORPORATE BONDS	N/A	VAR	7/20/2034	366,000	366,000	353,651
	GOLUB CAPITAL BDC INC	CORPORATE BONDS	N/A	2.5000%	8/24/2026	180,000	179,458	150,665
	GS MORTGAGE SECURITIES GC30 A3	CORPORATE BONDS	N/A	3.1190%	5/10/2050	486,952	520,164	472,281
	GS MORTGAGE-BACK INV1 A14 144A	CORPORATE BONDS	N/A	VAR	10/25/2050	101,223	104,371	91,411
	GS MORTGAGE-BACKED PJ1 A2 144A	CORPORATE BONDS	N/A	VAR	6/25/2051	212,614	221,484	181,661
	HEALTHPEAK PROPERTIES INC	CORPORATE BONDS	N/A	3.2500%	7/15/2026	755,000	777,942	726,872
	HERCULES CAPITAL INC	CORPORATE BONDS	N/A	3.3750%	1/20/2027	575,000	570,872	503,389
	HP INC	CORPORATE BONDS	N/A	5.5000%	1/15/2033	399,000	397,903	389,201
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR	11/22/2027	328,000	328,000	292,237
	HYUNDAI CAPITAL AMERICA 144A	CORPORATE BONDS	N/A	2.3750%	2/10/2023	265,000	264,886	261,599
	HYUNDAI CAPITAL AMERICA 144A	CORPORATE BONDS	N/A	5.8750%	4/7/2025	356,000	355,712	366,829
	IDEX CORP	CORPORATE BONDS	N/A	3.0000%	5/1/2030	530,000	529,046	462,654
	INFOR INC 144A	CORPORATE BONDS	N/A	1.7500%	7/15/2025	106,000	105,875	98,044
	ING GROEP NV	CORPORATE BONDS	N/A	4.1000%	10/2/2023	353,000	352,922	353,940
	JETBLUE 2019-1 CLASS A PASS TH	CORPORATE BONDS	N/A	2.9500%	11/15/2029	222,566	222,566	192,822
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR	11/8/2032	299,000	299,000	248,421
	KANSAS CITY SOUTHERN/OLD	CORPORATE BONDS	N/A	2.8750%	11/15/2029	117,000	189,840	157,753
	KANSAS CITY SOUTHERN/OLD	CORPORATE BONDS	N/A	3.1250%	6/1/2026	230,000	220,329	221,792
	KINDER MORGAN ENERGY PARTNERS	CORPORATE BONDS	N/A	4.1500%	2/1/2024	118,000	117,653	118,020
	KINDER MORGAN INC	CORPORATE BONDS	N/A	3.1500%	1/15/2023	100,000	99,669	99,847
	KINDER MORGAN INC 144A	CORPORATE BONDS	N/A	5.6250%	11/15/2023	372,000	412,958	378,762
	LIBERTY MUTUAL GROUP INC 144A	CORPORATE BONDS	N/A	4.2500%	6/15/2023	96,000	96,468	95,929
	LIBERTY MUTUAL GROUP INC 144A	CORPORATE BONDS	N/A	4.5690%	2/1/2029	735,000	815,063	722,694
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	VAR	2/5/2026	300,000	300,874	283,875
	LOWE'S COS INC	CORPORATE BONDS	N/A	1.7000%	9/15/2028	270,000	269,398	229,867
	MACQUARIE GROUP LTD 144A	CORPORATE BONDS	N/A	VAR	1/12/2027	858,000	858,000	754,089
	MACY'S RETAIL HOLDINGS LL 144A	CORPORATE BONDS	N/A	5.8750%	3/15/2030	332,000	336,480	278,563
	MARKEL CORP	CORPORATE BONDS	N/A	3.6250%	3/30/2023	307,000	306,896	307,725
	MARS INC 144A	CORPORATE BONDS	N/A	2.7000%	4/1/2025	235,000	234,845	229,559
	MCDONALD'S CORP	CORPORATE BONDS	N/A	3.6000%	7/1/2030	182,000	180,664	173,253
	MCKESSON CORP	CORPORATE BONDS	N/A	0.9000%	12/3/2025	328,000	327,872	296,289
	MICROCHIP TECHNOLOGY INC	CORPORATE BONDS	N/A	2.6700%	9/1/2023	285,000	285,000	280,252
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR	5/4/2027	1,889,000	1,889,000	1,676,788
	NEW YORK AND PRESBYTERIAN HOSP	CORPORATE BONDS	N/A	1.6510%	8/1/2030	410,000	410,000	339,893
	NIAGARA MOHAWK POWER CORP 144A	CORPORATE BONDS	N/A	1.9600%	6/27/2030	420,000	429,593	347,486

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Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1879376, Plan Number: 001
June 30, 2022

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	NISOURCE INC	CORPORATE BONDS	N/A	0.9500%	8/15/2025	629,000	627,440	564,979
	NORFOLK SOUTHERN CORP	CORPORATE BONDS	N/A	3.8000%	8/1/2028	280,000	289,237	273,695
	NXP BV / NXP FUNDING LLC	CORPORATE BONDS	N/A	4.8750%	3/1/2024	276,000	275,920	278,685
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	3.1500%	5/1/2027	143,000	142,715	132,500
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	5.0000%	1/15/2033	391,000	389,831	381,570
	O'REILLY AUTOMOTIVE INC	CORPORATE BONDS	N/A	4.2000%	4/1/2030	122,000	121,950	117,787
	OCCIDENTAL PETROLEUM CORP	CORPORATE BONDS	N/A	0.0000%	10/10/2036	1,000,000	553,720	495,404
	ORACLE CORP	CORPORATE BONDS	N/A	1.6500%	3/25/2026	411,000	410,803	368,157
	OWL ROCK CAPITAL CORP	CORPORATE BONDS	N/A	2.8750%	6/11/2028	323,000	319,783	253,638
	OWL ROCK CORE INCOME CORP 144A	CORPORATE BONDS	N/A	4.7000%	2/8/2027	339,000	338,461	309,228
	PARAMOUNT GLOBAL	CORPORATE BONDS	N/A	4.0000%	1/15/2026	269,000	280,511	262,409
	PARKER-HANNIFIN CORP	CORPORATE BONDS	N/A	4.2500%	9/15/2027	509,000	507,921	505,446
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	3.4500%	7/1/2024	435,000	434,355	425,774
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	3.9500%	3/10/2025	294,000	292,859	289,480
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.4000%	7/1/2027	325,000	324,100	318,587
	PENTAIR FINANCE SARL	CORPORATE BONDS	N/A	5.9000%	7/15/2032	350,000	342,346	350,326
	PSMC 2020-2 TRUST 2 A2 144A	CORPORATE BONDS	N/A	VAR	5/25/2050	71,918	73,874	69,447
	PUBLIC SERVICE ENTERPRISE GROU	CORPORATE BONDS	N/A	0.8000%	8/15/2025	539,000	537,787	486,772
	ROPER TECHNOLOGIES INC	CORPORATE BONDS	N/A	1.0000%	9/15/2025	470,000	469,380	424,935
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	3.6500%	3/18/2024	320,000	319,669	317,259
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	3.8750%	12/1/2023	700,000	760,004	699,988
	SABEY DATA CENTER IS 1 A2 144A	CORPORATE BONDS	N/A	3.8120%	4/20/2045	356,000	353,512	344,361
	SAN DIEGO GAS & ELECTRIC CO	CORPORATE BONDS	N/A	1.7000%	10/1/2030	300,000	299,478	246,261
	SBL HOLDINGS INC 144A	CORPORATE BONDS	N/A	5.0000%	2/18/2031	466,000	461,158	388,064
	SEALED AIR CORP 144A	CORPORATE BONDS	N/A	1.5730%	10/15/2026	295,000	295,000	256,667
	SEASONED CREDIT RISK TRAN 2 MA	CORPORATE BONDS	N/A	3.5000%	8/25/2058	196,860	215,007	194,735
	SEASONED CREDIT RISK TRAN 4 MA	CORPORATE BONDS	N/A	3.0000%	2/25/2059	272,466	290,814	265,275
	SEASONED CREDIT RISK TRAN 4 MA	CORPORATE BONDS	N/A	3.5000%	3/25/2058	297,178	319,722	294,220
	SEQUOIA MORTGAGE TRU 2 A4 144A	CORPORATE BONDS	N/A	VAR	3/25/2050	656	671	655
	SERVPRO MASTER ISSU 1A A2 144A	CORPORATE BONDS	N/A	2.3940%	4/25/2051	227,700	227,700	194,965
	SILGAN HOLDINGS INC 144A	CORPORATE BONDS	N/A	1.4000%	4/1/2026	147,000	146,919	131,316
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	3.3000%	1/15/2026	355,000	381,717	343,366
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	3.3750%	6/15/2027	429,000	424,229	407,223
	SOUTHWEST AIRLINES CO	CORPORATE BONDS	N/A	4.7500%	5/4/2023	337,000	346,183	339,664
	SPIRIT AIRLINES PASS THROUGH T	CORPORATE BONDS	N/A	4.4500%	10/1/2025	173,980	174,926	168,418
	STORE MASTER FUNDIN 1A A2 144A	CORPORATE BONDS	N/A	4.1700%	4/20/2045	149,446	149,368	144,997
	T-MOBILE USA INC	CORPORATE BONDS	N/A	3.8750%	4/15/2030	310,000	307,762	289,309
	TACO BELL FUNDING 1A A2II 144A	CORPORATE BONDS	N/A	2.2940%	8/25/2051	555,210	533,079	465,562
	TAKEDA PHARMACEUTICAL CO LTD	CORPORATE BONDS	N/A	2.0500%	3/31/2030	464,000	449,180	388,096
	TEXAS EASTERN TRANSMISSIO 144A	CORPORATE BONDS	N/A	3.5000%	1/15/2028	549,000	549,151	517,589

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EIN: 13-1879376, Plan Number: 001
June 30, 2022

