

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	ROBERT MCDONOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		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 3719
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) 1360
a(2) Total number of active participants at the end of the plan year		6a(2) 1383
b Retired or separated participants receiving benefits		6b 996
c Other retired or separated participants entitled to future benefits.....		6c 1100
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3479
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 315
f Total. Add lines 6d and 6e		6f 3794
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)		7 118
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

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

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

a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	648126304
(2) Actuarial value of assets for funding standard account	1b(2)	587016276
c (1) Accrued liability for plan using immediate gain methods	1c(1)	620843273
(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)	587190993
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)	1107533769
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	20127460
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	37302232
(3) Expected plan disbursements for the plan year	1d(3)	38552232

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		10/02/2023
Signature of actuary		Date
MICHAEL CARROLL, ASA, MAAA		23-08547
Type or print name of actuary		Most recent enrollment number
SEGAL		212-251-5000
Firm name		Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402		
Address of the firm		

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

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

Schedule MB (Form 5500) 2022
v. 220413

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	2.22 %
	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)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1205247
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	645321	645321
3	6039632	619738
1	-22498977	-2308661

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	5666678

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers.....

(3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	144082173	28981271
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 2425356**e** Total charges. Add lines 9a through 9d.....**9e** 37073305**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 42825869**g** Employer contributions. Total from column (b) of line 3.....**9g** 24597947**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	67429307	10678425

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 4534485**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit.....

9j(1)	88081913	
9j(2)	415348873	
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** 82636726**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 45563421**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date.....

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.	D Employer Identification Number (EIN) 13-6414973	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ABS INVESTMENT MANAGEMENT LLC.
13-4205457

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

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

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

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

BLACKSTONE ALTERNATIVE ASSET MGT LP

13-3894989

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

EARNEST PARTNERS LLC

58-2386669

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

NB ALTERNATIVES ADVISERS, LLC

30-0536163

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

OAKTREE CAPITAL MANAGEMENT LP

26-0189082

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

PACIFIC INVESTMENT MGMT CO (PIMCO)

33-0629048

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

SEI TRUST COMPANY

06-1271230

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

WILLIAM BLAIR INVESTMENT MGMT LLC

47-2614791

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

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

JP MORGAN INV. MGMT. INC.

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	1116634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	417529	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON INV MGMT. CAYMAN LTD.

PO BOX 309 UGLAND HOUSE
GEORGETOWN, GRAND CAYMAN 11104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	232916	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)

LOOMIS SAYLES AND COMPANY

43-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	187209	Yes ☒ No ☐	Yes ☒ No ☐	0	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	180372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMP (EASTERN STATES) INC

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	179598	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)

SPIVAK LIPTON LLP

13-3494495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	175138	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOLLY UBILLA

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	148231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DUCENTA SQUARED ASSET MANAGEMENT

85-0584508

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	140364	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)

SCOTT COOL

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	137629	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLORIA SHEA

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	106700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIANN ZAPPALLA

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	99802	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)

COLBERT CAMBRAN

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	92063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	89753	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NNEKA SYMISTER

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	88341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	80365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHIRLEY NELSON

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TINA TATUM

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DENISE CARMONA

13-6414973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA INC

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 50 59 62 72	NONE	44395	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	42353	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)

INTECH INVESTMENT MANAGEMENT LLC

01-0614895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	11572	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EPOCH INVESTMENT PARTNERS INC

20-1003862

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	9976	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)

SYNTONIC SYSTEMS, INC.

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	8424	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPREHENSIVE CONSULTING SOLUTIONS

52-2099008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	6487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SVCS, INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	17329	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	6664

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHUBB 13-1963496	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	1504

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RLI 37-0915434	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	2576

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO/MARKEL 13-2988846	INSURANCE COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	5483

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EUCLID/HUDSON 45-3957469	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	1102

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMWINS 13-4279678	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.		
D Employer Identification Number (EIN) 13-6414973		

Part I 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: CP TR FD STRATEGIC PROPERTY JPMCB		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA		
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65229538
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500(R) FLAGSHIP NL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36620799
a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND		
b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD		
c EIN-PN 76-6192146-003	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30361330
a Name of MTIA, CCT, PSA, or 103-12 IE: CP TR SPECIAL SITUATION PROP JPMCB		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-3980309-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29362266
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23060457
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKTREE MIDDLE MKT DIRECT LEND FD		
b Name of sponsor of entity listed in (a): OAKTREE CAPITAL MANAGEMENT, LP		
c EIN-PN 82-4931180-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19563366
a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA SHORT-TERM FUND		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NAT'L ASSN		
c EIN-PN 47-7305132-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18952016

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA GROUP TRUST THE SMALL CAP SUBTR

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

c EIN-PN 23-6819730-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16652559
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a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS MULTIPLE INVEST TR

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

c EIN-PN 26-4377500-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15396294
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR INT'L LENDERS CIT

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

c EIN-PN 27-6331814-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11080219
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a Name of MTIA, CCT, PSA, or 103-12 IE: AEON GLOBAL CHOICE FUND, LLC

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

c EIN-PN 32-0338020-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.</u>		D Employer Identification Number (EIN) <u>13-6414973</u>

Part I Asset and Liability Statement			
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	7575	170
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	2888468	3300857
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	7915514	8273071
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	5404964	4315884
(2) U.S. Government securities	1c(2)	17433160	25018713
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8228917	9392829
(B) All other	1c(3)(B)	21639547	11638896
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	84517550	97639560
(5) Partnership/joint venture interests	1c(5)	104636674	103250852
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)	10028306	0
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	186168847	176641132
(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)	130811391	89637712
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	48996123	63689781
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	27713315	176387

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	135946	125981
f Total assets (add all amounts in lines 1a through 1e)	1f	656526297	593101825

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1202396	1253147
i Acquisition indebtedness	1i		
j Other liabilities	1j	7197597	9270112
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8399993	10523259

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	648126304	582578566
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	24597947	
(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)		24597947
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	629281	
(C) Corporate debt instruments	2b(1)(C)	981511	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	28997	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1639789
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	691178	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		691178
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	201542271	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	199666864	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1875407
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-30543742	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-30543742

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-11917074
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-8043123
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-5306342
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-27005960
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34915580	
(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)		34915580
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)	618480	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2325230	
(4) Other	2i(4)	682488	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3626198
j Total expenses. Add all expense amounts in column (b) and enter total	2j		38541778
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-65547738
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?	X		285300368
4g	X		285300368
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 488871.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.		D Employer Identification Number (EIN) 13-6414973
Part I 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 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **THE SHUBERT ORGANIZATION**

b EIN **13-2751366** **c** Dollar amount contributed by employer **2804427**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **23** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.50**

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

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

b EIN **13-3793835** **c** Dollar amount contributed by employer **2752847**

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

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

b EIN **13-1624087** **c** Dollar amount contributed by employer **2636187**

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

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer **NEDERLANDER ORGANIZATION**

b EIN **52-2127955** **c** Dollar amount contributed by employer **2061399**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **23** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.50**

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

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

b EIN **14-1682529** **c** Dollar amount contributed by employer **1714474**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.00**

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

a Name of contributing employer **JUJAMCYN THEATRE**

b EIN **16-1714868** **c** Dollar amount contributed by employer **952281**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **23** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.50**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **CBS CORPORATION**

b EIN **04-2949533** **c** Dollar amount contributed by employer **851806**

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.00**

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

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

b EIN **04-3655668** **c** Dollar amount contributed by employer **639540**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.00**

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

a Name of contributing employer **THEATRICAL RESOURCES**

b EIN **95-4087293** **c** Dollar amount contributed by employer **598653**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2022**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.00**

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

a Name of contributing employer **LINCOLN CENTER THEATER**

b EIN **13-1847137** **c** Dollar amount contributed by employer **521381**

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) **8.00**

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

a Name of contributing employer

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

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	11
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	28
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	32
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	0.39
b	The corresponding number for the second preceding plan year.....	15b	0.34
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	0
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 37 % Investment-Grade Debt: 9 % High-Yield Debt: 2 % Real Estate: 15 % Other: 37 %

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

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

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



Schultheis & Panettieri LLP

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Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the Pension Fund of Local No. One, I.A.T.S.E. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 19 through 37 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 38 through 39 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

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

Hauppauge, New York
October 11, 2023

Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended December 31, 2021

Age	Total	Pension Credits								
		1 - 4	5 - 9	10 -14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 20	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
20 - 24	9	7	2	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
25 - 29	31	14	16	1	-	-	-	-	-	-
	\$529	-	-	-	-	-	-	-	-	-
30 - 34	100	11	59	26	4	-	-	-	-	-
	\$840	-	\$741	\$1,185	-	-	-	-	-	-
35 - 39	144	5	67	45	22	5	-	-	-	-
	\$1,018	-	\$693	\$1,171	\$1,627	-	-	-	-	-
40 - 44	174	14	51	49	38	18	4	-	-	-
	\$1,222	-	\$718	\$1,202	\$1,679	-	-	-	-	-
45 - 49	169	15	30	38	40	29	14	3	-	-
	\$1,477	-	\$717	\$1,203	\$1,695	\$2,203	-	-	-	-
50 - 54	219	11	31	32	51	41	33	17	3	-
	\$1,798	-	\$739	\$1,228	\$1,673	\$2,171	\$2,694	-	-	-
55 - 59	222	8	15	20	31	54	40	20	23	11
	\$2,298	-	-	\$1,205	\$1,713	\$2,226	\$2,670	\$3,185	\$3,713	-
60 - 64	221	6	10	19	30	29	48	17	19	43
	\$2,645	-	-	-	\$1,743	\$2,210	\$2,652	-	-	\$4,305
65 - 69	82	2	5	4	13	7	15	6	11	19
	\$2,834	-	-	-	-	-	-	-	-	-
70 & over	11	-	3	2	1	1	3	-	-	1
	-	-	-	-	-	-	-	-	-	-
Unknown	1	1	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
Total	1,383	94	289	236	230	184	157	63	56	74
	\$1,774	\$259	\$712	\$1,194	\$1,692	\$2,199	\$2,664	\$3,186	\$3,716	\$4,335

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

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

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement

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

¹ Mortality rates are shown without generational projection

² Withdrawal rates cut out at early retirement age

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

Section 3: Certificate of Actuarial Valuation

Retirement Rates

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

¹ if eligible

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

Description of Weighted Average Retirement Age	Age 66, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2022 actuarial valuation.
Retirement Age for Inactive Vested Participants	Earliest eligibility (for those with less than 10 pension credits, retirement age is 63) The retirement age for inactive vested participants was based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent several years.
Future Benefit Accruals	One pension credit per year
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those who earned one pension credit in the most recent credit year, excluding those who have retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 70 excluded from the valuation. The exclusion of inactive vested participants over age 70 was based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Section 3: Certificate of Actuarial Valuation

Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older
Benefit Election	50% of participants are assumed to elect the 50% Joint-and-Survivor with 120-month guarantee and pop-up form of payment and 50% of participants are assumed to elect the life annuity with 120-month guarantee form of payment. The benefit elections were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent several years.
Working Pensioners	A term cost is included for active participants currently over age 70 ½ who are in pay status and continuing to accrue additional benefits.
Eligibility for Delayed Retirement Factors	Inactive vested participants after attaining age 65.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$1,250,000 for the year beginning January 1, 2022 (equivalent to \$1,205,247 payable at the beginning of the year) or 27.0% of Normal Cost.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit L</i> .
Current Liability Assumptions	<i>Interest:</i> 2.22%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2020 (previously, the MP-2019 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 11.1%, for the Plan Year ending December 31, 2021 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 16.5%, for the Plan Year ending December 31, 2021

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan PENSION FUND OF LOCAL NO. One, I.A.T.S.E.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. One, I.A.T.S.E.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 13-6414973</td> </tr> </table>	D Employer Identification Number (EIN) 13-6414973	
D Employer Identification Number (EIN) 13-6414973			

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	648,126,304
(2) Actuarial value of assets for funding standard account.....	1b(2)	587,016,276
c (1) Accrued liability for plan using immediate gain methods	1c(1)	620,843,273

(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)	587,190,993

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,107,533,769
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	20,127,460
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	37,302,232
(3) Expected plan disbursements for the plan year	1d(3)	38,552,232

Statement by Enrolled Actuary

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

SIGN HERE	Michael Carroll <i>M.C.</i> Signature of actuary	10/02/2023 Date
------------------	---	--

MICHAEL CARROLL, ASA, MAAA

Type or print name of actuary

SEGAL

Firm name

333 WEST 34TH STREET
NEW YORK NY

10001-2402

Address of the firm

Date

2308547

Most recent enrollment number

212-251-5000

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2022
v. 220413

- 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	2.22 %
	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)	7P
(2) Females.....	6c(2)	7FP
d Valuation liability interest rate.....	6d	7.00 %
e Salary scale.....	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	11.1 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	16.5 %
i Expense load included in normal cost reported in line 9b.....	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,205,247
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	645,321	645,321
3	6,039,632	619,738
1	-22,498,977	-2,308,661

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	

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

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any.....

9a

0

b Employer's normal cost for plan year as of valuation date

9b

5,666,678

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)

144,082,173

28,981,271

(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

2,425,356

e Total charges. Add lines 9a through 9d

9e

37,073,305

Credits to funding standard account:

f Prior year credit balance, if any

9f

42,825,869

g Employer contributions. Total from column (b) of line 3

9g

24,597,947

Outstanding balance

h Amortization credits as of valuation date

9h

67,429,307

10,678,425

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

4,534,485

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

88,081,913

(2) "RPA '94" override (90% current liability FFL)

9j(2)

415,348,873

(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

82,636,726

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

45,563,421

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

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

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

9o(1)

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☒ Yes ☐ No

Section 2: Actuarial Valuation Results

Withdrawal liability assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations. The first calculation uses discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability is a final settlement of an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient, the first calculation is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second calculation: the interest rate used for plan funding calculations.