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	TRITON CONTAINER INTERNATIONAL	CORPORATE BONDS	N/A	3.2500%	3/15/2032	377,000	375,492	306,891
	TTX CO 144A	CORPORATE BONDS	N/A	3.6000%	1/15/2025	282,000	293,844	278,484
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	4.1250%	9/24/2025	410,000	409,233	406,735
	UNITED AIRLINES 2012-1 CLASS A	CORPORATE BONDS	N/A	4.1500%	10/11/2025	222,813	236,181	218,665
	UNITED AIRLINES 2014-1 CLASS A	CORPORATE BONDS	N/A	4.0000%	10/11/2027	155,885	153,885	144,822
	UNIVERSAL HEALTH SERVICES 144A	CORPORATE BONDS	N/A	2.6500%	10/15/2030	150,000	149,577	119,962
	VANTAGE DATA CENTER 1A A2 144A	CORPORATE BONDS	N/A	3.1880%	7/15/2044	719,033	723,299	698,817
	VENTAS REALTY LP	CORPORATE BONDS	N/A	4.1250%	1/15/2026	325,000	349,226	321,512
	VERISIGN INC	CORPORATE BONDS	N/A	2.7000%	6/15/2031	253,000	252,271	203,600
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	1.5000%	9/18/2030	113,000	112,875	90,311
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	3.8750%	2/8/2029	222,000	260,027	214,782
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.0160%	12/3/2029	101,000	101,907	97,821
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.5000%	8/10/2033	355,000	449,760	346,108
	VERIZON MASTER TRUST 4 A	CORPORATE BONDS	N/A	VAR	11/202028	359,000	358,982	355,734
	VIATRIS INC	CORPORATE BONDS	N/A	1.6500%	6/22/2025	260,000	266,414	235,367
	VIRGINIA ELECTRIC AND POWER CO	CORPORATE BONDS	N/A	2.8750%	7/15/2029	292,000	291,898	267,357
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	3.2000%	9/26/2026	215,000	237,493	203,404
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	4.6000%	6/8/2029	310,000	309,597	301,668
	VORNADO REALTY LP	CORPORATE BONDS	N/A	3.5000%	1/15/2025	473,000	471,089	457,921
	WARNERMEDIA HOLDINGS INC 144A	CORPORATE BONDS	N/A	4.2790%	3/15/2032	522,000	522,000	466,534
	WELLTOWER INC	CORPORATE BONDS	N/A	3.6250%	3/15/2024	470,000	494,359	466,271
	WENDY'S FUNDING LL 1A A2I 144A	CORPORATE BONDS	N/A	3.7830%	6/15/2049	219,600	227,123	210,949
	WFRBS COMMERCIAL MORTGA C10 A3	CORPORATE BONDS	N/A	2.8750%	12/15/2045	398,000	405,260	397,290
	WILLIS NORTH AMERICA INC	CORPORATE BONDS	N/A	3.6000%	5/15/2024	263,000	262,774	259,051
	WORLD OMNI AUTOMOBILE LEA A A3	CORPORATE BONDS	N/A	1.7000%	1/17/2023	164,595	164,579	164,497
	XCEL ENERGY INC	CORPORATE BONDS	N/A	4.6000%	6/1/2032	388,000	387,860	384,804
							62,699,206	57,902,341
	CORPORATE STOCKS AND REITS							
	ADOBE INC	COMMON STOCK	N/A	N/A	N/A	14,267	5,403,253	5,222,578
	ALEXANDRIA REAL ESTATE EQUITIE	COMMON STOCK	N/A	N/A	N/A	17,880	3,043,098	2,593,136
	ALPHABET INC	COMMON STOCK	N/A	N/A	N/A	5,913	9,628,278	12,885,964
	AMERICAN TOWER CORP	COMMON STOCK	N/A	N/A	N/A	21,056	4,700,496	5,381,703
	APPLE INC	COMMON STOCK	N/A	N/A	N/A	45,448	3,395,360	6,213,651
	APPLIED MATERIALS INC	COMMON STOCK	N/A	N/A	N/A	20,494	1,158,269	1,864,544
	BALL CORP	COMMON STOCK	N/A	N/A	N/A	65,567	6,124,009	4,509,043
	BECTON DICKINSON AND CO	COMMON STOCK	N/A	N/A	N/A	36,342	9,272,980	8,959,393
	BOSTON SCIENTIFIC CORP	COMMON STOCK	N/A	N/A	N/A	113,003	4,451,879	4,211,622
	CANADIAN PACIFIC RAILWAY LTD	COMMON STOCK	N/A	N/A	N/A	96,197	6,302,358	6,718,398
	CHARLES SCHWAB CORP/THE	COMMON STOCK	N/A	N/A	N/A	81,410	3,109,593	5,143,484

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	CME GROUP INC	COMMON STOCK	N/A	N/A	N/A	44,484	8,156,811	9,105,875
	COMCAST CORP	COMMON STOCK	N/A	N/A	N/A	188,249	8,190,586	7,386,891
	COSTAR GROUP INC	COMMON STOCK	N/A	N/A	N/A	40,796	3,051,009	2,464,486
	COSTCO WHOLESALE CORP	COMMON STOCK	N/A	N/A	N/A	9,226	2,303,629	4,421,837
	DANAHER CORP	COMMON STOCK	N/A	N/A	N/A	33,277	2,547,552	8,436,385
	DEERE & CO	COMMON STOCK	N/A	N/A	N/A	24,556	4,545,335	7,353,785
	FISERV INC	COMMON STOCK	N/A	N/A	N/A	110,895	11,602,533	9,866,328
	GILEAD SCIENCES INC	COMMON STOCK	N/A	N/A	N/A	70,468	4,852,555	4,355,627
	HOME DEPOT INC/THE	COMMON STOCK	N/A	N/A	N/A	14,218	4,903,435	3,899,571
	INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	N/A	N/A	N/A	34,241	4,201,492	3,220,024
	LINDE PLC	COMMON STOCK	N/A	N/A	N/A	21,233	2,756,569	6,105,124
	MARSH & MCLENNAN COS INC	COMMON STOCK	N/A	N/A	N/A	29,669	5,009,079	4,606,112
	MASTERCARD INC	COMMON STOCK	N/A	N/A	N/A	24,122	4,840,413	7,610,009
	MICRON TECHNOLOGY INC	COMMON STOCK	N/A	N/A	N/A	45,081	2,454,949	2,492,078
	MICROSOFT CORP	COMMON STOCK	N/A	N/A	N/A	58,562	7,802,653	15,040,478
	MONDELEZ INTERNATIONAL INC	COMMON STOCK	N/A	N/A	N/A	81,993	4,443,290	5,090,945
	NIKE INC	COMMON STOCK	N/A	N/A	N/A	19,942	2,598,727	2,038,072
	NVIDIA CORP	COMMON STOCK	N/A	N/A	N/A	13,484	517,111	2,044,040
	PROCTER & GAMBLE CO/THE	COMMON STOCK	N/A	N/A	N/A	44,232	5,048,019	6,360,119
	S&P GLOBAL INC	COMMON STOCK	N/A	N/A	N/A	22,275	7,724,615	7,508,012
	SHERWIN-WILLIAMS CO/THE	COMMON STOCK	N/A	N/A	N/A	17,175	4,895,804	3,845,654
	T-MOBILE US INC	COMMON STOCK	N/A	N/A	N/A	45,275	5,063,478	6,091,299
	TEXAS INSTRUMENTS INC	COMMON STOCK	N/A	N/A	N/A	14,154	2,114,920	2,174,762
	THERMO FISHER SCIENTIFIC INC	COMMON STOCK	N/A	N/A	N/A	6,798	3,987,132	3,693,217
	UNION PACIFIC CORP	COMMON STOCK	N/A	N/A	N/A	10,257	2,707,278	2,187,613
	VERISK ANALYTICS INC	COMMON STOCK	N/A	N/A	N/A	33,206	6,565,342	5,747,627
	VERIZON COMMUNICATIONS INC	COMMON STOCK	N/A	N/A	N/A	93,275	5,395,567	4,733,706
	WASTE MANAGEMENT INC	COMMON STOCK	N/A	N/A	N/A	34,903	2,221,655	5,339,462
							187,091,111	216,922,654
COMMON INVESTMENT FUNDS								
	ALTRINSIC INTERNATIONAL EQUITY COLLECTIVE FUND CL D	COLLECTIVE TRUST	N/A	N/A	N/A	19,026,887	211,355,446	208,631,724
	CF AMALGAMATED LONGVIEW LARGECAP 500 VEBA INDEX FD	COLLECTIVE TRUST	N/A	N/A	N/A	335,021	116,406,993	461,487,615
	DAILY MSCI EM MKTS INDX NL FUND	COLLECTIVE TRUST	N/A	N/A	N/A	4,959,100	183,016,352	180,570,764
	GQG INTL EQUIT CIT	COLLECTIVE TRUST	N/A	N/A	N/A	16,413,629	214,630,932	216,988,176
	LONG U.S. TREASURY INDX NL FUND (CM1NNON) (SEIUBSPEN - CM)	COLLECTIVE TRUST	N/A	N/A	N/A	4,973,390	150,000,000	120,017,843
	MFB NT COLLECTIVE AGGREGATE BD INDEX FUND-NON LENDING	COLLECTIVE TRUST	N/A	N/A	N/A	1,915,364	246,351,497	277,363,849
	MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND NON LENDING	COLLECTIVE TRUST	N/A	N/A	N/A	1,306,372	66,886,014	59,370,667
	MFB NT COLLECTIVE S&P400 INDEX	COLLECTIVE TRUST	N/A	N/A	N/A	26,378	51,083,200	69,407,374
	MSCI EAFE 100 PERCENT HEDGED TO USD INDX NL FD	COLLECTIVE TRUST	N/A	N/A	N/A	8,131,261	99,895,163	123,660,214
	SSGA RUSSELL 1000 ® INDEX NL FUND	COLLECTIVE TRUST	N/A	N/A	N/A	889,612	47,633,305	110,243,389