Interest	For liabilities up to market value of assets, 2.40% for 20 years and 2.11% beyond (1.62% for 20 years and 1.40% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of December 31, 2021 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of December 31, 2021 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of December 31, 2021 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	\$1,880,243	\$3,556,553	\$31,860,157	\$37,296,953
2023	3,701,158	4,070,594	31,168,316	38,940,068
2024	5,446,714	4,628,577	30,412,743	40,488,034
2025	7,062,917	5,161,629	29,692,742	41,917,288
2026	8,611,284	5,687,703	28,847,029	43,146,016
2027	10,101,158	6,399,281	27,938,947	44,439,386
2028	11,505,028	6,941,604	27,091,637	45,538,269
2029	12,796,925	7,444,500	26,122,940	46,364,365
2030	14,020,538	7,974,875	25,070,795	47,066,208
2031	15,166,841	8,475,008	24,043,843	47,685,692
2032	15,956,398	8,514,830	23,045,222	47,516,450
2033	16,638,197	8,895,540	22,148,551	47,682,288
2034	17,242,785	9,246,262	21,233,436	47,722,483
2035	17,786,690	9,403,978	20,299,616	47,490,284
2036	18,226,248	9,720,671	19,347,356	47,294,275
2037	18,612,169	10,034,363	18,377,538	47,024,070
2038	18,905,789	10,296,316	17,391,611	46,593,716
2039	19,108,609	10,599,104	16,391,596	46,099,309

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.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	\$19,244,867	\$10,778,538	\$15,380,254	\$45,403,659
2041	19,278,664	10,888,720	14,361,201	44,528,585
2042	19,305,689	10,922,075	13,338,926	43,566,690
2043	19,202,825	10,974,421	12,318,813	42,496,059
2044	19,043,022	10,939,955	11,307,120	41,290,097
2045	18,830,558	10,857,931	10,310,759	39,999,248
2046	18,557,314	10,817,174	9,337,164	38,711,652
2047	18,218,509	10,715,721	8,394,021	37,328,251
2048	17,842,787	10,588,047	7,488,881	35,919,715
2049	17,387,638	10,405,641	6,628,872	34,422,151
2050	16,840,896	10,211,224	5,820,333	32,872,453
2051	16,255,031	10,015,598	5,068,471	31,339,100
2052	15,626,096	9,760,784	4,377,224	29,764,104
2053	14,950,647	9,508,821	3,749,099	28,208,567
2054	14,258,710	9,193,284	3,185,034	26,637,028
2055	13,524,392	8,886,051	2,684,531	25,094,974
2056	12,785,749	8,515,586	2,245,670	23,547,005
2057	12,033,133	8,131,081	1,865,336	22,029,550

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.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	\$11,298,144	\$7,737,445	\$1,539,506	\$20,575,095
2059	10,563,958	7,350,981	1,263,415	19,178,354
2060	9,846,153	6,936,791	1,031,910	17,814,854
2061	9,149,678	6,528,803	839,719	16,518,200
2062	8,478,009	6,122,664	681,638	15,282,311
2063	7,835,806	5,721,123	552,723	14,109,652
2064	7,224,333	5,330,923	448,418	13,003,674
2065	6,643,272	4,949,655	364,609	11,957,536
2066	6,094,444	4,582,877	297,671	10,974,992
2067	5,577,837	4,229,565	244,467	10,051,869
2068	5,092,133	3,890,395	202,319	9,184,847
2069	4,636,634	3,565,275	168,997	8,370,906
2070	4,210,576	3,256,945	142,665	7,610,186
2071	3,812,250	2,963,999	121,831	6,898,080

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.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$17,178,052	-	\$17,178,052
2023	\$21,989,794	-	\$21,989,794
2024	\$24,433,104	-	\$24,433,104
2025	\$25,166,097	-	\$25,166,097
2026	\$25,921,080	-	\$25,921,080
2027	\$26,698,712	-	\$26,698,712
2028	\$27,499,674	-	\$27,499,674
2029	\$28,324,664	-	\$28,324,664
2030	\$29,174,404	-	\$29,174,404
2031	\$30,049,636	-	\$30,049,636

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

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

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

Section 3: Certificate of Actuarial Valuation

Pre-Retirement Death Benefit (greatest of the following three benefits):	
120-Month Guarantee	• <i>Eligibility:</i> Eligible to receive a Normal, Early or 30-year Service • <i>Amount:</i> Monthly benefit to which participant would have been entitled had he or she retired the day before he or she died.
Survivor's Benefit (applicable if not rejected by employee and spouse)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> 100% of the benefit participant would have received had he or she retired the day before he or she died and elected the 100% joint and survivor option. Non-spouse benefits are paid immediately on an actuarially equivalent basis. • <i>Charge for coverage:</i> None
Death Benefit	• <i>Age Requirement:</i> Not yet eligible for a Normal, Early, 30-Year Service, or Vested Pension, or a Disability pensioner receiving a single life annuity • <i>Service Requirement:</i> 10 years of future service credit • <i>Amount:</i> \$3,500 per year of pension credit to a maximum of \$105,000 after 30 years payable in equal monthly installments over 96 months.
Post-Retirement Death Benefit	<i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant and spouse. Payments are guaranteed to the beneficiary for 10 years. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage but not the 10-year guarantee to the beneficiary. If not rejected, and the spouse predeceases the employee, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits payable from the life of the employee with 10 years of payment guaranteed without reduction, or in any other available optional for elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	50% joint-and-survivor with 120-month guarantee and pop-up; 75% joint-and-survivor with 120-month guarantee and pop-up; 100% joint-and-survivor with 120-month guarantee and pop-up; Single life annuity with 120-month guarantee
Participation	January 1, or July 1 after completing 1,000 hours in Covered Employment during a 12-consecutive month period or fulfillment of a \$35,000 minimum earnings requirement.
Future Service Credit	Completion of 1,000 hours in Covered Employment during a 12-consecutive month period or fulfillment of a \$35,000 (\$6,500 in 2020 and \$8,750 in 2021) minimum earnings requirement.
Vesting Credit	Completion of 1,000 hours in Covered Employment during a 12-consecutive month period or fulfillment of a \$35,000 (\$6,500 in 2020 and \$8,750 in 2021) minimum earnings requirement.

Section 3: Certificate of Actuarial Valuation

Changes in Plan Provisions

Adopted January 28, 2022, the Trustees adopted the following plan amendments:

- The threshold to earn a service credit for the calendar year 2020 was lowered from \$35,000 to \$6,500.
- The threshold to earn a service credit for the calendar year 2021 was lowered from \$35,000 to \$8,750.

A \$500 holiday bonus check was provided to pensioners and beneficiaries on the rolls as of December 1, 2021.

A \$750 holiday bonus check was provided to pensioners and beneficiaries on the rolls as of December 1, 2022. This change was not reflected in the Funding Standard Account with this valuation but will increase the future cost of the plan.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/1993	\$75,050	1	\$75,050
Plan amendment	01/01/1994	329,251	2	170,193
Plan amendment	01/01/1995	1,504,870	3	535,919
Plan amendment	01/01/1996	1,580,638	4	436,120
Plan amendment	01/01/1996	1,822,289	4	502,795
Assumption change	01/01/1997	318,497	5	72,597
Plan amendment	01/01/1997	2,010,256	5	458,208
Assumption change	01/01/1998	550,772	6	107,990
Plan amendment	01/01/1999	3,703,746	7	642,282
Assumption change	01/01/2000	2,215,591	8	346,766
Plan amendment	04/01/2000	10,449,784	8.25	1,598,192
Plan amendment	01/01/2002	502,466	10	66,860
Plan amendment	01/01/2003	535,852	11	66,785
Plan amendment	01/01/2005	2,008,579	13	224,606
Plan amendment	01/01/2006	715,604	14	76,473
Assumption change	01/01/2007	219,958	15	22,570
Plan amendment	01/01/2007	2,336,593	15	239,762
Plan amendment	12/01/2007	410,599	15.92	40,740
Plan amendment	01/01/2008	1,284,320	1	1,284,320
Actuarial loss	01/01/2009	8,376,811	2	4,330,042
Assumption change	01/01/2010	3,471,990	3	1,236,456
Assumption change	01/01/2011	258,482	4	71,319
Actuarial loss	01/01/2011	3,724,123	4	1,027,538
Assumption change	01/01/2012	4,152,757	5	946,560

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2012	5,029,822	5	1,146,474
Actuarial loss	01/01/2012	7,417,934	5	1,690,808
Actuarial loss	01/01/2013	9,241,067	6	1,811,904
Plan amendment	01/01/2014	4,027,324	7	698,395
Assumption change	01/01/2015	2,733,201	8	427,779
Plan amendment	01/01/2015	10,411,466	8	1,629,519
Actuarial loss	01/01/2016	2,760,321	9	395,955
Plan amendment	01/01/2017	756,442	10	100,655
Actuarial loss	01/01/2017	5,326,235	10	708,725
Assumption change	01/01/2017	11,860,001	10	1,578,128
Actuarial loss	01/01/2018	1,174,477	11	146,378
Plan amendment	01/01/2018	5,839,804	11	727,830
Actuarial loss	01/01/2019	9,052,401	12	1,065,154
Actuarial loss	01/01/2020	4,915,257	13	549,640
Assumption change	01/01/2021	4,292,590	14	458,725
Plan amendment	01/01/2022	645,321	1	645,321
Plan amendment	01/01/2022	6,039,632	15	619,738
Total		\$144,082,173		\$28,981,271

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	01/01/1994	\$400,207	2	\$206,870
Assumption change	01/01/1996	364,391	4	100,541
Assumption change	01/01/2006	939,647	14	100,415
Actuarial gain	01/01/2008	1,852,372	1	1,852,372
Actuarial gain	01/01/2010	3,083,478	3	1,098,098
Actuarial gain	01/01/2014	9,494,594	7	1,646,498
Actuarial gain	01/01/2015	5,301,222	8	829,704
Assumption change	01/01/2018	1,381,595	11	172,192
Actuarial gain	01/01/2021	22,112,824	14	2,363,074
Actuarial gain	01/01/2022	22,498,977	15	2,308,661
Total		\$67,429,307		\$10,678,425

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

Part II Basic Plan Information—enter all requested information

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

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

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

SIGN HERE		10/11/23	☒ ROBERT MCDONOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/23	☒ CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3,719
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 1,360 6a(2) 1,383 6b 996 6c 1,100 6d 3,479 6e 315 6f 3,794 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 118

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

Application for Extension of Time To File Certain Employee Plan Returns

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

OMB No. 1545-0212

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions)			
	BOARD OF TRUSTEES, PENSION FUND OF LOCAL NO. ONE OF I.A.T.S.E.	Employer identification number (EIN) (9 digits XX-XXXXXXX)			
	Number, street, and room or suite no. (If a P.O. box, see instructions)	13-6414973			
	320 WEST 46TH STREET 6th FLOOR	Social security number (SSN) (9 digits XXX-XX-XXXX)			
	City or town, state, and ZIP code				
	NEW YORK NY 10036-3845				
C	Plan name	Plan number		Plan year ending—	
	PENSION FUND OF LOCAL NO. ONE OF I. A. T. S. E.			MM	DD
				YYYY	
		0	0	1	12
					31
					2022

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

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 16 / 2023 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

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

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

a	Enter the Code section(s) imposing the tax ▶	a	
b	Enter the payment amount attached ▶	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶	c	

- 5 State in detail why you need the extension:**

[illegible]

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

Signature ►

Date ►

Certified Article Number

9414 7266 9904 2182 6273 22

SENDER'S RECORD

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

PENSION FUND OF LOCAL NO. ONE, I.A.T.S.E.
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

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

YEARS ENDED DECEMBER 31, 2022 AND 2021

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Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the Pension Fund of Local No. One, I.A.T.S.E. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 19 through 37 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 38 through 39 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

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

Hauppauge, New York
October 11, 2023

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 1,101,788	\$ 1,716,677
U.S. government securities	25,018,713	17,433,160
Corporate debt instruments	21,031,725	29,868,464
Corporate stock	81,836,375	100,563,450
Partnership/joint venture interests	120,816,860	130,418,560
Common/collective trust funds	176,641,132	186,168,847
103-12 investment entities	89,637,712	130,811,391
Registered investment companies	<u>63,689,781</u>	<u>48,996,123</u>
Total investments	579,774,086	645,976,672
Receivables		
Employers' contributions	3,300,857	2,888,468
Accrued interest/dividends	360,477	333,656
Related organizations	178,072	11,905
Cash	170	7,575
Other assets	<u>114,516</u>	<u>127,598</u>
 Total assets	 <u>583,728,178</u>	 <u>649,345,874</u>
 Liabilities		
Accounts payable	1,015,474	1,070,247
Net trades pending settlement	<u>134,138</u>	<u>149,323</u>
 Total liabilities	 <u>1,149,612</u>	 <u>1,219,570</u>
 Net assets available for benefits	 <u><u>\$ 582,578,566</u></u>	 <u><u>\$ 648,126,304</u></u>

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (59,837,997)	\$ 87,379,629
Interest/dividends	<u>8,234,090</u>	<u>8,274,722</u>
Total investment income (loss)	(51,603,907)	95,654,351
Less investment expenses	<u>(2,325,230)</u>	<u>(2,413,031)</u>
Net investment income (loss)	(53,929,137)	93,241,320
Contributions		
Employers'	<u>24,597,947</u>	<u>12,452,031</u>
Total additions	<u>(29,331,190)</u>	<u>105,693,351</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	34,915,580	32,452,602
Administrative expenses	<u>1,300,968</u>	<u>1,144,573</u>
Total deductions	<u>36,216,548</u>	<u>33,597,175</u>
Net increase (decrease)	(65,547,738)	72,096,176
Net assets available for benefits		
Beginning of year	<u>648,126,304</u>	<u>576,030,128</u>
End of year	<u>\$ 582,578,566</u>	<u>\$ 648,126,304</u>

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 1 - Description of Plan and Significant Accounting Policies

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

General

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

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

Purpose

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

Participation

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

Benefits

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

Monthly pension benefits are calculated based on service credits at a benefit rate of \$100 per credit.

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

Vesting

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

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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

Plan termination

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

Basis of accounting

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

Investment valuation and income recognition

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

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

Use of estimates

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

Administrative expense allocation

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

Reimbursements received from related organizations for the years ended December 31, 2022 and 2021 were \$1,550,769 and \$1,283,119, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 2 - Fair value measurements

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

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

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

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

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

Interest bearing cash: Valued at cost.

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

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 2 - Fair value measurements (cont'd)

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

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

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

	<u>2022</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 1,101,788	\$ 1,101,788	\$ -	\$ -
U.S. government securities	25,018,713	15,117,682	9,901,031	-
Corporate debt instruments	21,031,725	-	21,031,725	-
Corporate stock	54,568,495	54,568,495	-	-
Registered investment companies	<u>63,689,781</u>	<u>63,689,781</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	165,410,502	\$ <u>134,477,746</u>	\$ <u>30,932,756</u>	\$ <u>-</u>
Investments measured at net asset value	<u>414,363,584</u>			
Investments at fair value	\$ <u>579,774,086</u>			

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 2 - Fair value measurements (cont'd)

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

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

Note 3 - Cash

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

Note 4 - Non-publicly traded corporate stock

The Plan owns shares of corporate stock in ABS Alpha Ltd. ("ABS"), an exempt limited liability company under the Companies Law of the Cayman Islands, and is registered as a mutual fund under the Mutual Funds Law of the Cayman Islands. It is managed by ABS Investment Management LLC (the "Investment Manager"), a Delaware limited liability company, and operates as a fund-of-funds whereby the Investment Manager will invest in private investment entities that primarily utilize long/short trading strategies. ABS comprises the Global Equity Portfolio, whose objective is to generate global equity market returns while maintaining a moderate level of risk. The net asset value per share is determined as of the close of business on the last business day of each calendar month. Shares may be redeemed as of the last day of each calendar quarter with 45 days written notice, subject to a one year soft lock-up with a 1% early redemption fee. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$27,267,881 and \$29,763,444, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 5 - Partnerships

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

Blackstone Real Estate Debt Strategies III, LP ("BRED III") was formed July 2, 2015 as a Delaware Limited Liability Partnership. BRED III is the master entity that conducts business through multiple parallel funds and alternative vehicles organized in Delaware and the Cayman Islands. BRED III seeks to achieve attractive risk-adjusted returns by investing primarily in public and/or private debt and, to a lesser extent, non-controlling equity and other interests pertaining to real estate related investments on a global basis. BRED III shall continue business through July 25, 2025. If the General Partner deems it to be in the best interest of BRED III, the General Partner may extend the term of BRED III for up to two additional one-year periods. Limited partners may not assign, sell, exchange or transfer their interest in BRED III without the consent of the General Partner. Limited partners are not permitted to withdraw from BRED III or withdraw any portion of their capital account. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$6,170,119 and \$12,057,259, respectively.

Hamilton Lane Strategic Opportunities Fund IV Offshore (Series 2018) LP ("Hamilton Lane IV") was formed on August 1, 2017 as a Cayman Islands exempted limited partnership. Hamilton Lane IV primary investment objective is to create a portfolio of opportunistically-oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in direct credit investments, secondary investments and opportunistic equity investments. This is done by investing substantially all of its assets through a "master-feeder" structure in Hamilton Lane Strategic Opportunities Fund IV (Series 2018) LP ("Hamilton Lane IV Master"), a Delaware limited partnership. Hamilton Lane IV Master, in turn, invests substantially all of its assets through a "master-feeder" structure in Hamilton Lane Strategic Opportunities Fund IV Holdings (Series 2018) LP, a Delaware limited partnership. A limited partner may not sell, assign or transfer any interest without the prior written consent of Hamilton Lane Strategic Opportunities 2018 GP LLC. Further, subject to certain exceptions for limited partners subject to ERISA, a limited partner may not withdraw from Hamilton Lane IV. Hamilton Lane IV will terminate on April 30, 2023, unless extended for up to two successive one-year terms and in accordance with the main partnership agreement, for further one-year periods. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$11,536,626 and \$13,861,708, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 5 - Partnerships (cont'd)

Hamilton Lane Strategic Opportunities Fund VII LP ("Hamilton Lane VII") was formed on February 18, 2021 as a Cayman Islands exempted limited partnership. Hamilton Lane VII's primary investment objective is to create a portfolio of opportunistically-oriented private market investments that generate attractive risk adjusted returns through a flexible and diversified investment strategy, including investments in direct credit investments, secondary investments and opportunistic equity investments. This is done by investing substantially all of its assets through a "master-feeder" structure in Hamilton Lane Strategic Opportunities Fund VII LP ("Hamilton Lane VII Master"), a Delaware limited partnership. Hamilton Lane VII Master, in turn, invests substantially all of its assets through a "master-feeder" structure in Hamilton Lane Strategic Opportunities Fund VII Holdings LP, a Delaware limited partnership. A limited partner may not sell, assign or transfer any interest without prior written consent of Hamilton Lane Strategic Opportunities Fund VII Holdings LP. Further, subject to certain exemptions for limited partners subject to ERISA, a limited partner may not withdraw from Hamilton Lane Offshore VII. Hamilton Lane Offshore VII will terminate on September 2, 2027, unless extended at the discretion of the General Partner for up to two successive one-year terms and for further one-year periods with the consent of the Advisory committee as defined in the main Partnership agreement. The estimated fair value of the Plan's investment as of December 31, 2022 was \$6,672,214.

NB Crossroads Fund XXI - Plan Asset Allocation, LP ("NB Cross XXI") was formed January 15, 2015 as a Delaware Limited Partnership. NB Cross XXI invests substantially all of its assets through a "master-feeder" structure in NBFOF XXI-Holdings LP ("NB Master"). The NB Master, in turn, invests substantially all of its assets in the NB Master Holding Funds, a group of closed-ended investment partnerships that are formed as series limited partnerships under Delaware law for the purpose of acquiring, holding, selling, and exchanging, either directly or indirectly, interests in limited partnerships or other pooled investment vehicles that are organized to make investments in large-cap buyout, mid-cap buyout, special situations, and venture/growth capital investment funds, as well as securities, including co-investments. NB Cross XXI will continue until December 31, 2025, unless earlier dissolved or extended pursuant to the limited partnership agreement. A limited partner may not withdraw from NB Cross XXI prior to termination of the partnership. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$28,548,061 and \$33,950,951, respectively.

NB Crossroads Fund XXII - Plan Asset Allocation, LP ("NB Cross XXII") was formed April 19, 2017 as a Delaware Limited Partnership. NB Cross XXII invests substantially all of its assets through a "master-feeder" structure in NBFOF XXII-Holdings LP ("NB Master II"). The NB Master II, in turn, invests substantially all of its assets in the NB Master Holding Funds, a group of closed-ended investment partnerships that are formed as series limited partnerships under Delaware law for the purpose of acquiring, holding, selling, and exchanging, either directly or indirectly, interests in limited partnerships or other pooled investment vehicles that are organized to make investments in large-cap buyout, mid-cap buyout, special situations, and venture/growth capital investment funds, as well as securities, including co-investments. NB Cross XXII will continue until December 31, 2027, unless earlier dissolved or extended pursuant to the limited partnership agreement. A limited partner may not withdraw from NB Cross XXII prior to termination of the partnership. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$29,401,998 and \$32,018,693, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 5 - Partnerships (cont'd)

Oaktree Real Estate Debt Fund II, LP ("Oaktree II") was formed February 24, 2016 as a closed-end Cayman Islands Exempted Limited Partnership. The primary objective of Oaktree II is to achieve superior risk-adjusted returns and produce current income through investments performing real estate-related debt that are not anticipated to result in real estate ownership, with an emphasis on investments in the United States. Up to the greater of \$700,000,000 or 40% may be invested in the aggregate and based on cost in securities or obligations of Non-U.S. Entities or mortgages or other investments associated with property outside the United States and Canada. Oaktree II's term will expire seven years after March 13, 2017 unless extended or terminated earlier in accordance with the provisions of the Second Amended and Restated Limited Partnership Agreement. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$10,282,675 and \$11,126,033, respectively.

Note 6 - Common/collective trust funds

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

The Commingled Pension Trust Fund (Special Situation Property) of JPMorgan Chase Bank NA (the "Special Situation Fund") is designed as a funding vehicle for tax-qualified pension, profit-sharing, and employee-benefit plans. The Special Situation Fund's investments are composed primarily of real estate investments owned directly or through partnership interests. JPMorgan Chase Bank NA ("JPMCB") is the trustee of the Special Situation Fund. Estimated fair value of net equity investments in real estate and real estate-related assets, which includes working capital of the underlying investments, is determined by JPMCB at each valuation date. Participants may withdraw from the Special Situation Fund once per quarter subject to available cash, as determined by JPMCB. A written withdrawal request is required 30 days prior to quarter-end. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$29,362,266 and \$20,215,047, respectively.

The Commingled Pension Trust Fund (Strategic Property) of JPMorgan Chase Bank NA (the "Strategic Fund") is designed as a funding vehicle for tax-qualified pension, profit sharing and employee benefit plans. The Strategic Fund's investments are composed primarily of real estate investments owned directly or through partnership interests. JPMorgan Chase Bank, NA ("JPMCB") is the trustee of the Strategic Fund. The Strategic Fund seeks to produce a relatively high level of current income combined with a moderate appreciation by investing in improved real estate properties. Strategic Fund participants may withdraw from the Strategic Fund once per quarter subject to available cash, as determined by JPMCB. A written redemption request is required 45 days in advance of quarter-end. To the extent the redemption requests exceed available cash, distributions are pro-rated based on the participant's interest in the Strategic Fund. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$65,229,538 and \$71,725,890, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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

The State Street S&P 500(R) Flagship Non-Lending Fund ("S&P 500 NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. S&P 500 NL's investments in securities, including derivative instruments, are valued at fair value each business day. The per unit net asset value is determined each business day. Issuances and redemptions of S&P 500 NL units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of S&P 500 NL. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$36,620,799 and \$44,718,199, respectively.

Note 7 - 103-12 Investment entities

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

NCS Group Trust - Global Fund ("NCS"), was established under Illinois law and commenced operations on November 22, 2004. The net asset value per unit is determined on the last business day and the 15th day of each calendar month, or the preceding business day if the 15th day is not a business day (each a "Valuation Date"). Subscriptions and redemptions may be made in the form of cash (or in securities) on the next business day that follows any Valuation Date, and will be recorded at the net asset value per unit determined as of the close of business on the immediately preceding Valuation Date. At the direction of BNY Mellon Investment Management Cayman LTD (the investment's manager), the valuation of the assets and /or redemptions may be suspended which if, in their opinion, a state of affairs exists which constitutes an emergency as a result of which the disposition of NCS's assets would not be reasonably practicable or could be seriously prejudicial to NCS. Other conditions affecting the valuation and/or redemptions are outlined in the investment's trust agreement. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$30,361,330 and \$37,446,150, respectively.

Oaktree Middle-Market Direct Lending Fund (Parallel 2), LP ("Oaktree Middle") was formed March 23, 2018 as a closed-end Delaware limited partnership for the purpose of allowing qualified benefit plan investors to pool their assets to make direct lending investments. Oaktree Middle will seek to generate returns principally through investments in directly originated senior secured first lien and unitranche loans to middle-market companies located in North America. Oaktree Middle's term will expire eight years after March 28, 2018 unless extended or terminated earlier in accordance with the Amended and Restated Limited Partnership Agreement. The Plan may not withdraw prior to termination of Oaktree Middle. The estimated fair value of the Plan's investment as of December 31, 2022 and 2021 was \$19,563,366 and \$20,266,517, respectively.

Note 8 - Investment commitments

Total outstanding capital commitments as of December 31, 2022 were \$64,655,000. Capital commitments are funded based on the capital calls issued by each investment manager.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 9 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Note 10 - Party-in-interest transactions

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

Note 11 - Employers' contributions

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

Note 12 - Reconciliation of financial statements to Form 5500

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

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 12 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment (loss)	\$ (53,929,137)	\$ 2,325,230	\$ (51,603,907)
Contributions	<u>24,597,947</u>	<u>-</u>	<u>24,597,947</u>
Total additions	<u>(29,331,190)</u>	<u>2,325,230</u>	<u>(27,005,960)</u>
Benefits paid directly to participants or beneficiaries	34,915,580	-	34,915,580
Administrative expenses	<u>1,300,968</u>	<u>2,325,230</u>	<u>3,626,198</u>
Total deductions	<u>36,216,548</u>	<u>2,325,230</u>	<u>38,541,778</u>
Net (decrease)	<u>\$ (65,547,738)</u>	<u>\$ -</u>	<u>\$ (65,547,738)</u>

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

Note 13 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of January 1, 2022 and 2021. Details of accumulated plan benefit information as of such dates are as follows:

	<u>January 1, 2022</u>	<u>January 1, 2021</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 301,738,121	\$ 286,737,554
Other vested participants	<u>280,902,560</u>	<u>275,297,683</u>
Total vested benefits	582,640,681	562,035,237
Nonvested benefits	<u>4,550,312</u>	<u>4,888,721</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 587,190,993</u>	<u>\$ 566,923,958</u>

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 13 - Accumulated plan benefits (cont'd)

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

	January 1, 2022	January 1, 2021
Actuarial present value of accumulated plan benefits - Beginning of year	<u>\$ 566,923,958</u>	<u>\$ 540,598,541</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	8,387,107	14,665,829
Interest due to the decrease in the discount period	38,454,183	38,004,886
Benefits paid	(32,452,602)	(30,264,390)
Plan amendments	5,878,347	-
Change of assumptions	<u>-</u>	<u>3,919,092</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>20,267,035</u>	<u>26,325,417</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 587,190,993</u>	<u>\$ 566,923,958</u>

Through January 1, 2022, the Plan met minimum funding standard requirements under ERISA.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 13 - Accumulated plan benefits (cont'd)

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

Actuarial cost method	Entry age normal actuarial cost method
Assumed rate of return on investments	7%
Mortality basis - Healthy	RP-2014 Healthy Annuitant Table with generational projection using Scale MP-2021
Mortality basis - Disabled	RP-2014 Disabled Retiree Table with generational projection using Scale MP-2021
Weighted average retirement age	66
Unknown data for participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Percent married	75%
Retirement rates	Age 70 - 100% with various retirement rates with ages less than 70
Administrative expenses	\$1,250,000

As of January 1, 2022 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006.

Note 14 - Tax status

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

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

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	VARIABLE	ON DEMAND		
TD BANK			\$ 1,101,788	\$ 1,101,788
ABS ALPHA LTD - INTEREST BEARING CASH			12,669	12,669
BPIF NON-TAXABLE LP - INTEREST BEARING CASH			881,310	881,310
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP - INTEREST BEARING CASH			332,467	332,467
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHOR FUND IV (SERIES 2018) LP - INTEREST BEARING CASH			25,033	25,033
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND VII LP - INTEREST BEARING CASH			206,698	206,698
NB CROSSROADS FUND XXI-PLAN ASSET ALLOC LP - INTEREST BEARING CASH			972,982	972,982
NB CROSSROADS FUND XXII-PLAN ASSET ALLOC LP - INTEREST BEARING CASH			782,937	782,937
			<u>\$ 4,315,884</u>	<u>\$ 4,315,884</u>

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

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

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	CURRENT VALUE
	UNITED STATES TREASURY BILLS	0.00%	03/14/2023	\$ 1,750,000	\$ 1,735,790
	UNITED STATES TREASURY	0.13%	03/31/2023	2,751,000	2,722,830
	UNITED STATES TREASURY	4.25%	09/30/2024	13,000	12,939
	UNITED STATES TREASURY	4.50%	11/15/2025	252,000	253,734
	UNITED STATES TREASURY	4.00%	12/15/2025	67,000	66,634
	UNITED STATES TREASURY	3.88%	11/30/2027	578,000	575,786
	UNITED STATES TREASURY	3.88%	11/30/2029	371,000	369,379
	UNITED STATES TREASURY	2.88%	05/15/2032	1,240,000	1,146,802
	UNITED STATES TREASURY	4.13%	11/15/2032	1,109,000	1,135,860
	FEDERAL NATL MTG ASSN POOL NBR	3.50%	11/01/2033	80,500	77,262
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.00%	01/01/2042	212,974	202,016
	UNITED STATES TREASURY BDS	3.38%	08/15/2042	873,000	785,560
	UNITED STATES TREASURY BDS	4.00%	11/15/2042	720,000	709,538
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.00%	10/01/2044	19,405	18,611
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.50%	07/01/2046	52,050	51,184
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.00%	10/01/2046	41,872	40,148
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.50%	10/01/2046	139,978	137,650
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.50%	02/01/2048	33,751	32,970
	FEDERAL NATL MTG ASSN	4.50%	12/01/2048	75,687	73,883
	FEDERAL NATIONAL MORTGAGE ASSOC	4.00%	05/01/2049	79,228	75,639
	FNMA PASS-THRU I	4.50%	07/01/2049	66,239	64,736
	FEDERAL HOME LOAN MTG CORP	3.50%	10/01/2049	181,225	166,618
	FNMA PASS-THRU I	2.50%	06/01/2050	200,865	171,544
	FNMA PASS-THRU I	5.00%	06/01/2050	222,021	222,110
	FNMA PASS-THRU I	2.50%	12/01/2050	177,522	151,462
	FNMA PASS-THRU I	3.00%	02/01/2051	482,809	426,393
	FEDERAL HOME LOAN MTG CORP	3.00%	07/01/2051	366,554	322,663
	FEDERAL HOME LOAN MTG CORP	3.50%	01/01/2052	505,954	460,909
	FEDERAL HOME LOAN MTG CORP	2.50%	02/01/2052	564,941	481,838
	FEDERAL HOME LOAN MTG CORP	2.00%	03/01/2052	739,378	581,853
	FEDERAL NATL MTG ASSN	2.00%	03/01/2052	396,261	311,941
	FEDERAL HOME LOAN MTG CORP	3.50%	04/01/2052	370,932	337,904
	FEDERAL HOME LOAN MTG CORP	3.18%	04/01/2052	477,144	439,979
	FH 841276 MBS	2.27%	04/01/2052	245,113	218,063
	FNMA PASS-THRU I	2.89%	04/01/2052	391,511	358,655
	FNMA PASS-THRU I MBS	2.84%	04/01/2052	358,583	327,827
	FNMA PASS-THRU I MBS	4.00%	04/01/2052	498,034	467,779
	FEDERAL NATL MTG ASSN	4.00%	05/01/2052	479,156	450,239
	FNMA PASS-THRU I	2.50%	05/01/2052	306,805	260,674
	UNITED STATES TREASURY BDS	2.88%	05/15/2052	720,000	582,300
	FEDERAL HOME LOAN MTG CORP	3.78%	06/01/2052	493,920	467,115
	FEDERAL NATL MTG ASSN	4.50%	06/01/2052	96,022	92,532
	FEDERAL NATL MTG ASSN MBS	3.52%	06/01/2052	451,416	422,968
	FNMA PASS-THRU I	4.00%	06/01/2052	133,715	125,591
	FNMA PASS-THRU I	4.50%	07/01/2052	231,239	223,245
	FNMA PASS-THRU I MBS	3.50%	07/01/2052	368,789	336,649
	FEDERAL HOME LOAN MTG CORP	4.50%	08/01/2052	365,981	352,989
	UNITED STATES TREASURY BDS	3.00%	08/15/2052	5,933,000	4,933,645
	FNMA PASS-THRU I	5.00%	09/01/2052	255,578	253,033
	FEDERAL NATL MTG ASSN	5.50%	10/01/2052	457,555	459,381
	FEDERAL NATL MTG ASSN MBS	5.00%	11/01/2052	237,888	234,978
	UNITED STATES TREASURY BDS	4.00%	11/15/2052	86,000	86,885
				<u>\$ 27,321,595</u>	<u>\$ 25,018,713</u>
				<u>\$ 26,050,872</u>	