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	SSGA S&P GLOBAL LARGEMIDCAP NAT	COLLECTIVE TRUST	N/A	N/A	N/A	5,229,059	53,974,743	81,280,486
							1,441,233,645	1,909,022,101
PARTNERSHIPS								
	GIP IV-B FEEDER FUND LP	PARTNERSHIP	N/A	N/A	N/A	18,564,765	18,760,276	18,837,988
	GLOBAL INFRA III-B FEEDER FUND	PARTNERSHIP	N/A	N/A	N/A	7,929,553	8,335,738	8,341,857
	GRAIN COMM OPP FUND III LP	PARTNERSHIP	N/A	N/A	N/A	10,232,778	11,405,327	9,460,141
	GRAIN COMMUNICATIONS OPP FD II	PARTNERSHIP	N/A	N/A	N/A	32,110,801	23,687,856	34,207,925
	HAMILTON LANE CAPITAL OPPS FUND L.P.	PARTNERSHIP	N/A	N/A	N/A	81,640	1,794,770	77,548
	IFM GLOBAL INFRA US LP	PARTNERSHIP	N/A	N/A	N/A	118,836,868	65,407,496	117,430,175
	IRONSIDES DIR INVEST FD IV LP	PARTNERSHIP	N/A	N/A	N/A	27,581,334	16,394,429	27,364,567
	IRONSIDES PTNRSHP FUND IV LP	PARTNERSHIP	N/A	N/A	N/A	77,147,727	6,936,336	79,818,738
	ISQ GLOBAL INFRA FD III (USTE) LP	PARTNERSHIP	N/A	N/A	N/A	3,965,299	3,965,299	3,170,275
	ISQ GLOBAL INFRA FD II USTE LP	PARTNERSHIP	N/A	N/A	N/A	51,685,667	29,587,136	52,623,121
	ISQ GLOBAL INFRA USTE LP	PARTNERSHIP	N/A	N/A	N/A	34,163,093	33,011,737	36,321,968
	KKR EUROPEAN V ASP FUND	PARTNERSHIP	N/A	N/A	N/A	594,070	512,251	588,587
	LEXINGTON CAPITAL PTNRS VII	PARTNERSHIP	N/A	N/A	N/A	8,201,465	4,098,988	8,010,169
	LSV EMERGING MARKETS EQUITY FUND LP	PARTNERSHIP	N/A	N/A	N/A	516,935	160,466,673	162,883,350
	POMONA CAPITAL VIII LP	PARTNERSHIP	N/A	N/A	N/A	7,064,978	7,466,618	6,280,938
	PRIMUS HIGH YIELD BOND FUND LP	PARTNERSHIP	N/A	N/A	N/A	32,403,701	36,874,950	32,403,701
	STEPSTONE VC GBL PARTNERS X LP	PARTNERSHIP	N/A	N/A	N/A	33,471,016	26,515,855	29,243,885
	STRATEGIC PARTNERS VII ASP FD	PARTNERSHIP	N/A	N/A	N/A	531,413	404,992	431,355
							455,626,727	627,496,288
REGISTERED INVESTMENT COMPANIES								
	AFL-CIO HOUSING INVESTMENT TR	REGISTERED INVESTMENT CO	N/A	N/A	N/A	10,233	11,084,835	10,372,410
	AFL CIO BUILDING INVESTMENT TRUST	REGISTERED INVESTMENT CO	N/A	N/A	N/A	113	303,212	997,235
	VANGUARD S/T INFL PROT-INS	REGISTERED INVESTMENT CO	N/A	N/A	N/A	10,638,497	275,667,427	263,941,118
							287,055,474	275,310,763
CASH AND SHORT TERM INVESTMENTS								
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	SHORT TERM INVESTMENT	N/A	VAR	12/31/2049	26,886,753	26,886,753	26,886,753
							26,886,753	26,886,753
							Total Investments	3,161,575,513

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Building Service 32BJ Pension Fund
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 13-1879376, Plan Number: 001
Year Ended June 30, 2022

(a)	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(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)
	SINGLE REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS							
	NONE							
	SERIES OF REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS							
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	$ 412,875,377	N/A	N/A	-	$ 412,875,377	$ 412,875,377	N/A
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	N/A	$ 401,866,943	N/A	-	$ 401,866,943	$ 401,866,943	-

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended JUNE 30, 2022

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended JUNE 30, 2022

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended JUNE 30, 2022

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Building Service 32BJ Pension Fund

EIN 13-1879376
Plan No. 001
Plan Year Ended June 30, 2022

Form 5500 Schedule H, Part I, Column (a)

The purpose of this statement is to identify the material differences between the audited financial information submitted with the 5500 for the plan year ending June 30, 2021, and the reclassified audited financial information submitted with the 5500 for the plan year ending June 30, 2022.

Below is a summary of the differences between the financial information submitted with the 2020 Form 5500 and the financial information submitted with the subsequent 5500.

Line #		6/30/2021 financial information	Restated 6/30/2021 financial information	Change
1a	Total noninterest-bearing cash	$ 31,874,031	$ 31,874,031	$ -
1b(1)	Employer contributions	22,989,617	22,989,617	-
1b(3)	Other	5,691,514	5,691,514	-
1c(1)	Interest-bearing cash	14,496,887	14,496,887	-
1c(2)	U.S government securities	5,960,071	5,960,071	-
1c(3)(A)	Corporate debt - preferred	40,359,794	40,359,794	-
1c(3)(B)	Corporate debt - all other	62,440,030	62,440,030	-
1c(4)(B)	Corporate stock - common	582,380,753	285,530,947	296,849,806
1c(5)	Partnership/joint venture interests	650,270,090	650,270,090	-
1c(9)	Value of interest in common/collective trusts	2,086,165,193	2,086,165,193	-
1c(13)	Value of interest in registered investment companies	11,542,439	308,392,245	(296,849,806)
1e	Buildings and other property used in plan operation	3,988,370	3,988,370	-
		$ 3,518,158,789	$ 3,518,158,789	$ -

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 07/01/2021 and ending 06/30/2022

▶ **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
BUILDING SERVICE 32BJ PENSION 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 BUILDING SERVICE 32BJ PEN

D Employer Identification Number (EIN)
13-1879376

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

1a Enter the valuation date: Month 07 Day 01 Year 2021

b	Assets		
(1)	Current value of assets	1b(1)	3,511,934,218
(2)	Actuarial value of assets for funding standard account	1b(2)	3,199,581,724
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	4,468,101,496
(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)	4,468,101,496
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)	8,957,674,201
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	232,633,333
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	318,780,353
(3)	Expected plan disbursements for the plan year	1d(3)	335,280,353

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 Susan L. Boyle SLB — 01/27/2023

Signature of actuary — Date

SUSAN L. BOYLE, FSA, FCA, MAAA — 2006862

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		3,515,537,689
b "RPA '94" current liability/participant count breakdown:			
(1) For retired participants and beneficiaries receiving payment		39,601	3,542,535,282
(2) For terminated vested participants		19,434	1,240,184,279
(3) For active participants:			
(a) Non-vested benefits			514,548,635
(b) Vested benefits			3,660,406,005
(c) Total active		48,654	4,174,954,640
(4) Total		107,689	8,957,674,201
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		39.24%

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
01/15/2022	306,902,186				
			Totals ► 3(b)	306,902,186	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	5,354,022

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	71.6 %
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	C

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

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] 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	2023

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** [X] 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** 2.33 %

		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**	7.50 %		7.50 %	
e Expense loading	**6e**	22.5 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		

g Estimated investment return on actuarial value of assets for year ending on the valuation date ..... **6g** 10.1 %

h Estimated investment return on current value of assets for year ending on the valuation date ..... **6h** 24.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-49,954,686	-5,264,398

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	52,449,112
b Employer's normal cost for plan year as of valuation date			9b	86,517,347
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)	1,266,025,346		178,214,680
(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	23,788,585
e Total charges. Add lines 9a through 9d			9e	340,969,724
Credits to funding standard account:				
f Prior year credit balance, if any			9f	0
g Employer contributions. Total from column (b) of line 3			9g	306,902,186
		Outstanding balance		
h Amortization credits as of valuation date	9h	49,954,686		5,264,398
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	10,944,593
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	1,456,664,903		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	5,082,714,499		
(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	323,111,177
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	17,858,547

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	17,858,547
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of July 1, 2021

Status	Condition	Component Result	Final Result
Critical Status:			
	Initial critical status tests:		
C1.	A funding deficiency is projected in four years?	Yes	Yes
C2. a.	A funding deficiency is projected in five years,	Yes	
b.	and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
c.	and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
C3. a.	A funding deficiency is projected in five years,	Yes	
b.	and the funded percentage is less than 65%?	No	No
C4. a.	The funded percentage is less than 65%,	No	
b.	and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	In Critical Status?		**Yes**
C6. a.	Any of (C1) through (C5) are Yes?	Yes	Yes
b.	and either Insolvency is projected within 15 years using assumptions described in Exhibit 6?	No	No
c.	or		
1)	The ratio of inactives to actives is at least 2 to 1,	No	
2)	and insolvency is projected within 20 years using assumptions described in Exhibit 6?	No	No
d.	or		
1)	The funded percentage is less than 80%,	Yes	
2)	and insolvency is projected within 20 years using assumptions described in Exhibit 6?	No	No
In Critical and Declining Status?			**No**

Status		Condition	Component Result	Final
Endangered Status:				
	E1. a.	Is not in critical status,	No	
	b.	and the funded percentage is less than 80%?	Yes	No
	E2. a.	Is not in critical status,	No	
	b.	and a funding deficiency is projected in seven years?	Yes	No
	In Endangered Status?			**No**
	In Seriously Endangered Status?			**No**
Neither Critical Status Nor Endangered Status:				
	Neither Critical nor Endangered Status?			**No**

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan. The annual standard in the Rehabilitation Plan for the plan year beginning July 1, 2021 is that the projected end of year funding deficiency as of June 30, 2022 should be at most $90,000,000. Based upon the assumptions used in this certification, there is a projected funding deficiency as of June 30, 2022 of $1,044,105 that meets this standard.