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GM FINANCIAL AUTOMOBILE LEASING ABS	4.01%	10/21/2024	\$ 120,000	\$ 119,991	\$ 119,039
AMERICREDIT AUTOMOBILE RECEI	4.04%	11/18/2024	160,000	158,444	158,842
FORD CREDIT AUTO LEASE TRUST 202 ABS	3.23%	05/15/2025	280,000	279,966	274,488
NISSAN AUTO LEASE TRUST 2022-A ABS	3.81%	05/15/2025	360,000	359,997	354,517
CAPITAL ONE PRIME AUTO RECEIVABL ABS	3.74%	09/15/2025	370,000	369,981	366,461
FORD CR FLOORPLAN MASTER OWNER	1.42%	09/15/2025	261,000	264,201	250,124
SANTANDER DRIVE AUTO RECEIVABLES ABS	4.11%	12/15/2025	87,868	93,854	87,447
AMERICREDIT AUTOMOBILE RECEIVABL ABS	4.20%	12/18/2025	299,351	299,329	297,375
HYUNDAI AUTO RECEIVABLES TRUST ABS	0.38%	01/15/2026	750,000	718,965	716,157
WORLD OMNI AUTO RECEIVABLES TRUS ABS	0.30%	01/15/2026	355,419	347,394	342,958
AMERICAN CREDIT ACCEPTANCE ABS	0.86%	02/13/2026	280,000	275,570	276,890
NISSAN AUTO RECEIVABLES OWNER ABS	1.95%	05/15/2026	360,000	351,900	351,805
US BANCORP	5.73%	10/21/2026	85,000	85,000	86,611
STATE STR CORP	5.75%	11/04/2026	95,000	95,106	97,330
SANTANDER DRIVE AU	1.13%	11/16/2026	380,000	370,739	358,964
CARMAX AUTO OWNER TRUST ABS	1.25%	05/17/2027	240,000	232,556	212,840
ALASKA AIRLINES 2020 TR PP	4.80%	08/15/2027	118,051	118,051	112,484
CARMAX AUTO OWNER TRUST 2022-4 ABS	5.34%	08/16/2027	120,000	119,972	121,237
AMERICREDIT AUTOMOBILE RECEIVABL	2.98%	09/20/2027	300,000	299,967	278,812
SANTANDER DRIVE AUTO RECEIVABLES	1.67%	10/15/2027	255,000	254,919	235,006
ROYAL BANK OF CANADA	6.00%	11/01/2027	210,000	209,584	218,243
CARVANA AUTO RECEIVABLES TRUST ABS	0.97%	03/10/2028	314,000	314,356	285,946
DELTA AIR LINES INC	2.00%	06/10/2028	165,850	165,850	141,431
HERTZ VEHICLE FINANCING LLC	2.65%	06/26/2028	180,000	179,962	154,479
DEERE JOHN CAP CORP	4.85%	10/11/2029	140,000	140,069	140,486
MOUNTAIN VIEW CLO 2017-1 LTD	3.80%	10/16/2029	280,255	275,210	276,380
BLACKROCK INC	2.40%	04/30/2030	120,000	103,524	102,632
BANK NEW YORK MELLON CORP MEDIUM	4.60%	07/26/2030	190,000	192,086	183,810
CARLYLE GLOBAL MARKET STRATEGIES ABS	2.08%	07/27/2031	250,000	248,281	229,963
ARCHER DANIELS MIDLAND COMPANY	2.90%	03/01/2032	20,000	17,592	17,235
AMAZON COM INC	3.60%	04/13/2032	118,000	117,784	108,351
FACEBOOK INC	3.85%	08/15/2032	189,000	188,953	167,571
DEERE JOHN CAP CORP	4.35%	09/15/2032	45,000	44,877	43,837
ELEVANCE HEALTH INC	5.50%	10/15/2032	65,000	67,590	66,754
AMAZON COM INC	4.70%	12/01/2032	115,000	114,972	114,219
SANTANDER BANK NATIONAL ASSOCIAT	6.99%	12/15/2032	250,000	250,000	250,039
ARES XXXIV CLO LTD ABS	1.79%	04/17/2033	339,000	339,271	324,943
STATE STR CORP	4.16%	08/04/2033	110,000	110,942	101,968
ARES LV CLO LTD ABS	1.83%	07/15/2034	320,000	321,178	308,080
BUSINESS JET SECURITIES LLC ABS	2.16%	04/15/2036	129,869	129,868	114,032
CITIGROUP COML MTG TR	4.02%	10/10/2047	351,000	352,165	333,527
PSMC TRUST CMO	2.50%	03/25/2051	382,691	393,035	329,488
ENTERGY LA LLC	4.75%	09/15/2052	85,000	85,252	76,969
DUKE ENERGY FLA LLC	5.95%	11/15/2052	190,000	189,669	203,059
			\$ 9,836,354	\$ 9,767,972	\$ 9,392,829

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION

(d)

(e)

CORPORATE DEBT INSTRUMENTS - OTHER

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR	COST	CURRENT VALUE
			MATURITY VALUE - a		
PBF LOGISTICS LP	6.88%	05/15/2023	\$ 53,000	\$ 52,303	\$ 52,934
CARNIVAL CORP	7.20%	10/01/2023	65,000	65,063	64,106
STARWOOD PPTY TR INC	5.50%	11/01/2023	50,000	50,208	49,565
BALL CORP SR NT	4.00%	11/15/2023	7,000	6,871	6,861
BOEING CO	1.43%	02/04/2024	150,000	143,133	143,304
MAGALLANES INC	5.08%	03/15/2024	140,000	139,973	139,566
BWAY HOLDING CO	4.80%	04/03/2024	73,561	72,491	71,959
RHP HOTEL PROPERTIES	4.20%	05/11/2024	24,767	24,627	24,674
GENESIS ENERGY L P	5.63%	06/15/2024	20,000	20,103	19,300
TENET HEALTHCARE CORP	4.63%	07/15/2024	35,000	33,688	34,134
WEBMD (INDIGO)	5.90%	09/15/2024	44,544	44,433	43,264
TRI-STATE GEN & TRANS ASSN	3.70%	11/01/2024	26,000	25,792	25,108
ASURION LLC	4.90%	11/03/2024	51,201	50,960	49,729
NUTRIEN LTD	5.90%	11/07/2024	105,000	104,958	106,371
FREEDOM MORTGAGE CORPORATION	8.13%	11/15/2024	40,000	40,250	36,800
CAESARS RESORT COLLECTION	4.90%	12/22/2024	66,576	66,238	66,410
LIFE TIME	VAR	12/22/2024	16,096	16,096	15,995
UNITI GROUP LP/UNITI FIBER HOLDINGS	7.88%	02/15/2025	50,000	53,103	48,393
SPRINT SPECTRUM CO LLC	4.74%	03/20/2025	112,500	111,319	111,218
DELEK US HOLDINGS	VAR	03/30/2025	41,473	41,836	41,369
SEAWORLD PARKS ENTERTAINMENT INC	8.75%	05/01/2025	25,000	25,688	25,594
RUSSELL INVESTMENTS US INSTITUTIONAL HOLD CO	5.80%	05/30/2025	49,596	49,275	47,674
TRANSDIGM INC	4.10%	05/30/2025	54,863	54,588	54,245
GOODYEAR TIRE	9.50%	05/31/2025	34,000	36,270	34,936
ENLINK MIDSTREAM PARTNERS LP	4.15%	06/01/2025	20,000	18,896	18,901
WESCO DISTR INC	7.13%	06/15/2025	25,000	26,140	25,313
AMERICAN AIRLS INC PP 144A	11.75%	07/15/2025	47,000	49,883	50,407
SOUTHERN CO	5.15%	10/06/2025	95,000	94,797	95,704
TD FUNDING CORP	8.00%	12/15/2025	18,000	18,811	18,259
GRAY TELEVISION INC	4.80%	01/02/2026	55,227	55,089	53,708
KLEOPATRA FINCO	VAR	02/04/2026	39,262	39,369	34,551
LLOYDS TSB GROUP	2.44%	02/05/2026	200,000	200,000	186,332
BP CAP MARKETS AMERICA	3.41%	02/11/2026	70,000	66,978	67,274
PACTIV EVERGREEN	VAR	02/16/2026	39,300	39,202	38,809
AVOLON HLDGS FDG LTD SNR PIDI NTS	2.13%	02/21/2026	150,000	147,573	129,171
MATTEL INC	3.38%	04/01/2026	45,000	41,744	41,373
BK OF AMERICA CORP	3.38%	04/02/2026	125,000	123,243	119,474
FREEDOM MORTGAGE CORPORATION	7.63%	05/01/2026	7,000	6,733	5,839
ANTERO MIDSTREAM PARTNERS LP	7.88%	05/15/2026	35,000	37,519	35,429
CALPINE CORP	5.25%	06/01/2026	20,000	20,675	19,050
HERTZ VEHICLE FINANCING LLC	2.63%	06/25/2026	210,000	197,991	186,473
BERRY GLOBAL ESCROW CORPORATION	4.88%	07/15/2026	140,000	138,775	134,592
CELANESE US HLDGS LLC	1.40%	08/05/2026	205,000	169,549	171,696
NUMERICABLE	5.40%	08/14/2026	44,082	44,412	40,941
AIR LEASE CORPORATION	1.88%	08/15/2026	150,000	148,841	130,467
HCA INC	5.38%	09/01/2026	50,000	51,145	49,489
NEXSTAR BROADCASTING	4.90%	09/19/2026	3,251	3,251	3,227
AIB GROUP PLC PP	7.58%	10/14/2026	245,000	245,000	249,672
CAMELOT U.S. ACQUISITION	5.30%	10/31/2026	48,726	48,422	47,935
BUCKEYE PARTNERS	4.50%	11/01/2026	40,000	39,700	39,750
UBER TECHNOLOGIES INC	8.00%	11/01/2026	27,000	28,696	27,093
INMARSAT	5.80%	12/12/2026	48,750	48,351	48,141
ACRISURE	VAR	01/31/2027	48,750	48,628	48,019
VICI PROPERTIES INC	3.75%	02/15/2027	160,000	152,400	145,240

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
PACIFIC GAS & ELEC	5.45%	06/15/2027	229,000	228,848	226,147
WILLIS GROUP N AMERICA	4.65%	06/15/2027	100,000	99,955	96,704
BOARDWALK PIPELINES LP	4.45%	07/15/2027	190,000	202,206	180,973
DCP MIDSTREAM OPER LP	5.63%	07/15/2027	145,000	140,431	143,985
HAWAIIAN AIRLS 2013-1A	3.90%	07/15/2027	16,306	16,387	13,959
CARNIVAL CORP	9.88%	08/01/2027	25,000	23,313	23,625
TUTOR PERINI	6.90%	08/18/2027	34,386	34,816	32,194
EQT CORP	3.90%	10/01/2027	125,000	124,254	115,430
PUBLIC SVC ENTERPRISE GROUP INC	5.85%	11/15/2027	255,000	254,732	262,813
AIR LEASE CORPORATION	5.85%	12/15/2027	100,000	98,963	99,955
NATIONAL RURAL UTILS COOP FIN	4.80%	03/15/2028	110,000	109,990	109,243
WELLS FARGO & CO	3.53%	03/24/2028	230,000	226,139	213,261
EQT CORP	5.70%	04/01/2028	105,000	104,610	104,430
TRUIST FINANCIAL CORPORATION	4.12%	06/06/2028	69,000	69,000	65,955
IRIS HOLDING (6/22) 1ST LIEN	VAR	06/14/2028	55,000	50,600	49,913
ICON	4.80%	07/01/2028	69,746	69,223	69,571
ICON	4.80%	07/01/2028	17,377	17,247	17,312
MORGAN STANLEY	3.59%	07/22/2028	155,000	173,793	142,752
GFL ENVIRONMENTAL INC	3.50%	09/01/2028	35,000	29,575	30,771
MITSUBISHI UFJ FINANCIAL GROUP	5.35%	09/13/2028	200,000	201,036	198,294
PACTIV EVERGREEN GROUP	VAR	09/20/2028	44,550	44,327	43,993
INVITATION HOMES OPERATING PARTN	2.30%	11/15/2028	137,000	136,971	113,509
NETFLIX.COM INC	5.88%	11/15/2028	25,000	28,344	25,338
CARVANA AUTO RECEIVABLES TRUST	4.13%	12/11/2028	240,000	239,973	226,102
GRAPHIC PACKAGING INTERNATIONAL	3.50%	03/01/2029	25,000	22,625	21,340
T-MOBILE USA INC	3.38%	04/15/2029	50,000	50,500	44,033
GOLDMAN SACHS GROUP INC	3.81%	04/23/2029	190,000	195,274	173,854
CENTRAL PARENT (7/22) 1ST LIEN	VAR	06/09/2029	45,000	43,650	44,606
VIDEOTRON LTD	3.63%	06/15/2029	18,000	15,201	15,173
AMGEN INC	4.05%	08/18/2029	158,000	157,790	147,991
CHENIERE ENERGY PARTNERS L P	4.50%	10/01/2029	145,000	133,105	130,468
AVANTOR FUNDING INC	3.88%	11/01/2029	20,000	17,687	16,795
DELEK US HOLDINGS	VAR	11/10/2029	5,000	4,800	4,794
UNITED RENTALS	6.00%	12/15/2029	55,000	55,000	54,656
CENTENE CORP	3.38%	02/15/2030	48,000	48,860	40,578
TARGA RESOURCES PARTNERS	5.50%	03/01/2030	102,000	106,551	95,974
CONSTELLATION	2.88%	05/01/2030	25,000	21,367	21,327
INTERCONTINENTALEXCHANGE GROUP	2.10%	06/15/2030	135,000	117,245	110,160
FREEMPORT-MCMORAN COPPER & GOLD	4.63%	08/01/2030	61,000	63,399	56,829
CCO HLDGS LLC	4.50%	08/15/2030	43,000	44,075	35,525
ACTIVISION BLIZZARD INC	1.35%	09/15/2030	145,000	126,249	113,464
VERIZON COMMMS INC	2.55%	03/21/2031	102,000	97,689	84,024
CITIGROUP INC	2.57%	06/03/2031	260,000	256,547	210,909
CENTENE CORP	2.63%	08/01/2031	125,000	96,579	98,016
BALL CORP	3.13%	09/15/2031	25,000	22,625	20,078
BOEING CO	8.75%	09/15/2031	140,000	205,926	168,350
VENTURE XIX CLO LIMITED	3.74%	01/15/2032	250,000	247,500	198,856
FORD MOTOR	3.25%	02/12/2032	62,000	53,108	46,503
NRG ENERGY INC	3.88%	02/15/2032	40,000	40,000	30,042
RAYTHEON TECHNOLOGIES CORP	2.38%	03/15/2032	253,000	221,986	205,679
COREBRIDGE FINANCIAL INC	3.90%	04/05/2032	110,000	109,837	96,818
ALBEMARLE CORP	5.05%	06/01/2032	160,000	159,533	151,291
IRON MOUNTAIN INFORMATION MANAGE	5.00%	07/15/2032	50,000	44,500	41,535
IBM CORP	4.40%	07/27/2032	115,000	114,173	109,907
APPALACHIAN PWR CO	4.50%	08/01/2032	45,000	44,882	42,103