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	July 1 through June 30
Pension Credit Year	July 1 through June 30
Plan Status	Ongoing plan
Regular Pension: **Program A**	• *Age and Service Requirement:* 65 with at least 294 months of service credit, or 62 at termination with at least 300 months of service credit • *Amount:* the highest benefit based on up to 300 months of service: – For service before July 1, 2008, $4.17 per month of service credit to a maximum of $1,250 after 300 months of service credit. – For service on or after July 1, 2008, $4.67 per month of service credit to a maximum of $1,400 after 300 months of service credit.
Program B	• *Age and Service Requirement:* 65 with at least 25 years of service credit, or 62 at termination with at least 25 years of service credit • *Amount:* based on monthly contribution rate as of December 31, 2010:

Monthly Contribution Rate as of December 31, 2010	Maximum Monthly Benefit Level after 25 or more years of service credit
$204.16	$1,160
145.60	1,000
55.99	425

Program C

- *Age and Service Requirement:* 65 with at least 300 months of service credits
- *Amount:*

Hourly Contribution Rate	Maximum Monthly Benefit Level after 300* or more months of service credit
$0.28	$210
0.32	250
0.38	310
0.58	500
0.83	750
1.08	1,000

Program D

- *Age and Service Requirement:* 65 with at least 10 pension credits
- *Amount:* Equal to the sum of the following based on a maximum of 30 pension credits based on benefit levels in the Plan Document.

  The accrued benefit earned as of December 31, 2007, which is based on service accrued on December 31, 2007 multiplied by the benefit amount that corresponds to the contribution rate in effect as of that date. Plus

  Benefits earned after January 1, 2008 are based on the benefit level corresponding to the contribution rate for that plan year, and the applicable accrual rate chart for that Plan Year as detailed in the Program D Plan document.

Early Retirement

- *Age Requirement:* 55
- *Service Requirement:* 120 months of service credit (10 years of service credit for Programs B and D)
- *Amount:* Regular or Vested pension accrued, reduced by 6% for each year of age less than 65

Disability

- *Age Requirement:* None (50 for Program B and Program C, 45 for Program D)
- *Service Requirement:* 120 months of service credit (15 years of service credit for Program B and Program D, 180 months of service credit for Program C))
- *Amount:*

  Program A and Program C: Regular or Vested pension accrued reduced by 6% for each year of age less than 65, with no further reduction for ages less than 62

  Program B: Regular or Vested pension accrued

  Program D: Early Retirement Pension (but not reduced below age 55) plus 10% except that in no event shall the Disability Pension exceed the Regular Pension

Vested / Basic Deferred (Program D)

- *Age Requirements:* None
- *Service Requirements:* 5 years of vesting service (or 10 years of participation for Program D)
- *Amount:*

Program A:

Months of service credit:	Accrual Rate per month of service credit for service earned: before July 1, 2008	after July 1, 2008
294 to 300	$4.17	$4.67
240 to 293	3.44	3.85
Less than 240	3.13	3.50
Maximum monthly benefit	$1,250	$1,400

Program B: Regular pension, proportionately reduced for service less than 25 years

Program C:

- less than 240 months of service credits: 1/12 of 3% of the maximum Regular Pension benefit level for each month of credited service.
- at least 240 months of service credits but less than 300 months of service credits: 1/12 of 3⅓% of the maximum Regular Pension benefit level for each month of credited service.

Program D: 90% of the Regular Pension with monthly amounts payable at Normal Retirement Age based on a maximum of 33-1/3 pension credits

- *Normal Retirement Age:* Later of age 65 or 5th anniversary of participation

Special Deferred Benefit (Program D)

- *Age Requirement:* 50 upon termination
- *Service Requirement:* 15 pension credits
- *Amount:* Regular or Early pension accrued

Spouse's Pre-Retirement Death Benefit

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service
- *Amount:* 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have reached his or her earliest retirement age.
- *Charge for Coverage:* None

Section 3: Certificate of Actuarial Valuation

Pre-Retirement One-Year Payment Certain (Program B)	• *Requirement:* Eligible for Regular, Vested or Early pension, and active at the time of death • *Amount:* Monthly benefit to which employee would have been entitled had he or she retired the day before he or she died, payable for one year. Not applicable if employee is covered under spouse's benefit
Post-Retirement Death Benefit	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 employee with three years of payment (for Program B: one year of payment; for Program D: 5 years of payments) guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	75% Participant and Spouse Option 60 Certain Payment Option (Program D only) 120 Certain Payment Option (Program D only) 12 Month Guarantee (Program B only) 36 Month Guarantee (Program A only)
Participation	The earliest January 1 or July 1 following completion of a 12 consecutive month period during which the employee worked at least 22 weeks in Covered Employment (1,000 hours for Programs B and C; 750 hours for Program D)
Vesting Credit	22 weeks of covered employment or 1,000 hours equals one year of vesting service credit for Programs A, B, and C. 750 or more hours of service (excluding overtime) equals one year of vesting service for Program D

Service Credit

Program A:

Weeks of Employment	Months of Service Credit
50 and over	12
46 - 49	11
42 - 45	10
38 - 41	9
34 - 37	8
30 - 33	7
25 - 29	6
21 - 24	5
17 - 20	4
13 - 16	3
9 - 12	2
5 - 8	1

Program B:

Hours	Service Credits
1,820 or more	1 year
1,365 – 1,819	¾ year
910 – 1,364	½ year

Program C:

Hours	Months of Service Credit
1,430 or more	12
1,072 – 1,429	9
715 – 1,071	6

Program D:

Hours	Months of Service Credit
150 to 274	1
275 to 399	2
400 to 524	3
525 to 644	4
645 to 809	5
810 to 974	6
975 to 1,139	7
1,140 to 1,304	8
1,305 to 1,469	9
1,470 to 1,634	10
1,635 to 1799	11
1,800 and over	12

Contribution Rates

Program A:

- Effective January 1, 2020, $118.75 per week
- Effective January 1, 2021, $122.75 per week
- Effective January 1, 2022, $126.75 per week
- Effective January 1, 2023, $130.75 per week

Program B:

	Contribution Rates for Monthly Maximum Regular Pension		
Effective January 1	**$425.00**	**$1,000.00**	**$1,160.00**
2020	$0.53 per hour	$209.00 per month	$293.00 per month
2021	$0.55 per hour	$216.00 per month	$303.00 per month
2022	$0.57 per hour	$223.25 per month	$312.75 per month
2023	$0.58 per hour	$230.25 per month	$322.75 per month

The average equivalent monthly contribution rate for Program B participants is $180.31 for the plan year beginning July 1, 2021.

Program C:

Contribution rates range from $0.28 to $1.08 per hour, with an average contribution rate of $0.69 per hour.

Program D:

Contribution rates range from $0.26 to $4.29 per hour, with an average contribution rate of $3.30 per hour.

Changes in Plan Provisions

There were no changes in plan provisions reflected in this actuarial valuation.

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	July 1 through June 30
Pension Credit Year	July 1 through June 30
Plan Status	Ongoing plan
Regular Pension: **Program A**	• *Age and Service Requirement:* 65 with at least 294 months of service credit, or 62 at termination with at least 300 months of service credit • *Amount:* the highest benefit based on up to 300 months of service: – For service before July 1, 2008, $4.17 per month of service credit to a maximum of $1,250 after 300 months of service credit. – For service on or after July 1, 2008, $4.67 per month of service credit to a maximum of $1,400 after 300 months of service credit.
Program B	• *Age and Service Requirement:* 65 with at least 25 years of service credit, or 62 at termination with at least 25 years of service credit • *Amount:* based on monthly contribution rate as of December 31, 2010:

Monthly Contribution Rate as of December 31, 2010	Maximum Monthly Benefit Level after 25 or more years of service credit
$204.16	$1,160
145.60	1,000
55.99	425

Program C

- *Age and Service Requirement:* 65 with at least 300 months of service credits
- *Amount:*

Hourly Contribution Rate	Maximum Monthly Benefit Level after 300* or more months of service credit
$0.28	$210
0.32	250
0.38	310
0.58	500
0.83	750
1.08	1,000

Program D

- *Age and Service Requirement:* 65 with at least 10 pension credits
- *Amount:* Equal to the sum of the following based on a maximum of 30 pension credits based on benefit levels in the Plan Document.

  The accrued benefit earned as of December 31, 2007, which is based on service accrued on December 31, 2007 multiplied by the benefit amount that corresponds to the contribution rate in effect as of that date. Plus

  Benefits earned after January 1, 2008 are based on the benefit level corresponding to the contribution rate for that plan year, and the applicable accrual rate chart for that Plan Year as detailed in the Program D Plan document.

Early Retirement

- *Age Requirement:* 55
- *Service Requirement:* 120 months of service credit (10 years of service credit for Programs B and D)
- *Amount:* Regular or Vested pension accrued, reduced by 6% for each year of age less than 65

Disability

- *Age Requirement:* None (50 for Program B and Program C, 45 for Program D)
- *Service Requirement:* 120 months of service credit (15 years of service credit for Program B and Program D, 180 months of service credit for Program C))
- *Amount:*

  Program A and Program C: Regular or Vested pension accrued reduced by 6% for each year of age less than 65, with no further reduction for ages less than 62

  Program B: Regular or Vested pension accrued

  Program D: Early Retirement Pension (but not reduced below age 55) plus 10% except that in no event shall the Disability Pension exceed the Regular Pension

Vested / Basic Deferred (Program D)

- *Age Requirements:* None
- *Service Requirements:* 5 years of vesting service (or 10 years of participation for Program D)
- *Amount:*

Program A:

Months of service credit:	Accrual Rate per month of service credit for service earned: before July 1, 2008	after July 1, 2008
294 to 300	$4.17	$4.67
240 to 293	3.44	3.85
Less than 240	3.13	3.50
Maximum monthly benefit	$1,250	$1,400

Program B: Regular pension, proportionately reduced for service less than 25 years

Program C:

- less than 240 months of service credits: 1/12 of 3% of the maximum Regular Pension benefit level for each month of credited service.
- at least 240 months of service credits but less than 300 months of service credits: 1/12 of 3⅓% of the maximum Regular Pension benefit level for each month of credited service.