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
ALABAMA PWR CO	3.94%	09/01/2032	230,000	229,995	212,129
ORIX CORP	5.20%	09/13/2032	115,000	114,663	112,470
PHILIP MORRIS INTL INC	5.75%	11/17/2032	120,000	119,892	122,707
ARCELORMITTAL SA LUXEMBOURG	6.80%	11/29/2032	75,000	74,528	74,499
BANK MONTREAL QUE	3.80%	12/15/2032	135,000	129,026	119,065
WASTE CONNECTIONS INC	4.20%	01/15/2033	70,000	69,810	65,125
AVALONBAY COMMUNITIES	5.00%	02/15/2033	190,000	190,035	187,612
ENERGY TRANSFER L.P.	5.75%	02/15/2033	120,000	119,869	117,403
DIAMONDBACK ENERGY INC	6.25%	03/15/2033	165,000	164,294	167,815
BK OF AMERICA CORP	5.02%	07/22/2033	75,000	72,407	71,446
JPMORGAN CHASE & CO	4.91%	07/25/2033	170,000	170,000	162,636
WELLS FARGO & CO	4.90%	07/25/2033	50,000	50,000	47,344
AT&T INC	2.55%	12/01/2033	133,000	123,530	102,608
CCO HLDGS LLC	4.25%	01/15/2034	15,000	14,286	11,071
WELLS FARGO COMMERCIAL MORTGAGE	5.61%	02/15/2040	152,716	152,716	142,690
KRAFT HEINZ FOODS CO	5.20%	07/15/2045	80,000	90,076	74,150
ALIGNED DATA CENTERS ISSUER LLC	1.90%	08/15/2046	275,000	275,000	235,101
COMM 2015-CCRE23 MTG TR	3.23%	05/10/2048	130,724	138,792	125,075
ONSLOW BAY FINANCIAL LLC	2.50%	05/25/2051	211,270	216,618	181,371
AEP TRANSMISSION CO LLC	4.50%	06/15/2052	186,000	179,422	164,854
DUKE ENERGY CORP	5.00%	08/15/2052	65,000	64,729	58,055
CSX CORP	4.50%	11/15/2052	170,000	168,180	148,820
LOCKHEED MARTIN	5.70%	11/15/2054	105,000	104,139	111,211
CITIGROUP INC	5.90%	12/31/2099	10,000	9,908	9,894
			<u>\$ 12,514,600</u>	<u>\$ 12,385,990</u>	<u>\$ 11,638,896</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
ABBVIE INC	1,876	\$ 157,603	\$ 303,180
ACCENTURE PLC CL A	956	348,019	255,099
ADOBE SYS INC	250	112,566	84,133
ADVANCED MICRO DEVICES INC	2,421	190,897	156,808
AFLAC INC	456	29,217	32,805
AGILENT TECHNOLOGIES INC	135	17,123	20,203
AIR PRODUCTS & CHEMICAL INC	202	50,130	62,269
AKAMAI TECHNOLOGIES	444	53,519	37,429
ALBEMARLE CORP	438	107,575	94,985
ALEXANDRIA REAL ESTATE EQTY INC	99	19,538	14,421
ALIBABA GROUP HOLDING-SP ADR	4,625	492,202	407,416
ALIGN TECHNOLOGY INC	146	36,440	30,791
ALLIANT ENERGY CORP	514	32,602	28,378
ALLSTATE CORP	134	18,512	18,170
ALNYLAM PHARMACEUTICALS INC	5,098	860,385	1,211,540
ALPHABET INC CL A	7,220	841,229	637,021
ALPHABET INC CL C	4,480	446,752	397,510
ALPHABET INC-CL A	8,720	170,741	769,366
ALPHABET INC-CL C	7,040	136,427	624,659
ALTRIA GROUP INC	624	28,055	28,523
AMAZON COM INC	7,300	752,698	613,200
AMAZON.COM INC	15,280	513,628	1,283,520
AMCOR PLC	5,618	70,570	66,910
AMEREN CORP	465	42,482	41,348
AMERICAN EXPRESS CO	275	41,463	40,631
AMERICAN INTL GROUP INC	851	52,972	53,817
AMERICAN WATER WORKS CO INC	215	34,867	32,770
AMERIPRISE FINL INC	224	64,842	69,747
AMERISOURCEBERGEN CORP	449	71,599	74,404
AMGEN INC	129	29,918	33,881
AMPHENOL CORP CL A	283	21,020	21,548
AON PLC SHS CL A	228	63,677	68,432
APA CORPORATION COM	1,624	59,293	75,808
APPLE INC	12,532	796,190	1,628,283
APPLIED MATLS INC	537	62,948	52,293
ARCHER DANIELS MIDLAND CO	1,142	55,972	106,035
ARISTA NETWORKS INC	327	44,229	39,681
ASSURANT INC	314	47,908	39,269
AT&T INC	2,922	55,327	53,794
ATMOS ENERGY CORP	459	52,655	51,440
AUTODESK INC	5,521	327,369	1,031,709
AUTOMATIC DATA PROCESSING INC	1,310	303,664	312,907
AUTOZONE INC	18	37,510	44,391
AVERY DENNISON CORP	211	36,425	38,191
BAKER HUGHES A GE CO	3,892	140,343	114,931
BANK NEW YORK MELLON CORP	1,187	56,671	54,032
BANK OF AMERICA CORP	6,274	268,865	207,795
BATH BODY WORKS INC COM	1,284	73,042	54,108
BECTON DICKINSON & CO	154	37,815	39,162
BERKLEY W R	374	28,198	27,141
BERKSHIRE HATHAWAY INC CL B	649	213,398	200,476
BEST BUY	844	80,868	67,697
BIO RAD LABORATORIES INC CL A	54	28,933	22,706
BIOGEN IDEC INC	242	50,656	67,015
BIOMARIN PHARMACEUTICAL INC	1,931	161,041	199,839
BLACKROCK INC	86	65,402	60,942

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
BOEING CO	8,764	1,481,758	1,669,455	
BOEING CO	115	20,227	21,906	
BOSTON BEER COMPANY CL A	1,099	430,138	362,142	
BOSTON PROPERTIES INC	560	50,792	37,845	
BRISTOL MYERS SQUIBB CO	2,791	207,016	200,812	
BROADCOM INC	823	496,298	460,164	
BROADRIDGE FINL SOLUTIONS INC	300	47,714	40,239	
C H ROBINSON WORLDWIDE INC	244	24,049	22,341	
CADENCE DESIGN SYS	395	65,737	63,453	
CAMPBELL SOUP CO	380	20,360	21,565	
CAPITAL ONE FINL CORP GLBL FLT	271	40,376	25,192	
CARDINAL HEALTH INC	533	28,082	40,972	
CATALENT INC	323	14,967	14,538	
CATERPILLAR INC	380	83,478	91,033	
CDW CORP	269	45,363	48,038	
CELANESE CORP DE COM SER A	363	51,759	37,113	
CENTERPOINT ENERGY INC	2,487	72,967	74,585	
CF INDS HLDGS INC	991	100,622	84,433	
CHEVRON CORPORATION	598	101,336	107,335	
CHUBB LTD	437	90,873	96,402	
CIGNA CORP	451	110,697	149,434	
CINCINNATI FINANCIAL CORP	715	92,649	73,209	
CINTAS CORP	55	22,052	24,839	
CISCO SYS INC	5,180	290,243	246,775	
CITIGROUP INC	1,307	68,335	59,116	
CITIZENS FINL GROUP INC	411	19,582	16,181	
CLOROX CO	466	65,917	65,394	
CMS ENERGY CORP	636	43,223	40,278	
COCA COLA CO	796	48,168	50,634	
COGNIZANT TECHNOLOGY SOLUTIONS	1,073	88,303	61,365	
COMCAST CORP CL A	2,347	114,381	82,075	
CONOCOPHILLIPS	388	39,276	45,784	
CONSOLIDATED EDISON INC	627	57,544	59,759	
CONSTELLATION BRANDS INC CL A	94	22,555	21,785	
CONSTELLATION ENERGY CORP. COM	1,040	65,491	89,658	
COPART INC	390	24,778	23,747	
CORTEVA INC	290	19,226	17,046	
COSTCO WHOLESALE CORP	342	181,739	156,123	
COTERRA ENERGY INC COM	2,809	78,509	69,017	
CRISPR THERAPEUTICS AG	5,812	702,951	236,258	
CROWN CASTLE INC.	217	37,445	29,434	
CUMMINS INC	176	35,536	42,643	
CVS/CAREMARK CORP	3,886	266,341	362,136	
DANAHER CORP	238	61,042	63,170	
DAVITA INC	312	35,442	23,297	
DEERE & CO	732	71,287	313,852	
DEERE & CO	200	80,271	85,752	
DELTA AIR LINES INC	552	19,495	18,139	
DENTSPLY SIRONA INC	554	17,406	17,639	
DEVON ENERGY CORPORATION	2,085	127,161	128,248	
DIAMONDBACK ENERGY INC	132	20,428	18,055	
DISCOVER FINL SVCS	468	54,217	45,784	
DOLLAR GEN CORP NEW	148	34,790	36,445	
DOLLAR TREE INC	529	81,444	74,822	
DOVER CORP	540	80,430	73,121	
DOW INC	486	30,967	24,490	

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
DOXIMITY INC-CLASS A	18,800	861,918	630,928
DTE ENERGY CO	332	41,858	39,020
EASTMAN CHEMICAL CO	661	69,249	53,832
EATON CORP PLC	487	72,948	76,435
EDISON INTERNATIONAL	1,879	123,422	119,542
EDWARDS LIFESCIENCES CORP	300	34,142	22,383
ELEVANCE HEALTH INC	458	227,240	234,940
EMERSON ELECTRIC	609	55,857	58,501
ENPHASE ENERGY INC	165	48,805	43,718
ENTERGY CORP NEW	408	46,163	45,900
EOG RESOURCES INC	714	84,931	92,477
EPAM SYS INC	79	23,047	25,891
EQT CORP	978	40,151	33,086
EQUIFAX INC	84	19,554	16,326
ESTEE LAUDER COMPANIES	135	43,078	33,495
EVEREST RE GROUP LTD	221	62,296	73,211
EVERGY INC	393	27,135	24,731
EVERSOURCE ENERGY	219	18,993	18,361
EXELON CORP CORPORATION	1,976	91,693	85,422
EXPEDITORS INTERNATIONAL	878	91,292	91,242
EXPEDITORS INTL WASH INC	4,445	222,487	461,924
EXXON MOBIL CORPORATION	988	94,738	108,976
F5 INC	988	32,550	21,814
FACEBOOK INC	10,248	1,134,721	1,233,244
FACEBOOK INC	2,078	415,189	250,067
FACTSET RESEARCH SYSTEMS INC	1,414	245,080	567,311
FACTSET RESEARCH SYSTEMS INC	38	15,314	15,246
FASTENAL CO	1,651	95,556	78,125
FEDEX CORP	505	95,430	87,466
FIFTH THIRD BANCORP COM	1,007	46,661	33,040
FIRSTENERGY CORP	486	19,429	20,383
FMC CORP - NEW	297	39,864	37,066
FORD MOTOR CO	3,514	53,726	40,868
FORTIVE CORP	581	37,640	37,329
FREEPORT-MCMORAN COPPER & GOLD B	554	21,912	21,052
GALLAGHER ARTHUR J & CO	674	116,545	127,076
GARTNER INC CL A	216	61,552	72,606
GENERAL MILLS INC	464	32,179	38,906
GENUINE PARTS CO	197	25,065	34,181
GILEAD SCIENCES INC	1,730	102,948	148,521
GLOBAL MARKETS INC	186	21,114	23,337
GOLDMAN SACHS GROUP INC	457	143,601	156,925
GRAINGER W W INC	103	51,936	57,294
HALLIBURTON CO	1,872	67,783	73,663
HARTFORD FINL SVCS GROUP INC	267	17,628	20,247
HASBRO INC	647	56,203	39,473
HCA HLDGS INC COM	208	51,006	49,912
HENRY JACK & ASSOC INC	281	54,949	49,332
HESS CORP COM	121	12,663	17,160
HEWLETT PACKARD ENTERPRISE CO	7,284	121,005	116,253
HOLOGIC INC	308	21,685	23,041
HOME DEPOT INC	297	96,391	93,810
HONEYWELL INTERNATIONAL INC	246	48,665	52,718
HORMEL FOODS CORP	360	18,841	16,398
HOST HOTELS & RESORTS INC	3,113	55,392	49,964
HOWMET AEROSPACE INC COM	842	32,330	33,183

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e) CURRENT VALUE
ISSUER	NO. OF SHARES	COST	
HP INC	4,298	96,194	115,487
HUMANA INC	197	86,552	100,901
HUNTINGTON BANCSHARES INC	1,984	28,713	27,974
IBM CORP	980	130,530	138,072
IDEX CORP	66	12,751	15,070
ILLINOIS TOOL WORKS INC WKS INC	314	64,568	69,174
ILLUMINA INC	2,660	772,222	537,852
INTEL CORP	4,746	240,847	125,437
INTERNATIONAL PAPER CO	923	42,353	31,963
INTERPUBLIC GROUP COS INC	1,724	58,209	57,426
INTUITIVE SURGICAL INC	1,318	216,053	349,731
INVESCO LTD	1,400	30,458	25,186
IRON MTN INC NEW	1,374	65,020	68,494
JACOBS ENGINEERING GROUP INC. COM	635	80,008	76,244
JB HUNT TRANSPORTATION SERVICES	335	62,011	58,411
JM SMUCKER COMPANY-NEW	133	18,625	21,075
JOHNSON & JOHNSON	402	70,935	71,013
JOHNSON CONTROLS INTERNATION	359	23,684	22,976
JPMORGAN CHASE & CO	1,249	173,358	167,491
JUNIPER NETWORKS INC	469	14,170	14,989
KELLOGG CO	532	36,617	37,900
KEYCORP	1,563	32,921	27,227
KIMCO RLTY CORP	1,260	26,452	26,687
KINDER MORGAN INC DEL COM	1,787	30,642	32,309
KLA-TENCOR CORP	219	81,846	82,570
KRAFT HEINZ CO	735	26,340	29,922
KROGER CO	2,052	98,372	91,478
L3 HARRIS TECHNOLOGIES INC COM	120	29,575	24,985
LABORATORY CORP OF AMER HLDGS	223	61,473	52,512
LAM RESH CORP	66	28,690	27,740
LEIDOS HLDGS INC	206	22,325	21,669
LILLY ELI & CO	687	202,396	251,332
LINDE PLC	283	80,634	92,309
LIVE NATION INC	303	29,318	21,131
LKQ CORP	472	21,013	25,210
LOCKHEED MARTIN CORP	84	37,134	40,865
LOEWS CORP	526	30,549	30,682
LOWES COMPANIES INC COS INC	907	206,412	180,711
LUMEN TECHNOLOGIES INC COM	3,419	41,592	17,847
LYONDELLBASELL INDUSTRIES NV	539	50,606	44,753
MARATHON OIL CORP	913	22,773	24,715
MARATHON PETE CORP	1,839	147,129	214,041
MARKETAXESS HOLDINGS INC	103	26,053	28,726
MARSH & MCLENNAN COS INC	1,244	208,147	205,857
MASTERBRAND INC COMMON STOCK	634	6,729	4,787
MATCH GROUP INC NEW COM	579	28,922	24,023
MCKESSON CORP	146	43,662	54,768
MERCK & CO INC	1,034	96,865	114,722
METLIFE INC	455	31,740	32,928
METTLER-TOLEDO INTL INC	48	60,698	69,382
MICROCHIP TECHNOLOGY INC	267	20,975	18,757
MICROSOFT CORP	3,684	196,548	883,497
MICROSOFT CORP	4,349	360,318	1,042,977
MID-AMER APARTMENT CMNTYS INC	122	25,422	19,153
MOBILEYE GLOBAL INC-A	1,785	37,485	62,582
MODERNA INC COM	209	30,706	37,541

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
MOLINA HEALTHCARE INC	85	29,419	28,069	
MONOLITHIC POWER SYSTEMS INC	214	91,195	75,673	
MONSTER BEVERAGE CORPORATION	14,465	772,470	1,468,631	
MORGAN STANLEY	2,292	221,598	194,866	
MSCI INC	1,162	97,238	540,528	
NASDAQ STOCK MARKET INC	306	18,361	18,773	
NETFLIX.COM INC	4,026	1,287,008	1,187,187	
NETFLIX.COM INC	198	44,407	58,386	
NEWMONT MNG CORP	902	58,277	42,574	
NEXTERA ENERGY INC	235	19,172	19,646	
NIKE INC CL B	1,228	154,044	143,688	
NISOURCE INC	2,122	65,606	58,185	
NORDSON CORP	230	53,230	54,676	
NORTHERN TRUST CORP	680	78,001	60,173	
NORTHROP GRUMMAN CORP	39	19,035	21,279	
NOVARTIS AG SPON ADR	7,988	671,333	724,671	
NOVO-NORDISK A/S SPONS ADR	3,622	189,002	490,201	
NUCOR CORP	1,020	152,437	134,446	
NVIDIA CORP	8,940	333,127	1,306,492	
NVIDIA CORP	1,044	225,380	152,570	
NXP SEMICONDUCTORS NV	258	45,246	40,772	
OCCIDENTAL PETROLEUM CORP	494	34,027	31,117	
OLD DOMINION FGHT LINES INC	221	65,089	62,715	
ON SEMICONDUCTOR CORP	909	62,723	56,694	
ONEOK INC	629	40,154	41,325	
ORACLE CORP	15,949	683,322	1,303,671	
ORACLE CORPORATION	4,033	357,870	329,657	
ORGANON CO COMMON STOCK	680	17,998	18,992	
OTIS WORLDWIDE CORP COM	743	57,833	58,184	
PACKAGING CORP OF AMERICA	209	32,286	26,733	
PARAMOUNT GLOBAL	2,468	46,708	41,660	
PARKER HANNIFIN CORP	123	35,719	35,793	
PAYCHEX INC	395	53,767	45,646	
PAYPAL HOLDINGS INC	6,044	659,999	430,454	
PEPSICO INC	111	19,065	20,053	
PERKINELMER INC	689	121,044	96,612	
PFIZER INC	3,656	191,765	187,333	
PHILIP MORRIS INTL INC	693	72,054	70,139	
PHILLIPS 66	372	35,201	38,718	
PIONEER NATURAL RESOURCES CO	113	26,989	25,808	
PNC FINL SVCS GROUP INC	157	30,371	24,797	
POOL CORP COM	45	19,309	13,605	
PRINCIPAL FINANCIAL GROUP	284	21,036	23,833	
PROCTER & GAMBLE CO	446	67,655	67,596	
PROGRESSIVE CORP	432	50,386	56,035	
PROLOGIS INC	411	56,520	46,332	
PRUDENTIAL FINL INC JR SB GLBL	265	31,048	26,357	
PTC INC	242	25,608	29,050	
PUBLIC SVC ENTERPRISE GROUP INC	955	65,526	58,513	
QORVO INC	176	15,005	15,953	
QUALCOM INC	5,375	335,964	590,928	
QUALCOMM INC	682	74,122	74,979	
QUEST DIAGNOSTICS INC	387	52,246	60,542	
RALPH LAUREN CORP	174	18,167	18,387	
REGENCY CENTERS CORP	437	26,483	27,313	
REGENERON PHARMACEUTICALS	1,177	440,294	849,194	

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
REGENERON PHARMACEUTICALS INC	107	68,962	77,199
REGIONS FINL CORP	3,590	79,721	77,400
RESMED INC	124	29,987	25,808
ROBERT HALF INTL INC	486	51,430	35,881
ROCHE HOLDINGS LTD - SPONS ADR	13,066	489,117	512,814
ROLLINS INC	918	34,562	33,544
SALESFORCE.COM INC	3,800	567,760	503,842
SCHLUMBERGER LTD	2,318	101,450	123,920
SEAGATE TECHNOLOGY HOLDINGS PUBLIC LIMITED COMPANY	1,100	121,464	57,871
SEALED AIR CORP NEW	764	43,731	38,108
SEI INVESTMENTS CO	8,772	395,645	511,408
SEMPRA ENERGY	356	56,472	55,016
SHERWIN WILLIAMS CO	273	67,835	64,791
SHOPIFY INC - CLASS A	9,235	528,700	320,547
SIMON PROPERTY GROUP INC	244	25,601	28,665
SNAP ON INC	355	73,699	81,114
SOLAREDGE TECHNOLOGIES INC	67	19,680	18,979
SQUARE INC	5,890	686,325	370,128
STARBUCKS CORP	7,486	491,165	742,611
STATE STR CORP	666	58,547	51,662
STERIS PUBLIC COMPANY LIMITED PLC	514	105,288	94,931
SYNCHRONY FINL	1,607	60,419	52,806
SYNOPSIS INC	164	54,505	52,364
T ROWE PRICE GROUP INC	209	28,505	22,794
TARGA RES CORP	552	41,403	40,572
TARGET CORP	1,323	309,572	197,180
TE CONNECTIVITY LTD	513	65,537	58,892
TERADYNE INC	225	20,785	19,654
TESLA INC	5,280	1,428,621	650,390
TESLA MTRS INC	2,237	507,639	275,554
TEXAS INSTRS INC	149	26,431	24,618
TEXTRON INC	225	16,317	15,930
THE WALT DISNEY CO	8,229	1,059,981	714,936
T-MOBILE US INC	549	68,417	76,860
TRAVELERS COS INC	125	23,653	23,436
TRIMBLE NAV LTD	611	42,001	30,892
TRUIST FINANCIAL CORP COM	970	52,574	41,739
TYSON FOODS INC CLASS A	790	65,859	49,178
ULTA SALON COSMETICS & FRAGRANCE	82	30,773	38,464
UNDER ARMOUR INC-CLASS A	35,000	555,111	355,600
UNION PACIFIC CORP	208	49,292	43,071
UNITED CONTL HLDGS INC	924	39,415	34,835
UNITED PARCEL SERVICE	1,095	195,550	190,355
UNITED RENTALS INC	373	124,403	132,572
UNITEDHEALTH GROUP INC	673	307,508	356,811
UNIVERSAL HEALTH SVCS INC CL B	323	39,527	45,507
VALERO ENERGY CORP CORP NEW	1,043	104,859	132,315
VEEVA SYSTEMS INC-CLASS A	3,298	610,512	532,231
VENTAS INC REITS	542	25,093	24,417
VERIZON COMMNS INC	863	39,767	34,002
VISA INC-CLASS A SHRS	6,897	547,251	1,432,921
WALGREENS BOOTS ALLIANCE INC	673	31,062	25,143
WAL-MART STORES INC	1,884	252,948	267,132
WALT DISNEY CO	1,010	137,988	87,749
WATERS CORP	225	70,635	77,081
WEC ENERGY GROUP INC	217	21,140	20,345

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WELLS FARGO & CO & CO NEW	3,791	180,786	156,530
WEST PHARMACEUTICAL SERVICES	126	54,377	29,654
WESTERN DIGITAL CORP	1,371	61,146	43,255
WESTROCK CO	1,115	52,997	39,203
WEYERHAEUSER CO	506	18,966	15,686
WHIRLPOOL CORP	189	34,387	26,736
WILLIAMS CO INC	1,188	40,501	39,085
WILLIS TOWERS WATSON PLC	120	28,946	29,350
WORKDAY INC	3,566	482,602	596,699
WYNN RESORTS LTD	258	16,414	21,270
XCEL ENERGY INC	294	21,604	20,612
YUM CHINA HOLDINGS INC	9,560	264,837	522,454
YUM! BRANDS INC	2,999	188,639	384,112
ZEBRA TECHNOLOGIES CORP CL A	89	38,912	22,821
ABS ALPHA LTD - CORPORTATE STOCK - COMMON	-	19,290,544	26,091,826
BPIF NON-TAXABLE LP- CORPORATE STOCK - COMMON	-	10,005,627	14,328,812
NB CROSSROADS FUND XXI-PLAN ASSET ALLOC LP - CORPORTATE STOCK - COMMON	-	463,093	1,116,908
NB CROSSROADS FUND XXII-PLAN ASSET ALLOC LP - CORPORTATE STOCK - COMMON	-	759,060	1,533,519
		<u>\$ 78,071,684</u>	<u>\$ 97,639,560</u>

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

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

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
OAKTREE REAL ESTATE DEBT FUND II LP		\$ 8,316,383	\$ 10,282,675
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP - PARTNERSHIPS		4,274,072	5,686,744
BPIF NON-TAXABLE LP - PARTNERSHIPS		9,390,185	13,119,012
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHOR FUND IV (SERIES 2018) LP - PARTNERSHIPS		9,012,338	11,517,674
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND VII LP - PARTNERSHIPS		6,623,082	6,666,688
NB CROSSROADS FUND XXI-PLAN ASSET ALLOC LP - PARTNERSHIPS		10,966,209	27,822,451
NB CROSSROADS FUND XXII-PLAN ASSET ALLOC LP - PARTNERSHIPS		<u>13,541,043</u>	<u>28,155,608</u>
		<u>\$ 62,123,312</u>	<u>\$ 103,250,852</u>

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

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

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	COMERICA SHORT-TERM FUND	18,952,016	\$ 18,952,016	\$ 18,952,016
	COMMINGLED PENSION TRUST FUND (SPECIAL SITUATION PROPERTY) OF JPMORGAN CHASE BANK NA	2,259,765	22,041,369	29,362,266
	COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK NA	4,966,842	41,887,212	65,229,538
	EARNEST PARTNERS INTERNATIONAL FUND	758,438	9,476,130	15,396,294
	STATE STREET S&P 500 (R) FLAGSHIP NON-LENDING FUND	36,238	17,571,623	36,620,799
	WILLIAM BLAIR INTERNATIONAL LEADERS COLLECTIVE INVESTMENT FUND (CLASS 2)	776,763	<u>15,000,000</u>	<u>11,080,219</u>
			<u>\$ 124,928,350</u>	<u>\$ 176,641,132</u>

* PARTY-IN-INTEREST

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

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES		(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	DFA GROUP TRUST - THE SMALL CAP SUBTRUST	4,057	\$ 4,891,205	\$ 16,652,559
	NCS GROUP TRUST GLOBAL FUND	584,567	25,803,824	30,361,330
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND	100,507	13,373,936	23,060,457
	OAKTREE MIDDLE-MARKET DIRECT LENDING FUND (PARALLEL 2) LP	19,202,388	15,274,474	19,563,366
			<u>\$ 59,343,439</u>	<u>\$ 89,637,712</u>

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

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIO INSTITUTIONAL SHARES	4,340,719	\$ 43,531,593	\$ 39,978,017
PIMCO ALL ASSET FUND INSTITUTIONAL CLASS	2,256,115	<u>26,949,911</u>	<u>23,711,764</u>
		<u>\$ 70,481,504</u>	<u>\$ 63,689,781</u>

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

SCHEDULE OF OTHER INVESTMENTS

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
ISSUER		COST	CURRENT VALUE
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP - OTHER INVESTMENTS	-	\$ <u>134,990</u>	\$ <u>176,387</u>
	-	\$ <u>134,990</u>	\$ <u>176,387</u>

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

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	COMERICA SHORT-TERM FUND	\$ 84,942,044	\$ -	\$ -	\$ -	\$ -	\$ 84,942,044	\$ -
*	COMERICA SHORT-TERM FUND	-	82,307,176	-	-	82,307,176	82,307,176	-

* PARTY-IN-INTEREST

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

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

DECEMBER 31, 2022

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ 1,101,788	\$ 3,214,096	\$ 4,315,884
U.S. government securities	25,018,713	-	25,018,713
Corporate debt instruments	21,031,725	-	21,031,725
Corporate stock	81,836,375	15,803,185	97,639,560
Partnership/joint venture interests	120,816,860	(17,566,008)	103,250,852
Common/collective trust funds	176,641,132	-	176,641,132
103-12 investment entities	89,637,712	-	89,637,712
Registered investment companies	63,689,781	-	63,689,781
Other investments	-	176,387	176,387
Receivables	3,839,406	7,734,522	11,573,928
Cash	170	-	170
Other assets	<u>114,516</u>	<u>11,465</u>	<u>125,981</u>
Total assets	<u>583,728,178</u>	<u>9,373,647</u>	<u>593,101,825</u>
Liabilities			
Operating payables	1,015,474	237,673	1,253,147
Other liabilities	<u>134,138</u>	<u>9,135,974</u>	<u>9,270,112</u>
Total liabilities	<u>1,149,612</u>	<u>9,373,647</u>	<u>10,523,259</u>
Net assets available for benefits	<u>\$ 582,578,566</u>	<u>\$ -</u>	<u>\$ 582,578,566</u>

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

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Payroll	\$ 198,796	\$ 170,968
Payroll taxes	15,587	12,651
Employee benefits	65,201	55,443
Occupancy	65,201	61,980
Office	34,345	23,205
Printing and postage	7,825	8,148
Legal and collection	359,262	289,049
Accounting	56,055	53,182
Payroll audits	23,565	10,275
Actuarial consulting	179,598	188,458
Computer	24,550	26,044
Insurance	244,631	218,816
Depreciation	<u>26,352</u>	<u>26,354</u>
Total administrative expenses	<u>\$ 1,300,968</u>	<u>\$ 1,144,573</u>

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

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	VARIABLE	ON DEMAND		
TD BANK			\$ 1,101,788	\$ 1,101,788
ABS ALPHA LTD - INTEREST BEARING CASH			12,669	12,669
BPIF NON-TAXABLE LP - INTEREST BEARING CASH			881,310	881,310
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP - INTEREST BEARING CASH			332,467	332,467
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHOR FUND IV (SERIES 2018) LP - INTEREST BEARING CASH			25,033	25,033
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND VII LP - INTEREST BEARING CASH			206,698	206,698
NB CROSSROADS FUND XXI-PLAN ASSET ALLOC LP - INTEREST BEARING CASH			972,982	972,982
NB CROSSROADS FUND XXII-PLAN ASSET ALLOC LP - INTEREST BEARING CASH			782,937	782,937
			<u>\$ 4,315,884</u>	<u>\$ 4,315,884</u>

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

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

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES		(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREASURY BILLS	0.00%	03/14/2023	\$ 1,750,000	\$ 1,725,588	\$ 1,735,790
UNITED STATES TREASURY	0.13%	03/31/2023	2,751,000	2,699,860	2,722,830
UNITED STATES TREASURY	4.25%	09/30/2024	13,000	13,043	12,939
UNITED STATES TREASURY	4.50%	11/15/2025	252,000	254,991	253,734
UNITED STATES TREASURY	4.00%	12/15/2025	67,000	66,953	66,634
UNITED STATES TREASURY	3.88%	11/30/2027	578,000	579,603	575,786
UNITED STATES TREASURY	3.88%	11/30/2029	371,000	371,349	369,379
UNITED STATES TREASURY	2.88%	05/15/2032	1,240,000	1,227,805	1,146,802
UNITED STATES TREASURY	4.13%	11/15/2032	1,109,000	1,153,797	1,135,860
FEDERAL NATL MTG ASSN POOL NBR	3.50%	11/01/2033	80,500	83,732	77,262
FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.00%	01/01/2042	212,974	229,074	202,016
UNITED STATES TREASURY BDS	3.38%	08/15/2042	873,000	796,532	785,560
UNITED STATES TREASURY BDS	4.00%	11/15/2042	720,000	736,425	709,538
FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.00%	10/01/2044	19,405	20,785	18,611
FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.50%	07/01/2046	52,050	56,752	51,184
FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.00%	10/01/2046	41,872	45,027	40,148
FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.50%	10/01/2046	139,978	154,347	137,650
FEDERAL NATL MTG ASSN GTD MTG POOL NBR	4.50%	02/01/2048	33,751	35,275	32,970
FEDERAL NATL MTG ASSN	4.50%	12/01/2048	75,687	78,774	73,883
FEDERAL NATIONAL MORTGAGE ASSOC	4.00%	05/01/2049	79,228	84,489	75,639
FNMA PASS-THRU I	4.50%	07/01/2049	66,239	70,032	64,736
FEDERAL HOME LOAN MTG CORP	3.50%	10/01/2049	181,225	186,917	166,618
FNMA PASS-THRU I	2.50%	06/01/2050	200,865	209,150	171,544
FNMA PASS-THRU I	5.00%	06/01/2050	222,021	230,312	222,110
FNMA PASS-THRU I	2.50%	12/01/2050	177,522	187,341	151,462
FNMA PASS-THRU I	3.00%	02/01/2051	482,809	486,713	426,393
FEDERAL HOME LOAN MTG CORP	3.00%	07/01/2051	366,554	387,287	322,663
FEDERAL HOME LOAN MTG CORP	3.50%	01/01/2052	505,954	519,235	460,909
FEDERAL HOME LOAN MTG CORP	2.50%	02/01/2052	564,941	523,895	481,838
FEDERAL HOME LOAN MTG CORP	2.00%	03/01/2052	739,378	640,948	581,853
FEDERAL NATL MTG ASSN	2.00%	03/01/2052	396,261	340,351	311,941
FEDERAL HOME LOAN MTG CORP	3.50%	04/01/2052	370,932	359,109	337,904
FEDERAL HOME LOAN MTG CORP	3.18%	04/01/2052	477,144	462,214	439,979
FH 841276 MBS	2.27%	04/01/2052	245,113	230,560	218,063
FNMA PASS-THRU I	2.89%	04/01/2052	391,511	380,133	358,655
FNMA PASS-THRU I MBS	2.84%	04/01/2052	358,583	349,226	327,827
FNMA PASS-THRU I MBS	4.00%	04/01/2052	498,034	502,470	467,779
FEDERAL NATL MTG ASSN	4.00%	05/01/2052	479,156	477,659	450,239
FNMA PASS-THRU I	2.50%	05/01/2052	306,805	284,131	260,674
UNITED STATES TREASURY BDS	2.88%	05/15/2052	720,000	638,058	582,300
FEDERAL HOME LOAN MTG CORP	3.78%	06/01/2052	493,920	481,688	467,115
FEDERAL NATL MTG ASSN	4.50%	06/01/2052	96,022	97,658	92,532
FEDERAL NATL MTG ASSN MBS	3.52%	06/01/2052	451,416	441,700	422,968
FNMA PASS-THRU I	4.00%	06/01/2052	133,715	133,360	125,591
FNMA PASS-THRU I	4.50%	07/01/2052	231,239	223,254	223,245
FNMA PASS-THRU I MBS	3.50%	07/01/2052	368,789	357,596	336,649
FEDERAL HOME LOAN MTG CORP	4.50%	08/01/2052	365,981	359,491	352,989
UNITED STATES TREASURY BDS	3.00%	08/15/2052	5,933,000	5,050,751	4,933,645
FNMA PASS-THRU I	5.00%	09/01/2052	255,578	246,613	253,033
FEDERAL NATL MTG ASSN	5.50%	10/01/2052	457,555	450,620	459,381
FEDERAL NATL MTG ASSN MBS	5.00%	11/01/2052	237,888	235,564	234,978
UNITED STATES TREASURY BDS	4.00%	11/15/2052	86,000	92,635	86,885
			<u>\$ 27,321,595</u>	<u>\$ 26,050,872</u>	<u>\$ 25,018,713</u>