Program D: 90% of the Regular Pension with monthly amounts payable at Normal Retirement Age based on a maximum of 33-1/3 pension credits

- *Normal Retirement Age:* Later of age 65 or 5th anniversary of participation

Special Deferred Benefit (Program D)

- *Age Requirement:* 50 upon termination
- *Service Requirement:* 15 pension credits
- *Amount:* Regular or Early pension accrued

Spouse's Pre-Retirement Death Benefit

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service
- *Amount:* 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have reached his or her earliest retirement age.
- *Charge for Coverage:* None

Section 3: Certificate of Actuarial Valuation

Pre-Retirement One-Year Payment Certain (Program B)	• *Requirement:* Eligible for Regular, Vested or Early pension, and active at the time of death • *Amount:* Monthly benefit to which employee would have been entitled had he or she retired the day before he or she died, payable for one year. Not applicable if employee is covered under spouse's benefit
Post-Retirement Death Benefit	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 employee with three years of payment (for Program B: one year of payment; for Program D: 5 years of payments) guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	75% Participant and Spouse Option 60 Certain Payment Option (Program D only) 120 Certain Payment Option (Program D only) 12 Month Guarantee (Program B only) 36 Month Guarantee (Program A only)
Participation	The earliest January 1 or July 1 following completion of a 12 consecutive month period during which the employee worked at least 22 weeks in Covered Employment (1,000 hours for Programs B and C; 750 hours for Program D)
Vesting Credit	22 weeks of covered employment or 1,000 hours equals one year of vesting service credit for Programs A, B, and C. 750 or more hours of service (excluding overtime) equals one year of vesting service for Program D

Service Credit

Program A:

Weeks of Employment	Months of Service Credit
50 and over	12
46 - 49	11
42 - 45	10
38 - 41	9
34 - 37	8
30 - 33	7
25 - 29	6
21 - 24	5
17 - 20	4
13 - 16	3
9 - 12	2
5 - 8	1

Program B:

Hours	Service Credits
1,820 or more	1 year
1,365 – 1,819	¾ year
910 – 1,364	½ year

Program C:

Hours	Months of Service Credit
1,430 or more	12
1,072 – 1,429	9
715 – 1,071	6

Program D:

Hours	Months of Service Credit
150 to 274	1
275 to 399	2
400 to 524	3
525 to 644	4
645 to 809	5
810 to 974	6
975 to 1,139	7
1,140 to 1,304	8
1,305 to 1,469	9
1,470 to 1,634	10
1,635 to 1799	11
1,800 and over	12

Contribution Rates

Program A:

- Effective January 1, 2020, $118.75 per week
- Effective January 1, 2021, $122.75 per week
- Effective January 1, 2022, $126.75 per week
- Effective January 1, 2023, $130.75 per week

Program B:

	Contribution Rates for Monthly Maximum Regular Pension		
Effective January 1	**$425.00**	**$1,000.00**	**$1,160.00**
2020	$0.53 per hour	$209.00 per month	$293.00 per month
2021	$0.55 per hour	$216.00 per month	$303.00 per month
2022	$0.57 per hour	$223.25 per month	$312.75 per month
2023	$0.58 per hour	$230.25 per month	$322.75 per month

The average equivalent monthly contribution rate for Program B participants is $180.31 for the plan year beginning July 1, 2021.

Program C:

Contribution rates range from $0.28 to $1.08 per hour, with an average contribution rate of $0.69 per hour.

Program D:

Contribution rates range from $0.26 to $4.29 per hour, with an average contribution rate of $3.30 per hour.

Changes in Plan Provisions

There were no changes in plan provisions reflected in this actuarial valuation.

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	$318,336,183
2022	327,255,775
2023	335,295,524
2024	342,116,071
2025	349,610,322
2026	357,127,304
2027	363,618,476
2028	369,354,606
2029	374,171,709
2030	377,757,544

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.

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended June 30, 2021.

		Service Credits								
Age	**Total**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	630	618	12	–	–	-	–	–	–	–
25 - 29	2,211	1,680	524	7	–	–	–	–	–	–
30 - 34	3,789	1,924	1,382	469	14	–	–	–	–	–
35 - 39	4,603	1,636	1,380	1,128	456	3	–	–	–	–
40 - 44	5,227	1,552	1,151	1,160	1,134	221	9	–	–	–
45 - 49	5,947	1,326	1,125	1,157	1,350	648	320	21	–	–
50 - 54	7,249	1,322	1,101	1,168	1,461	926	789	470	12	–
55 - 59	8,288	1,117	1,059	1,216	1,616	963	990	980	336	11
60 - 64	6,813	617	768	970	1,320	757	801	950	480	150
65 - 69	2,871	197	314	451	547	345	324	291	217	185
70 & over	1,019	50	49	110	192	120	115	133	91	159
Unknown	7	6	–	–	1	–	–	–	–	–
Total	**48,654**	**12,045**	**8,865**	**7,836**	**8,091**	**3,983**	**3,348**	**2,845**	**1,136**	**505**

Note: Excludes 2,751 participants with less than one service credit.

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	07/01/1993	$6,191,979	2	$3,207,893
Plan amendment	07/01/1996	42,191,637	5	9,700,729
Plan amendment	07/01/1997	16,807,098	6	3,330,852
Assumption change	07/01/1999	12,142,640	8	1,928,444
Plan amendment	07/01/1999	22,108,164	8	3,511,127
Plan amendment	07/01/1999	37,499,324	8	5,955,486
Plan amendment	07/01/2000	4,617,704	9	673,399
Plan amendment	07/01/2000	112,537,708	9	16,411,364
Assumption change	07/01/2002	8,562,140	11	1,088,765
Plan amendment	07/01/2002	14,388,725	11	1,829,677
Plan amendment	07/01/2002	19,986,110	11	2,541,443
Plan amendment	07/01/2003	31,021,498	12	3,730,597
Plan amendment	07/01/2004	1,364,184	13	156,169
Plan amendment	07/01/2005	1,774,780	14	194,479
Assumption change	07/01/2006	56,068,255	15	5,908,668
Actuarial loss	07/01/2007	1,061,649	1	1,061,649
Actuarial loss	07/01/2008	9,975,737	2	5,168,153
Plan amendment	07/01/2009	176,131	3	63,004
Actuarial loss	07/01/2009	11,053,680	3	3,954,005
June 30, 2009 investment loss subject to relief	07/01/2009	176,399,606	17	17,393,826
Assumption change	07/01/2010	21,365,528	4	5,934,002
Actuarial loss	07/01/2011	5,463,082	5	1,256,075
Actuarial loss	07/01/2012	14,068,969	6	2,788,206
June 30, 2009 investment loss subject to relief	07/01/2012	37,399,306	17	3,687,747

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	07/01/2013	3,915,160	7	687,613
June 30, 2009 investment loss subject to relief	07/01/2013	59,108,114	17	5,828,337
June 30, 2009 investment loss subject to relief	07/01/2014	51,095,887	17	5,038,293
Assumption change	07/01/2014	135,261,891	8	21,481,730
Actuarial loss	07/01/2015	23,875,797	9	3,481,805
Actuarial loss	07/01/2016	75,937,947	10	10,291,247
Assumption change	07/01/2017	19,702,563	11	2,505,387
Actuarial loss	07/01/2017	68,038,326	11	8,651,784
Actuarial loss	07/01/2018	41,369,472	12	4,975,028
Actuarial loss	07/01/2019	54,148,346	13	6,198,812
Actuarial loss	07/01/2020	69,346,209	14	7,598,885
Total		**$1,266,025,346**		**$178,214,680**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	07/01/2021	$49,954,686	15	$5,264,398
Total		**$49,954,686**		**$5,264,398**

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 2.68% to 2.33% 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 July 1, 2021: • Annual administrative expenses assumption, previously $15,500,000

333 West 34th Street, 3rd Floor
New York, NY 10001-2402
segalco.com
T:212.251.5000

September 28, 2021

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of July 1, 2021 for the following plan:

Name of Plan: Building Service 32BJ Pension Fund
Plan number: EIN 13-1879376 / PN 001
Plan sponsor: Board of Trustees, Building Service 32BJ Pension Fund
Address: 25 West 18th Street, New York, New York 10011
Phone number: 212.388.3500

As of July 1, 2021, the Plan is in critical status but not declining status.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

If you have any questions on the attached certification, you may contact me at the following:

Segal
333 West 34th Street, 3rd Floor
New York, NY 10001-2402
Phone number: 212.251.5000

Sincerely,



Susan Boyle, FSA, FCA, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 20-06862

Actuarial Status Certification as of July 1, 2021 under IRC Section 432

September 28, 2021

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Building Service 32BJ Pension Fund as of July 1, 2021 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the July 1, 2020 actuarial valuation, dated March 24, 2021. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In addition, as allowed by IRC Section 432(b)(3)(B), in my opinion, the contributions used for Insolvency Projections are reasonable. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity and contributions as otherwise specified) offer my best estimate of anticipated experience under the Plan.