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GM FINANCIAL AUTOMOBILE LEASING ABS	4.01%	10/21/2024	\$ 120,000	\$ 119,991	\$ 119,039
AMERICREDIT AUTOMOBILE RECEI	4.04%	11/18/2024	160,000	158,444	158,842
FORD CREDIT AUTO LEASE TRUST 202 ABS	3.23%	05/15/2025	280,000	279,966	274,488
NISSAN AUTO LEASE TRUST 2022-A ABS	3.81%	05/15/2025	360,000	359,997	354,517
CAPITAL ONE PRIME AUTO RECEIVABL ABS	3.74%	09/15/2025	370,000	369,981	366,461
FORD CR FLOORPLAN MASTER OWNER	1.42%	09/15/2025	261,000	264,201	250,124
SANTANDER DRIVE AUTO RECEIVABLES ABS	4.11%	12/15/2025	87,868	93,854	87,447
AMERICREDIT AUTOMOBILE RECEIVABL ABS	4.20%	12/18/2025	299,351	299,329	297,375
HYUNDAI AUTO RECEIVABLES TRUST ABS	0.38%	01/15/2026	750,000	718,965	716,157
WORLD OMNI AUTO RECEIVABLES TRUS ABS	0.30%	01/15/2026	355,419	347,394	342,958
AMERICAN CREDIT ACCEPTANCE ABS	0.86%	02/13/2026	280,000	275,570	276,890
NISSAN AUTO RECEIVABLES OWNER ABS	1.95%	05/15/2026	360,000	351,900	351,805
US BANCORP	5.73%	10/21/2026	85,000	85,000	86,611
STATE STR CORP	5.75%	11/04/2026	95,000	95,106	97,330
SANTANDER DRIVE AU	1.13%	11/16/2026	380,000	370,739	358,964
CARMAX AUTO OWNER TRUST ABS	1.25%	05/17/2027	240,000	232,556	212,840
ALASKA AIRLINES 2020 TR PP	4.80%	08/15/2027	118,051	118,051	112,484
CARMAX AUTO OWNER TRUST 2022-4 ABS	5.34%	08/16/2027	120,000	119,972	121,237
AMERICREDIT AUTOMOBILE RECEIVABL	2.98%	09/20/2027	300,000	299,967	278,812
SANTANDER DRIVE AUTO RECEIVABLES	1.67%	10/15/2027	255,000	254,919	235,006
ROYAL BANK OF CANADA	6.00%	11/01/2027	210,000	209,584	218,243
CARVANA AUTO RECEIVABLES TRUST ABS	0.97%	03/10/2028	314,000	314,356	285,946
DELTA AIR LINES INC	2.00%	06/10/2028	165,850	165,850	141,431
HERTZ VEHICLE FINANCING LLC	2.65%	06/26/2028	180,000	179,962	154,479
DEERE JOHN CAP CORP	4.85%	10/11/2029	140,000	140,069	140,486
MOUNTAIN VIEW CLO 2017-1 LTD	3.80%	10/16/2029	280,255	275,210	276,380
BLACKROCK INC	2.40%	04/30/2030	120,000	103,524	102,632
BANK NEW YORK MELLON CORP MEDIUM	4.60%	07/26/2030	190,000	192,086	183,810
CARLYLE GLOBAL MARKET STRATEGIES ABS	2.08%	07/27/2031	250,000	248,281	229,963
ARCHER DANIELS MIDLAND COMPANY	2.90%	03/01/2032	20,000	17,592	17,235
AMAZON COM INC	3.60%	04/13/2032	118,000	117,784	108,351
FACEBOOK INC	3.85%	08/15/2032	189,000	188,953	167,571
DEERE JOHN CAP CORP	4.35%	09/15/2032	45,000	44,877	43,837
ELEVANCE HEALTH INC	5.50%	10/15/2032	65,000	67,590	66,754
AMAZON COM INC	4.70%	12/01/2032	115,000	114,972	114,219
SANTANDER BANK NATIONAL ASSOCIAT	6.99%	12/15/2032	250,000	250,000	250,039
ARES XXXIV CLO LTD ABS	1.79%	04/17/2033	339,000	339,271	324,943
STATE STR CORP	4.16%	08/04/2033	110,000	110,942	101,968
ARES LV CLO LTD ABS	1.83%	07/15/2034	320,000	321,178	308,080
BUSINESS JET SECURITIES LLC ABS	2.16%	04/15/2036	129,869	129,868	114,032
CITIGROUP COML MTG TR	4.02%	10/10/2047	351,000	352,165	333,527
PSMC TRUST CMO	2.50%	03/25/2051	382,691	393,035	329,488
ENTERGY LA LLC	4.75%	09/15/2052	85,000	85,252	76,969
DUKE ENERGY FLA LLC	5.95%	11/15/2052	190,000	189,669	203,059
			\$ 9,836,354	\$ 9,767,972	\$ 9,392,829

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION

(d)

(e)

CORPORATE DEBT INSTRUMENTS - OTHER

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR	COST	CURRENT VALUE
			MATURITY VALUE - a		
PBF LOGISTICS LP	6.88%	05/15/2023	\$ 53,000	\$ 52,303	\$ 52,934
CARNIVAL CORP	7.20%	10/01/2023	65,000	65,063	64,106
STARWOOD PPTY TR INC	5.50%	11/01/2023	50,000	50,208	49,565
BALL CORP SR NT	4.00%	11/15/2023	7,000	6,871	6,861
BOEING CO	1.43%	02/04/2024	150,000	143,133	143,304
MAGALLANES INC	5.08%	03/15/2024	140,000	139,973	139,566
BWAY HOLDING CO	4.80%	04/03/2024	73,561	72,491	71,959
RHP HOTEL PROPERTIES	4.20%	05/11/2024	24,767	24,627	24,674
GENESIS ENERGY L P	5.63%	06/15/2024	20,000	20,103	19,300
TENET HEALTHCARE CORP	4.63%	07/15/2024	35,000	33,688	34,134
WEBMD (INDIGO)	5.90%	09/15/2024	44,544	44,433	43,264
TRI-STATE GEN & TRANS ASSN	3.70%	11/01/2024	26,000	25,792	25,108
ASURION LLC	4.90%	11/03/2024	51,201	50,960	49,729
NUTRIEN LTD	5.90%	11/07/2024	105,000	104,958	106,371
FREEDOM MORTGAGE CORPORATION	8.13%	11/15/2024	40,000	40,250	36,800
CAESARS RESORT COLLECTION	4.90%	12/22/2024	66,576	66,238	66,410
LIFE TIME	VAR	12/22/2024	16,096	16,096	15,995
UNITI GROUP LP/UNITI FIBER HOLDINGS	7.88%	02/15/2025	50,000	53,103	48,393
SPRINT SPECTRUM CO LLC	4.74%	03/20/2025	112,500	111,319	111,218
DELEK US HOLDINGS	VAR	03/30/2025	41,473	41,836	41,369
SEAWORLD PARKS ENTERTAINMENT INC	8.75%	05/01/2025	25,000	25,688	25,594
RUSSELL INVESTMENTS US INSTITUTIONAL HOLD CO	5.80%	05/30/2025	49,596	49,275	47,674
TRANSDIGM INC	4.10%	05/30/2025	54,863	54,588	54,245
GOODYEAR TIRE	9.50%	05/31/2025	34,000	36,270	34,936
ENLINK MIDSTREAM PARTNERS LP	4.15%	06/01/2025	20,000	18,896	18,901
WESCO DISTR INC	7.13%	06/15/2025	25,000	26,140	25,313
AMERICAN AIRLS INC PP 144A	11.75%	07/15/2025	47,000	49,883	50,407
SOUTHERN CO	5.15%	10/06/2025	95,000	94,797	95,704
TD FUNDING CORP	8.00%	12/15/2025	18,000	18,811	18,259
GRAY TELEVISION INC	4.80%	01/02/2026	55,227	55,089	53,708
KLEOPATRA FINCO	VAR	02/04/2026	39,262	39,369	34,551
LLOYDS TSB GROUP	2.44%	02/05/2026	200,000	200,000	186,332
BP CAP MARKETS AMERICA	3.41%	02/11/2026	70,000	66,978	67,274
PACTIV EVERGREEN	VAR	02/16/2026	39,300	39,202	38,809
AVOLON HLDGS FDG LTD SNR PIDI NTS	2.13%	02/21/2026	150,000	147,573	129,171
MATTEL INC	3.38%	04/01/2026	45,000	41,744	41,373
BK OF AMERICA CORP	3.38%	04/02/2026	125,000	123,243	119,474
FREEDOM MORTGAGE CORPORATION	7.63%	05/01/2026	7,000	6,733	5,839
ANTERO MIDSTREAM PARTNERS LP	7.88%	05/15/2026	35,000	37,519	35,429
CALPINE CORP	5.25%	06/01/2026	20,000	20,675	19,050
HERTZ VEHICLE FINANCING LLC	2.63%	06/25/2026	210,000	197,991	186,473
BERRY GLOBAL ESCROW CORPORATION	4.88%	07/15/2026	140,000	138,775	134,592
CELANESE US HLDGS LLC	1.40%	08/05/2026	205,000	169,549	171,696
NUMERICABLE	5.40%	08/14/2026	44,082	44,412	40,941
AIR LEASE CORPORATION	1.88%	08/15/2026	150,000	148,841	130,467
HCA INC	5.38%	09/01/2026	50,000	51,145	49,489
NEXSTAR BROADCASTING	4.90%	09/19/2026	3,251	3,251	3,227
AIB GROUP PLC PP	7.58%	10/14/2026	245,000	245,000	249,672
CAMELOT U.S. ACQUISITION	5.30%	10/31/2026	48,726	48,422	47,935
BUCKEYE PARTNERS	4.50%	11/01/2026	40,000	39,700	39,750
UBER TECHNOLOGIES INC	8.00%	11/01/2026	27,000	28,696	27,093
INMARSAT	5.80%	12/12/2026	48,750	48,351	48,141
ACRISURE	VAR	01/31/2027	48,750	48,628	48,019
VICI PROPERTIES INC	3.75%	02/15/2027	160,000	152,400	145,240

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY	COST	CURRENT VALUE
			VALUE - a		
PACIFIC GAS & ELEC	5.45%	06/15/2027	229,000	228,848	226,147
WILLIS GROUP N AMERICA	4.65%	06/15/2027	100,000	99,955	96,704
BOARDWALK PIPELINES LP	4.45%	07/15/2027	190,000	202,206	180,973
DCP MIDSTREAM OPER LP	5.63%	07/15/2027	145,000	140,431	143,985
HAWAIIAN AIRLS 2013-1A	3.90%	07/15/2027	16,306	16,387	13,959
CARNIVAL CORP	9.88%	08/01/2027	25,000	23,313	23,625
TUTOR PERINI	6.90%	08/18/2027	34,386	34,816	32,194
EQT CORP	3.90%	10/01/2027	125,000	124,254	115,430
PUBLIC SVC ENTERPRISE GROUP INC	5.85%	11/15/2027	255,000	254,732	262,813
AIR LEASE CORPORATION	5.85%	12/15/2027	100,000	98,963	99,955
NATIONAL RURAL UTILS COOP FIN	4.80%	03/15/2028	110,000	109,990	109,243
WELLS FARGO & CO	3.53%	03/24/2028	230,000	226,139	213,261
EQT CORP	5.70%	04/01/2028	105,000	104,610	104,430
TRUIST FINANCIAL CORPORATION	4.12%	06/06/2028	69,000	69,000	65,955
IRIS HOLDING (6/22) 1ST LIEN	VAR	06/14/2028	55,000	50,600	49,913
ICON	4.80%	07/01/2028	69,746	69,223	69,571
ICON	4.80%	07/01/2028	17,377	17,247	17,312
MORGAN STANLEY	3.59%	07/22/2028	155,000	173,793	142,752
GFL ENVIRONMENTAL INC	3.50%	09/01/2028	35,000	29,575	30,771
MITSUBISHI UFJ FINANCIAL GROUP	5.35%	09/13/2028	200,000	201,036	198,294
PACTIV EVERGREEN GROUP	VAR	09/20/2028	44,550	44,327	43,993
INVITATION HOMES OPERATING PARTN	2.30%	11/15/2028	137,000	136,971	113,509
NETFLIX.COM INC	5.88%	11/15/2028	25,000	28,344	25,338
CARVANA AUTO RECEIVABLES TRUST	4.13%	12/11/2028	240,000	239,973	226,102
GRAPHIC PACKAGING INTERNATIONAL	3.50%	03/01/2029	25,000	22,625	21,340
T-MOBILE USA INC	3.38%	04/15/2029	50,000	50,500	44,033
GOLDMAN SACHS GROUP INC	3.81%	04/23/2029	190,000	195,274	173,854
CENTRAL PARENT (7/22) 1ST LIEN	VAR	06/09/2029	45,000	43,650	44,606
VIDEOTRON LTD	3.63%	06/15/2029	18,000	15,201	15,173
AMGEN INC	4.05%	08/18/2029	158,000	157,790	147,991
CHENIERE ENERGY PARTNERS L P	4.50%	10/01/2029	145,000	133,105	130,468
AVANTOR FUNDING INC	3.88%	11/01/2029	20,000	17,687	16,795
DELEK US HOLDINGS	VAR	11/10/2029	5,000	4,800	4,794
UNITED RENTALS	6.00%	12/15/2029	55,000	55,000	54,656
CENTENE CORP	3.38%	02/15/2030	48,000	48,860	40,578
TARGA RESOURCES PARTNERS	5.50%	03/01/2030	102,000	106,551	95,974
CONSTELLATION	2.88%	05/01/2030	25,000	21,367	21,327
INTERCONTINENTALEXCHANGE GROUP	2.10%	06/15/2030	135,000	117,245	110,160
FREEMPORT-MCMORAN COPPER & GOLD	4.63%	08/01/2030	61,000	63,399	56,829
CCO HLDGS LLC	4.50%	08/15/2030	43,000	44,075	35,525
ACTIVISION BLIZZARD INC	1.35%	09/15/2030	145,000	126,249	113,464
VERIZON COMMMS INC	2.55%	03/21/2031	102,000	97,689	84,024
CITIGROUP INC	2.57%	06/03/2031	260,000	256,547	210,909
CENTENE CORP	2.63%	08/01/2031	125,000	96,579	98,016
BALL CORP	3.13%	09/15/2031	25,000	22,625	20,078
BOEING CO	8.75%	09/15/2031	140,000	205,926	168,350
VENTURE XIX CLO LIMITED	3.74%	01/15/2032	250,000	247,500	198,856
FORD MOTOR	3.25%	02/12/2032	62,000	53,108	46,503
NRG ENERGY INC	3.88%	02/15/2032	40,000	40,000	30,042
RAYTHEON TECHNOLOGIES CORP	2.38%	03/15/2032	253,000	221,986	205,679
COREBRIDGE FINANCIAL INC	3.90%	04/05/2032	110,000	109,837	96,818
ALBEMARLE CORP	5.05%	06/01/2032	160,000	159,533	151,291
IRON MOUNTAIN INFORMATION MANAGE	5.00%	07/15/2032	50,000	44,500	41,535
IBM CORP	4.40%	07/27/2032	115,000	114,173	109,907
APPALACHIAN PWR CO	4.50%	08/01/2032	45,000	44,882	42,103