Susan Boyle, FSA, FCA, MAAA	
EA#	20-06862
Title	Senior Vice President and Actuary
Email	sboyle@segalco.com

Certificate Contents

Exhibit 1	Status Determination as of July 1, 2021
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After July 1, 2020
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of July 1, 2021

Status	Condition	Component Result	Final Result
Critical Status:			
	Initial critical status tests:		
C1.	A funding deficiency is projected in four years?	Yes	Yes
C2. a.	A funding deficiency is projected in five years,	Yes	
b.	and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
c.	and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
C3. a.	A funding deficiency is projected in five years,	Yes	
b.	and the funded percentage is less than 65%?	No	No
C4. a.	The funded percentage is less than 65%,	No	
b.	and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	In Critical Status?		**Yes**
C6. a.	Any of (C1) through (C5) are Yes?	Yes	Yes
b.	and either Insolvency is projected within 15 years using assumptions described in Exhibit 6?	No	No
c.	or		
1)	The ratio of inactives to actives is at least 2 to 1,	No	
2)	and insolvency is projected within 20 years using assumptions described in Exhibit 6?	No	No
d.	or		
1)	The funded percentage is less than 80%,	Yes	
2)	and insolvency is projected within 20 years using assumptions described in Exhibit 6?	No	No
In Critical and Declining Status?			**No**

Status		Condition	Component Result	Final
Endangered Status:				
	E1. a.	Is not in critical status,	No	
	b.	and the funded percentage is less than 80%?	Yes	No
	E2. a.	Is not in critical status,	No	
	b.	and a funding deficiency is projected in seven years?	Yes	No
	In Endangered Status?			**No**
	In Seriously Endangered Status?			**No**
Neither Critical Status Nor Endangered Status:				
	Neither Critical nor Endangered Status?			**No**

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan. The annual standard in the Rehabilitation Plan for the plan year beginning July 1, 2021 is that the projected end of year funding deficiency as of June 30, 2022 should be at most $90,000,000. Based upon the assumptions used in this certification, there is a projected funding deficiency as of June 30, 2022 of $1,044,105 that meets this standard.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of July 1, 2021 (based on projections from the July 1, 2020 valuation certificate):

1.	Financial Information			
	a. Market value of assets			$3,477,197,776
	b. Actuarial value of assets			3,190,700,171
	c. Reasonably anticipated contributions (including withdrawal liability payments)			
	1) Upcoming year			325,069,730
	2) Present value for the next five years			1,405,331,641
	3) Present value for the next seven years			1,845,720,786
	d. Projected benefit payments			312,647,965
	e. Projected administrative expenses (beginning of year)			15,205,928
2.	Liabilities			
	a. Present value of vested benefits for active participants			1,516,007,023
	b. Present value of vested benefits for non-active participants			2,763,148,804
	c. Total unit credit accrued liability			4,440,147,723
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$1,393,280,394	$68,637,822	$1,461,918,215
	2) Next seven years	1,871,832,254	91,427,964	1,963,260,219
	e. Unit credit normal cost plus expenses			89,199,335
	f. Ratio of inactive participants to active participants			1.0897
3.	Funded Percentage (1.b)/(2.c)			71.86%
4.	Funding Standard Account			
	a. Credit Balance/(Funding Deficiency) as of the end of prior year			($53,754,193)
	b. Years to projected funding deficiency			0
5.	Years to Projected Insolvency			N/A

Exhibit 3: Funding Standard Account Projections

The table below presents the Funding Standard Account Projections for the Plan Years beginning July 1.

		Year Beginning July 1,					
		2020	**2021**	**2022**	**2023**	**2024**	**2025**
1.	Credit balance (BOY)	($49,973,122)	($53,754,193)	($1,044,105)	$75,432,354	$179,991,825	$304,408,765
2.	Interest on (1)	(3,747,984)	(4,031,564)	(78,308)	5,657,427	13,499,387	22,830,657
3.	Normal cost	73,116,015	73,993,407	74,881,328	75,779,904	76,689,263	77,609,534
4.	Administrative expenses	14,907,773	15,205,927	15,510,046	15,820,247	16,136,652	16,459,385
5.	Net amortization charges	189,542,328	170,802,851	161,047,879	143,959,829	131,560,446	115,184,359
6.	Interest on (3), (4) and (5)	20,817,459	19,500,164	18,857,944	17,666,998	16,828,977	15,693,996
7.	Expected contributions	288,435,517	325,069,730	335,325,161	340,426,850	340,430,590	340,424,659
8.	Interest on (7)	9,914,971	11,174,272	11,526,802	11,702,173	11,702,301	11,702,097
9.	**Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**($53,754,193)**	**($1,044,105)**	**$75,432,354**	**$179,991,825**	**$304,408,765**	**$454,418,905**

		2026	**2027**	**2028**	**2029**	**2030**
1.	Credit balance (BOY)	$454,418,905	$626,093,338	$815,832,164	$1,019,123,994	$1,271,547,729
2.	Interest on (1)	34,081,418	46,957,000	61,187,412	76,434,300	95,366,080
3.	Normal cost	78,540,848	79,483,338	80,437,138	81,402,384	82,379,213
4.	Administrative expenses	16,788,573	17,124,344	17,466,831	17,816,168	18,172,491
5.	Net amortization charges	104,227,549	98,108,497	97,420,880	64,544,094	43,977,523
6.	Interest on (3), (4) and (5)	14,966,773	14,603,713	14,649,364	12,282,198	10,839,692
7.	Expected contributions	340,414,993	340,400,453	340,378,132	340,335,256	340,207,719
8.	Interest on (7)	11,701,765	11,701,265	11,700,498	11,699,024	11,694,640
9.	**Credit balance at (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**$626,093,338**	**$815,832,164**	**$1,019,123,994**	**$1,271,547,729**	**$1,563,447,249**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after July 1, 2020

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial Gain	7/1/2021	($70,331,988)	15	($7,411,829)
Actuarial Gain	7/1/2022	(82,492,296)	15	(8,693,325)
Actuarial Gain	7/1/2023	(82,669,508)	15	(8,712,000)
Actuarial Gain	7/1/2024	(79,541,690)	15	(8,382,380)
Actuarial Gain	7/1/2025	(99,086,521)	15	(10,442,082)

Exhibit 5: Solvency Projections

The tables below presents the projected Market Value of Assets for the Plan Years beginning July 1, 2020 through June 30, 2041.

		Year Beginning July 1							
		2020	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**
1.	Market Value at beginning of year	$2,824,521,495	$3,477,197,776	$3,732,535,950	$4,006,343,166	$4,296,888,862	$4,598,068,661	$4,910,729,757	$5,235,634,366
2.	Contributions	288,240,049	324,511,729	334,807,657	339,951,357	339,955,097	339,955,097	339,955,097	339,955,097
3.	Withdrawal liability payments	195,468	558,001	517,504	475,493	475,493	469,562	459,896	445,356
4.	Benefit payments	289,725,590	312,647,965	323,182,360	331,581,789	341,979,922	352,314,206	362,733,132	373,008,240
5.	Administrative expenses	16,331,118	15,810,000	16,126,200	16,448,724	16,777,698	17,113,252	17,455,517	17,804,627
6.	Interest earnings	670,297,472	258,726,409	277,790,615	298,149,358	319,506,829	341,663,895	364,678,265	388,616,340
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$3,477,197,776	$3,732,535,950	$4,006,343,166	$4,296,888,862	$4,598,068,661	$4,910,729,757	$5,235,634,366	$5,573,838,292
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$3,766,923,366**	**$4,045,183,915**	**$4,329,525,526**	**$4,628,470,651**	**$4,940,048,583**	**$5,263,043,963**	**$5,598,367,498**	**$5,946,846,532**

		2028	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**
1.	Market Value at beginning of year	$5,573,838,292	$5,926,716,206	$6,295,978,920	$6,683,734,068	$7,092,437,523	$7,524,847,759	$7,983,676,128	$8,472,073,308
2.	Contributions	339,955,097	339,955,097	339,955,097	339,955,097	339,955,097	339,955,097	339,955,097	339,955,097
3.	Withdrawal liability payments	423,035	380,159	252,622	202,606	201,959	201,959	167,468	123,142
4.	Benefit payments	382,906,181	392,190,176	400,538,332	407,928,972	414,220,180	419,607,462	423,828,980	426,806,983
5.	Administrative expenses	18,160,720	18,523,934	18,894,413	19,272,301	19,657,747	20,050,902	20,451,920	20,860,958
6.	Interest earnings	413,566,683	439,641,568	466,980,174	495,747,026	526,131,106	558,329,677	592,555,515	629,048,921
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$5,926,716,206	$6,295,978,920	$6,683,734,068	$7,092,437,523	$7,524,847,759	$7,983,676,128	$8,472,073,308	$8,993,532,527
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$6,309,622,387**	**$6,688,169,096**	**$7,084,272,400**	**$7,500,366,495**	**$7,939,067,939**	**$8,403,283,590**	**$8,895,902,288**	**$9,420,339,510**

		2036	2037	2038	2039	2040
1.	Market Value at beginning of year	$8,993,532,527	$9,552,072,115	$10,151,873,756	$10,797,023,888	$11,492,094,695
2.	Contributions	339,955,097	339,955,097	339,955,097	339,955,097	339,955,097
3.	Withdrawal liability payments	86,018	54,000	0	0	0
4.	Benefit payments	428,305,409	428,454,642	427,620,503	425,706,084	423,218,107
5.	Administrative expenses	21,278,177	21,703,741	22,137,816	22,580,572	23,032,183
6.	Interest earnings	668,082,059	709,950,927	754,953,354	803,402,366	855,618,429
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$9,552,072,115	$10,151,873,756	$10,797,023,888	$11,492,094,695	$12,241,417,931
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$9,980,377,524**	**$10,580,328,398**	**$11,224,644,391**	**$11,917,800,779**	**$12,664,636,038**

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the July 1, 2020 actuarial valuation certificate, dated March 24, 2021, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Contribution Rates:	The certification reflects contribution rates negotiated through January 1, 2023. The average contribution rate is projected to increase from $121.50 per week for the plan year beginning July 1, 2021 to $127.28 per week for the plan year beginning July 1, 2023.
Asset Information:	The financial information as of June 30, 2021 was based on an unaudited financial statement provided by the Fund Administrator. For projections after that date, the assumed administrative expenses were increased by 2% per year and the benefit payments were projected based on the July 1, 2020 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2021–2040 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants is assumed to remain level and, on the average, contributions will be made for each full-time active for the equivalent of 52 weeks and each part-time active for the equivalent of 26 weeks each year.
Future Normal Costs:	Based on the assumed industry activity and the unit credit cost method and generational mortality assumptions, we have assumed that the Normal Cost will increase by 1.2% per year.
Future Withdrawal Liability Income:	In addition to projections of industry activity directly linked to the level of ongoing employment, these determinations also project the following contribution amounts derived from withdrawal liability assessments, based on information from the fund office as follows:

Plan Year Ending June 30	Amount	Plan Year Ending June 30	Amount
2022	$558,001	2031	$252,622
2023	517,504	2032	202,606
2024	475,493	2033	201,959
2025	475,493	2034	201,959
2026	469,562	2035	167,468
2027	459,896	2036	123,142
2028	445,356	2037	86,018
2029	423,035	2038	54,000
2030	380,159		

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. 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 actuary.

SCHEDULE MB, LINE 3 – WITHDRAWAL LIABILITY AMOUNTS

Month	Withdrawal Liability Payments
July 2021	$385,100.16
August 2021	3,953,490.83
September 2021	56,769.97
October 2021	108,682.47
November 2021	23,699.94
December 2021	145,808.89
January 2022	21,645.73
February 2022	22,994.59
March 2022	35,052.95
April 2022	29,931.00
May 2022	33,394.04
June 2022	537,451.28
Total	$5,354,021.85

BUILDING SERVICE 32BJ PENSION FUND

REHABILITATION PLAN AND UPDATE

BUILDING SERVICE 32BJ PENSION FUND

REHABILITATION PLAN

September 28, 2010

I. INTRODUCTION

The Pension Protection Act of 2006 ("PPA") requires an annual actuarial status determination for multiemployer pension plans including the Building Service 32BJ Pension Fund (the "Plan"). On September 28, 2010, the Plan was certified by its actuary, The Segal Company ("Segal"), to be in critical status, also known as the "red zone", for the plan year beginning on July 1, 2010 (the "2010 Plan Year"). The certification of critical status was based upon Segal's determination that the Plan is projected to have an accumulated funding deficiency for the plan year ending June 30, 2013.

The PPA requires that the board of trustees of a multiemployer pension plan that has been certified by its actuary as being in critical status develop a rehabilitation plan that is intended to improve the plan's funding over a period of years. A rehabilitation plan sets forth the actions to be taken by the pension plan's trustees, as well as the collective bargaining parties, to enable the plan to emerge from critical status by the end of the plan's "Rehabilitation Period." [1] The rehabilitation plan must be based on reasonably anticipated experience and reasonable actuarial assumptions regarding investment income and other experience of the plan over a period of future years.[2]

This Rehabilitation Plan sets forth the actions to be taken by the bargaining parties and the Board of Trustees (the "Trustees") of the Plan, based on reasonably anticipated experience and reasonable actuarial assumptions, to enable the Plan to cease to be in critical status at the end of the Plan's 10-year Rehabilitation Period.

II. OVERVIEW OF REHABILITATION PLAN

The Trustees have established two schedules that reflect changes in employer contributions, adjustable benefits, future benefit accruals, and/or other provisions which, based on the actuary's reasonable assumptions, are designed and intended to enable the Plan to emerge from critical status by June 30, 2023, the end of the Rehabilitation Period. The Plan will emerge from critical status when its actuary certifies for a plan year that the Plan is not projected to have an accumulated funding deficiency for that plan year or any of the nine succeeding plan years (without regard to the use of the shortfall funding method and without taking into account any extension of amortization periods under Section 431(d) of the Code).

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[1] The Rehabilitation Period for this Plan is a 10-year rehabilitation period that begins July 1, 2013.

[2] All of these requirements are set forth in Section 305(e)(3) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and Section 432(e)(3) of the Internal Revenue Code of 1986, as amended (the "Code").

After consulting with Segal, the Trustees have determined that, based on reasonably anticipated experience and reasonable actuarial assumptions, decreases in adjustable benefits and future benefit accruals and/or increases in contributions are necessary in order for the Plan to be expected to emerge from critical status by the end of its Rehabilitation Period. The Trustees have formulated two schedules to be provided to the bargaining parties: (1) the "Preferred Schedule"; and (2) the "Default Schedule", which is required by the PPA. Each of the schedules is expected to be sufficient to enable the Plan to emerge from critical status by the end of its Rehabilitation Period.

III. EMPLOYER SURCHARGE

Pursuant to the PPA, a surcharge is imposed on all contributing employers. The amount of the surcharge for the 2010 Plan Year (*i.e.*, the Plan's "initial critical year") is 5% of the contribution otherwise required under the applicable collective bargaining agreement (or other agreement pursuant to which the employer contributes to the Plan). For subsequent Plan Years in which the Plan is in critical status, the surcharge is 10% of the contribution otherwise required. The surcharges go into effect 30 days after the employer has been notified by the Trustees that the Plan is in critical status and the surcharge is in effect. Surcharges are due and payable on the same schedule as the contributions on which the surcharges are based and will be effective as of December 1, 2010.

Those surcharges will remain in effect as follows:

- For employers that adopt the Preferred Schedule (see IV. below) or the Default Schedule (see V. below) through collective bargaining with the union, the surcharges will cease on the effective date of the collective bargaining agreement that is consistent with those schedules.

- For employers that have not adopted either the Preferred Schedule or the Default Schedule through collective bargaining, the surcharges shall remain in effect until such time as they and the union adopt provisions in their collective bargaining agreements that contain terms consistent with the Preferred Schedule or the Default Schedule.

- Employers on whom the Default Schedule is *imposed* (see V.(ii) below) shall remain subject to the surcharges imposed under the PPA until such time as they and the union adopt provisions in their collective bargaining agreements that contain terms consistent with the Preferred Schedule or the Default Schedule. Thus, under the law, such employers would be subject to both the Rehabilitation Plan contribution schedule and the surcharge.

IV. PREFERRED SCHEDULE

The changes described in this Preferred Schedule will become effective upon the effective date of a collective bargaining agreement that adopts a contribution schedule containing terms consistent with this Preferred Schedule. This date is referred to below as the "Preferred Schedule Effective Date."

Employers whose contribution rates do not conform to the rates in the Preferred Schedule shall remain subject to the surcharges imposed under the PPA until such time as they adopt a contribution schedule in a collective bargaining agreement that contains terms consistent with this Preferred Schedule or the Default Schedule.

No Change in Rate of Future Benefit Accruals: The Preferred Schedule does not require a change in the rate of future benefit accruals that is in effect under the terms of the Plan as of September 27, 2010 (the day before the date of certification for the Plan's initial critical year).

No Reduction and/or Elimination of Adjustable Benefits: The Preferred Schedule does not require a reduction or elimination of adjustable benefits that are in effect under the terms of the Plan as of September 27, 2010 (the day before the date of certification for the Plan's initial critical year).

Contribution Requirement/Increase: The Preferred Schedule requires increases in the applicable contribution rate as follows:

A. PROGRAM A EMPLOYERS. For employers contributing to Program A of the Plan, effective January 1, 2011, the weekly contribution rate shall be in accordance with the below chart.

Beginning January 1	**Program A Employers' Weekly Contribution Rate**
2011	$82.75
2012	86.75
2013	90.75
2014	94.75
2015	98.75
2016	102.75
2017	106.75
2018	110.75
2019	114.75
2020	118.75
2021	122.75
2022	126.75
2023	130.75

B. PROGRAM B EMPLOYERS. For employers contributing to Program B of the Plan the monthly contribution rate shall be in accordance with the below chart based on the employer's contribution rate as of December 31, 2010:

Beginning January 1	Program B Employers' Contribution rates based on contribution rate in effect on December 31, 2010, of:		
	$55.99	**$145.60**	**$204.16**
2011	$55.99	$145.60	$204.16
2012	$58.75	$152.75	$214.25
2013	$61.50	$159.75	$224.00
2014	$64.25	$166.75	$234.00
2015	$67.00	$173.75	$243.75
2016	$69.75	$181.00	$253.50
2017	$72.25	$188.00	$263.50
2018	$75.00	$195.00	$273.25
2019	$77.75	$202.00	$283.25
2020	$80.50	$209.00	$293.00
2021	$83.25	$216.00	$303.00
2022	$86.00	$223.25	$312.75
2023	$88.50	$230.25	$322.75

C. PROGRAM C EMPLOYERS. For employers contributing to Program C of the Plan, the applicable contribution rate that is in effect as of September 27, 2010 (the day before the date of certification for the Plan's initial critical year) is consistent with this Preferred Schedule.

V. DEFAULT SCHEDULE

As the PPA requires, the Default Schedule assumes that there are no increases in contributions under the Plan other than the increases necessary to emerge from critical status after future benefit accruals and other benefits (other than benefits the reduction or elimination of which are not permitted under Section 411(d)(6) of the Code) have been reduced to the maximum extent permitted by law.

Unless otherwise specifically provided herein, the changes described in the Default Schedule will become effective upon the first day of the month that begins after the *earlier of*:

(i) the effective date of a collective bargaining agreement that adopts a contribution schedule that contains terms consistent with this Default Schedule, or

(ii) 180 days after the expiration date of a collective bargaining agreement providing for contributions under the Plan that was in effect on July 1, 2010, *if* by such date the bargaining parties have failed to adopt a contribution schedule that contains terms consistent with this Default Schedule or the Preferred Schedule.

If a collective bargaining agreement providing for contributions under the Plan was not in effect on July 1, 2010, the changes described in the Default Schedule will become effective 180 days after the date of this notice, *if* by such date the bargaining parties have failed to adopt a contribution schedule that contains terms consistent with this Default Schedule or the Preferred Schedule.

This date is referred to below as the "Default Schedule Effective Date."

Reduction in Rates of Accrued Benefits and Future Benefit Accruals: As of the Default Schedule Effective Date, the accrued benefits that are attributable to all years of credited service under the Plan earned up to the Default Schedule Effective Date will be reduced to the accrual rate that was in effect as of July 1, 2005, as shown in the following chart. In addition, for credited service that is earned in the future, on or after the first day of the month following the Default Schedule Effective Date, the monthly accrual rate is reduced as shown in the following chart:

	Benefit Level for pension credits earned	
	Before Effective date	After Effective date
Program A:		
25 years of service or more:	$50/yr of service	$40.95/yr of service
20-24 years of service:	$41.28/yr of service	$40.95/yr of service
Less than 20:	$37.56/yr of service	$37.56/yr of service
Program B:		
Long Island Residential	$40/yr of service	$24.50/yr of service
Long Island Contractors	$17/yr of service	$6.72/yr of service
Pine Hollow	$40/yr of service	$17.47/yr of service
Franklin General	$17/yr of service	$17.47/yr of service

Reduction and/or Elimination of Adjustable Benefits: The Default Schedule requires the reduction and/or elimination of "adjustable benefits" (as such term is defined in Section 432(e)(8) of the Code) under the Plan. The normal retirement benefit (*i.e.*, the "Regular Pension," as defined in the Plan) payable at Normal Retirement Age *is not* an adjustable benefit and *will not* be reduced or eliminated except as described in the preceding table on accrual rates.

As of the first day of the month following the Default Schedule Effective Date, adjustable benefits will be reduced to the maximum extent provided under Section 432(e)(8) of the Code. These reductions will include the following:

PROGRAM A and B—ADJUSTABLE BENEFITS

(i) Elimination of the 300-month Service Credit Pension (or 25 years of Pension Credit in the case of Program B) payable at age 62. (Participants will no longer be eligible for unreduced benefits upon attaining age 62 with at least 300 months of Service Credits (or 25 years of Pension Credit in the case of Program B.))
(ii) Elimination of the Disability Pension, except for participants who are already receiving a Disability Pension.
(iii) Elimination of the 36-month benefit guarantee for Program A and 12 month guarantee for Program B.
(iv) Elimination of the 12-month pre-retirement benefit guarantee for Program B.

Contribution Requirement/Increase: The Default Schedule requires an increase in employer contributions as follows:

PROGRAM A EMPLOYERS. For employers contributing to Program A of the Plan, the weekly contribution rate shall be $89.75.

PROGRAM B EMPLOYERS. For employers contributing to Program B of the Plan, the Default Schedule does not require an increase in the applicable contribution rate that is in effect as of September 27, 2010 (the day before the date of certification for the Plan's initial critical year).

PROGRAM C EMPLOYERS. For employers contributing to Program C of the Plan, please refer to Section IV.C.

The effective date for the contribution increase for Program A of the Plan shall be the Default Schedule Implementation Date. This means that beginning on the Default Schedule Implementation Date, the employer will be required to increase its contributions from the contribution rate then in effect under the existing or expired contract as stated above. If the effective date of the increase is later than January 1, 2012, then the contribution rate will be actuarially adjusted.

TERMINATED, VESTED

Notwithstanding anything herein to the contrary, the benefits of participants whose termination of covered employment was before October 28, 2010 shall not be reduced under this Rehabilitation Plan, except as follows:

For those participants whose last contributing employer becomes subject to the Default Schedule, all benefits will be reduced, if applicable, as of the Default Schedule Effective Date, to the accrual rate that was in effect as of July 1, 2005.

RETIREES—BENEFIT COMMENCEMENT DATE BEFORE OCTOBER 28, 2010.

Notwithstanding anything herein to the contrary, the benefits of retirees whose benefit commencement date was before October 28, 2010 shall not be reduced under this Rehabilitation Plan, except as follows:

For those retirees whose last contributing employer becomes subject to the Default Schedule, all benefits will be reduced, if applicable, as of the Default Schedule Effective Date, to the accrual rate that was in effect as of July 1, 2005.

VI. NON-COLLECTIVELY BARGAINED PARTICIPANTS UNDER REHABILITATION PLAN

In the case of an employer that contributes to the Plan on behalf of non-collectively bargained employees, the rules contained in this Rehabilitation Plan shall be applied as if the employer were the bargaining party with respect to Program A, and its participation agreement (or other operative agreement) were a collective bargaining agreement with a term ending on the July 1st following the date when the employer is provided with the schedules contained herein.

VII. ANNUAL STANDARDS

The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions. Therefore, the Trustees are establishing the following annual standards to reflect possible actuarial losses and still keep the Plan on target to emerge from critical status by the end of the Rehabilitation Period:

Plan Year Ended June 30:	Credit Balance/(Funding Deficiency) No Less Than the Following (in $ millions)
2010	$130
2011	70
2012	20
2013	-40
2014*	-105
2015	-160
2016	-205
2017	-225
2018	-250
2019	-240
2020	-210
2021	-160
2022	-90

2023	-25
2024	0

* *First year of the Rehabilitation Period is July 1, 2013 through June 30, 2014.*

VIII. UPDATING OF REHABILITATION PLAN

Pursuant to the PPA, the Plan has adopted the following procedures:

(i) The Plan's actuary shall conduct an annual review of the Rehabilitation Plan and the schedules thereto.

(ii) The Plan's actuary shall report to the Trustees the results of its annual review.

(iii) In consultation with the Plan's actuary, the Trustees shall update annually the Rehabilitation Plan and the contribution rates contained in its schedules to reflect the experience of the Plan.

Notwithstanding the foregoing and except as provided in the next sentence, schedules of contribution rates provided by the Trustees and relied upon by bargaining parties in negotiating a collective bargaining agreement shall remain in effect for the duration of that collective bargaining agreement. The Preferred Schedule or Default Schedule may be amended for any benefit changes that may be required for the Plan to continue meeting the requirements necessary to maintain its tax-qualified status under the Internal Revenue Code and comply with other applicable law. Collective bargaining agreements that are entered, renewed or extended after the date of any changes to the Rehabilitation Plan will be subject to the Rehabilitation Plan then in effect at the time of such entry, renewal or extension.

BUILDING SERVICE 32BJ PENSION FUND

REHABILITATION PLAN UPDATE

December 8, 2011

- Effective January 1, 2012, IV(B) (Preferred Schedule for Program B Employers) is deleted and replaced with the following:

B. PROGRAM B EMPLOYERS. For employers contributing to Program B of the Plan, the monthly or hourly contribution rate shall be in accordance with the below chart based on the employer's monthly contribution rate as of December 31, 2010:

	$55.99		**$145.60**		**$204.16**	
	Monthly	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**
2011	$55.99	$0.37	$145.60	$0.96	$204.16	$1.35
2012	$58.75	$0.39	$152.75	$1.01	$214.25	$1.41
2013	$61.50	$0.41	$159.75	$1.05	$224.00	$1.48
2014	$64.25	$0.42	$166.75	$1.10	$234.00	$1.54
2015	$67.00	$0.44	$173.75	$1.15	$243.75	$1.61
2016	$69.75	$0.46	$181.00	$1.19	$253.50	$1.67
2017	$72.25	$0.48	$188.00	$1.24	$263.50	$1.74
2018	$75.00	$0.49	$195.00	$1.29	$273.25	$1.80
2019	$77.75	$0.51	$202.00	$1.33	$283.25	$1.87
2020	$80.50	$0.53	$209.00	$1.38	$293.00	$1.93
2021	$83.25	$0.55	$216.00	$1.42	$303.00	$2.00
2022	$86.00	$0.57	$223.25	$1.47	$312.75	$2.06
2023	$88.50	$0.58	$230.25	$1.52	$322.75	$2.13

- Effective June 1, 2011, IV(C) (Preferred Schedule for Program C Employers) is amended to read as follows:

C. PROGRAM C EMPLOYERS. For employers contributing to Program C of the Plan, the applicable weekly contribution rate that is in effect as of September 27, 2010 (the day before the date of certification for the Plan's initial critical year), or the hourly contribution rate that corresponds to that weekly contribution rate as set forth in the chart below, is consistent with this Preferred Schedule.

Weekly Contribution Rate	**Hourly Contribution Rate**
$10.00	$0.28
$11.50	$0.32
$20.50	$0.58
$29.00	$0.83
$38.00	$1.08

BUILDING SERVICE 32BJ PENSION FUND

REHABILITATION PLAN AMENDMENT NO. 1

July 17, 2013

Upon expiration of a collective bargaining agreement that has adopted a contribution schedule consistent with the Preferred Schedule as of July 17, 2013, the Trustees will not accept a collective bargaining agreement that provides a contribution schedule that is not consistent with the Preferred Schedule, including, for example, the Default Schedule.

In addition, the Trustees will not accept a collective bargaining agreement covering employees not participating in the Plan as of July 17, 2013 if it includes a contribution schedule that is not consistent with the Preferred Schedule.

DocuSign Envelope ID: 57DACDF7-0FC9-4E58-B757-BFCF8244130F

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 07/01/2021 and ending 06/30/2022

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
BUILDING SERVICE 32BJ PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

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 BUILDING
SERVICE 32BJ PENSION FUND

25 WEST 18TH STREET

NEW YORK NY 10011

2b Employer Identification Number (EIN) 13-1879376

2c Plan Sponsor's telephone number (212)539-2778

2d Business code (see instructions) 561790

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	DocuSigned by: Manny Pastreich 16D99F258B554EF...	6/6/2023	Manny Pastreich
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: Howard I. Rothschild 4AE3E31DCEFF417...	6/5/2023	Howard Rothschild
	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

DocuSign Envelope ID: 57DACDF7-0FC9-4E58-B757-BFCF8244130F

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	112,351
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)**	53,369
a(2) Total number of active participants at the end of the plan year	**6a(2)**	54,120
b Retired or separated participants receiving benefits	**6b**	32,208
c Other retired or separated participants entitled to future benefits	**6c**	19,141
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	105,469
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10,784
f Total. Add lines **6d** and **6e**	**6f**	116,253
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**	3,951

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

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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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_____