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

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
ALABAMA PWR CO	3.94%	09/01/2032	230,000	229,995	212,129
ORIX CORP	5.20%	09/13/2032	115,000	114,663	112,470
PHILIP MORRIS INTL INC	5.75%	11/17/2032	120,000	119,892	122,707
ARCELORMITTAL SA LUXEMBOURG	6.80%	11/29/2032	75,000	74,528	74,499
BANK MONTREAL QUE	3.80%	12/15/2032	135,000	129,026	119,065
WASTE CONNECTIONS INC	4.20%	01/15/2033	70,000	69,810	65,125
AVALONBAY COMMUNITIES	5.00%	02/15/2033	190,000	190,035	187,612
ENERGY TRANSFER L.P.	5.75%	02/15/2033	120,000	119,869	117,403
DIAMONDBACK ENERGY INC	6.25%	03/15/2033	165,000	164,294	167,815
BK OF AMERICA CORP	5.02%	07/22/2033	75,000	72,407	71,446
JPMORGAN CHASE & CO	4.91%	07/25/2033	170,000	170,000	162,636
WELLS FARGO & CO	4.90%	07/25/2033	50,000	50,000	47,344
AT&T INC	2.55%	12/01/2033	133,000	123,530	102,608
CCO HLDGS LLC	4.25%	01/15/2034	15,000	14,286	11,071
WELLS FARGO COMMERCIAL MORTGAGE	5.61%	02/15/2040	152,716	152,716	142,690
KRAFT HEINZ FOODS CO	5.20%	07/15/2045	80,000	90,076	74,150
ALIGNED DATA CENTERS ISSUER LLC	1.90%	08/15/2046	275,000	275,000	235,101
COMM 2015-CCRE23 MTG TR	3.23%	05/10/2048	130,724	138,792	125,075
ONSLOW BAY FINANCIAL LLC	2.50%	05/25/2051	211,270	216,618	181,371
AEP TRANSMISSION CO LLC	4.50%	06/15/2052	186,000	179,422	164,854
DUKE ENERGY CORP	5.00%	08/15/2052	65,000	64,729	58,055
CSX CORP	4.50%	11/15/2052	170,000	168,180	148,820
LOCKHEED MARTIN	5.70%	11/15/2054	105,000	104,139	111,211
CITIGROUP INC	5.90%	12/31/2099	10,000	9,908	9,894
			<u>\$ 12,514,600</u>	<u>\$ 12,385,990</u>	<u>\$ 11,638,896</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
ABBVIE INC	1,876	\$ 157,603	\$ 303,180
ACCENTURE PLC CL A	956	348,019	255,099
ADOBE SYS INC	250	112,566	84,133
ADVANCED MICRO DEVICES INC	2,421	190,897	156,808
AFLAC INC	456	29,217	32,805
AGILENT TECHNOLOGIES INC	135	17,123	20,203
AIR PRODUCTS & CHEMICAL INC	202	50,130	62,269
AKAMAI TECHNOLOGIES	444	53,519	37,429
ALBEMARLE CORP	438	107,575	94,985
ALEXANDRIA REAL ESTATE EQTY INC	99	19,538	14,421
ALIBABA GROUP HOLDING-SP ADR	4,625	492,202	407,416
ALIGN TECHNOLOGY INC	146	36,440	30,791
ALLIANT ENERGY CORP	514	32,602	28,378
ALLSTATE CORP	134	18,512	18,170
ALNYLAM PHARMACEUTICALS INC	5,098	860,385	1,211,540
ALPHABET INC CL A	7,220	841,229	637,021
ALPHABET INC CL C	4,480	446,752	397,510
ALPHABET INC-CL A	8,720	170,741	769,366
ALPHABET INC-CL C	7,040	136,427	624,659
ALTRIA GROUP INC	624	28,055	28,523
AMAZON COM INC	7,300	752,698	613,200
AMAZON.COM INC	15,280	513,628	1,283,520
AMCOR PLC	5,618	70,570	66,910
AMEREN CORP	465	42,482	41,348
AMERICAN EXPRESS CO	275	41,463	40,631
AMERICAN INTL GROUP INC	851	52,972	53,817
AMERICAN WATER WORKS CO INC	215	34,867	32,770
AMERIPRISE FINL INC	224	64,842	69,747
AMERISOURCEBERGEN CORP	449	71,599	74,404
AMGEN INC	129	29,918	33,881
AMPHENOL CORP CL A	283	21,020	21,548
AON PLC SHS CL A	228	63,677	68,432
APA CORPORATION COM	1,624	59,293	75,808
APPLE INC	12,532	796,190	1,628,283
APPLIED MATLS INC	537	62,948	52,293
ARCHER DANIELS MIDLAND CO	1,142	55,972	106,035
ARISTA NETWORKS INC	327	44,229	39,681
ASSURANT INC	314	47,908	39,269
AT&T INC	2,922	55,327	53,794
ATMOS ENERGY CORP	459	52,655	51,440
AUTODESK INC	5,521	327,369	1,031,709
AUTOMATIC DATA PROCESSING INC	1,310	303,664	312,907
AUTOZONE INC	18	37,510	44,391
AVERY DENNISON CORP	211	36,425	38,191
BAKER HUGHES A GE CO	3,892	140,343	114,931
BANK NEW YORK MELLON CORP	1,187	56,671	54,032
BANK OF AMERICA CORP	6,274	268,865	207,795
BATH BODY WORKS INC COM	1,284	73,042	54,108
BECTON DICKINSON & CO	154	37,815	39,162
BERKLEY W R	374	28,198	27,141
BERKSHIRE HATHAWAY INC CL B	649	213,398	200,476
BEST BUY	844	80,868	67,697
BIO RAD LABORATORIES INC CL A	54	28,933	22,706
BIOMARIN PHARMACEUTICAL INC	242	50,656	67,015
BIOMARIN PHARMACEUTICAL INC	1,931	161,041	199,839
BLACKROCK INC	86	65,402	60,942

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
BOEING CO	8,764	1,481,758	1,669,455
BOEING CO	115	20,227	21,906
BOSTON BEER COMPANY CL A	1,099	430,138	362,142
BOSTON PROPERTIES INC	560	50,792	37,845
BRISTOL MYERS SQUIBB CO	2,791	207,016	200,812
BROADCOM INC	823	496,298	460,164
BROADRIDGE FINL SOLUTIONS INC	300	47,714	40,239
C H ROBINSON WORLDWIDE INC	244	24,049	22,341
CADENCE DESIGN SYS	395	65,737	63,453
CAMPBELL SOUP CO	380	20,360	21,565
CAPITAL ONE FINL CORP GLBL FLT	271	40,376	25,192
CARDINAL HEALTH INC	533	28,082	40,972
CATALENT INC	323	14,967	14,538
CATERPILLAR INC	380	83,478	91,033
CDW CORP	269	45,363	48,038
CELANESE CORP DE COM SER A	363	51,759	37,113
CENTERPOINT ENERGY INC	2,487	72,967	74,585
CF INDS HLDGS INC	991	100,622	84,433
CHEVRON CORPORATION	598	101,336	107,335
CHUBB LTD	437	90,873	96,402
CIGNA CORP	451	110,697	149,434
CINCINNATI FINANCIAL CORP	715	92,649	73,209
CINTAS CORP	55	22,052	24,839
CISCO SYS INC	5,180	290,243	246,775
CITIGROUP INC	1,307	68,335	59,116
CITIZENS FINL GROUP INC	411	19,582	16,181
CLOROX CO	466	65,917	65,394
CMS ENERGY CORP	636	43,223	40,278
COCA COLA CO	796	48,168	50,634
COGNIZANT TECHNOLOGY SOLUTIONS	1,073	88,303	61,365
COMCAST CORP CL A	2,347	114,381	82,075
CONOCOPHILLIPS	388	39,276	45,784
CONSOLIDATED EDISON INC	627	57,544	59,759
CONSTELLATION BRANDS INC CL A	94	22,555	21,785
CONSTELLATION ENERGY CORP. COM	1,040	65,491	89,658
COPART INC	390	24,778	23,747
CORTEVA INC	290	19,226	17,046
COSTCO WHOLESALE CORP	342	181,739	156,123
COTERRA ENERGY INC COM	2,809	78,509	69,017
CRISPR THERAPEUTICS AG	5,812	702,951	236,258
CROWN CASTLE INC.	217	37,445	29,434
CUMMINS INC	176	35,536	42,643
CVS/CAREMARK CORP	3,886	266,341	362,136
DANAHER CORP	238	61,042	63,170
DAVITA INC	312	35,442	23,297
DEERE & CO	732	71,287	313,852
DEERE & CO	200	80,271	85,752
DELTA AIR LINES INC	552	19,495	18,139
DENTSPLY SIRONA INC	554	17,406	17,639
DEVON ENERGY CORPORATION	2,085	127,161	128,248
DIAMONDBACK ENERGY INC	132	20,428	18,055
DISCOVER FINL SVCS	468	54,217	45,784
DOLLAR GEN CORP NEW	148	34,790	36,445
DOLLAR TREE INC	529	81,444	74,822
DOVER CORP	540	80,430	73,121
DOW INC	486	30,967	24,490

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
DOXIMITY INC-CLASS A	18,800	861,918	630,928
DTE ENERGY CO	332	41,858	39,020
EASTMAN CHEMICAL CO	661	69,249	53,832
EATON CORP PLC	487	72,948	76,435
EDISON INTERNATIONAL	1,879	123,422	119,542
EDWARDS LIFESCIENCES CORP	300	34,142	22,383
ELEVANCE HEALTH INC	458	227,240	234,940
EMERSON ELECTRIC	609	55,857	58,501
ENPHASE ENERGY INC	165	48,805	43,718
ENTERGY CORP NEW	408	46,163	45,900
EOG RESOURCES INC	714	84,931	92,477
EPAM SYS INC	79	23,047	25,891
EQT CORP	978	40,151	33,086
EQUIFAX INC	84	19,554	16,326
ESTEE LAUDER COMPANIES	135	43,078	33,495
EVEREST RE GROUP LTD	221	62,296	73,211
EVERGY INC	393	27,135	24,731
EVERSOURCE ENERGY	219	18,993	18,361
EXELON CORP CORPORATION	1,976	91,693	85,422
EXPEDITORS INTERNATIONAL	878	91,292	91,242
EXPEDITORS INTL WASH INC	4,445	222,487	461,924
EXXON MOBIL CORPORATION	988	94,738	108,976
F5 INC	988	32,550	21,814
FACEBOOK INC	10,248	1,134,721	1,233,244
FACEBOOK INC	2,078	415,189	250,067
FACTSET RESEARCH SYSTEMS INC	1,414	245,080	567,311
FACTSET RESEARCH SYSTEMS INC	38	15,314	15,246
FASTENAL CO	1,651	95,556	78,125
FEDEX CORP	505	95,430	87,466
FIFTH THIRD BANCORP COM	1,007	46,661	33,040
FIRSTENERGY CORP	486	19,429	20,383
FMC CORP - NEW	297	39,864	37,066
FORD MOTOR CO	3,514	53,726	40,868
FORTIVE CORP	581	37,640	37,329
FREEPORT-MCMORAN COPPER & GOLD B	554	21,912	21,052
GALLAGHER ARTHUR J & CO	674	116,545	127,076
GARTNER INC CL A	216	61,552	72,606
GENERAL MILLS INC	464	32,179	38,906
GENUINE PARTS CO	197	25,065	34,181
GILEAD SCIENCES INC	1,730	102,948	148,521
GLOBAL MARKETS INC	186	21,114	23,337
GOLDMAN SACHS GROUP INC	457	143,601	156,925
GRAINGER W W INC	103	51,936	57,294
HALLIBURTON CO	1,872	67,783	73,663
HARTFORD FINL SVCS GROUP INC	267	17,628	20,247
HASBRO INC	647	56,203	39,473
HCA HLDGS INC COM	208	51,006	49,912
HENRY JACK & ASSOC INC	281	54,949	49,332
HESS CORP COM	121	12,663	17,160
HEWLETT PACKARD ENTERPRISE CO	7,284	121,005	116,253
HOLOGIC INC	308	21,685	23,041
HOME DEPOT INC	297	96,391	93,810
HONEYWELL INTERNATIONAL INC	246	48,665	52,718
HORMEL FOODS CORP	360	18,841	16,398
HOST HOTELS & RESORTS INC	3,113	55,392	49,964
HOWMET AEROSPACE INC COM	842	32,330	33,183

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
HP INC	4,298	96,194	115,487
HUMANA INC	197	86,552	100,901
HUNTINGTON BANCSHARES INC	1,984	28,713	27,974
IBM CORP	980	130,530	138,072
IDEX CORP	66	12,751	15,070
ILLINOIS TOOL WORKS INC WKS INC	314	64,568	69,174
ILLUMINA INC	2,660	772,222	537,852
INTEL CORP	4,746	240,847	125,437
INTERNATIONAL PAPER CO	923	42,353	31,963
INTERPUBLIC GROUP COS INC	1,724	58,209	57,426
INTUITIVE SURGICAL INC	1,318	216,053	349,731
INVESCO LTD	1,400	30,458	25,186
IRON MTN INC NEW	1,374	65,020	68,494
JACOBS ENGINEERING GROUP INC. COM	635	80,008	76,244
JB HUNT TRANSPORTATION SERVICES	335	62,011	58,411
JM SMUCKER COMPANY-NEW	133	18,625	21,075
JOHNSON & JOHNSON	402	70,935	71,013
JOHNSON CONTROLS INTERNATIONAL	359	23,684	22,976
JPMORGAN CHASE & CO	1,249	173,358	167,491
JUNIPER NETWORKS INC	469	14,170	14,989
KELLOGG CO	532	36,617	37,900
KEYCORP	1,563	32,921	27,227
KIMCO RLTY CORP	1,260	26,452	26,687
KINDER MORGAN INC DEL COM	1,787	30,642	32,309
KLA-TENCOR CORP	219	81,846	82,570
KRAFT HEINZ CO	735	26,340	29,922
KROGER CO	2,052	98,372	91,478
L3 HARRIS TECHNOLOGIES INC COM	120	29,575	24,985
LABORATORY CORP OF AMER HLDGS	223	61,473	52,512
LAM RESH CORP	66	28,690	27,740
LEIDOS HLDGS INC	206	22,325	21,669
LILLY ELI & CO	687	202,396	251,332
LINDE PLC	283	80,634	92,309
LIVE NATION INC	303	29,318	21,131
LKQ CORP	472	21,013	25,210
LOCKHEED MARTIN CORP	84	37,134	40,865
LOEWS CORP	526	30,549	30,682
LOWES COMPANIES INC COS INC	907	206,412	180,711
LUMEN TECHNOLOGIES INC COM	3,419	41,592	17,847
LYONDELLBASELL INDUSTRIES NV	539	50,606	44,753
MARATHON OIL CORP	913	22,773	24,715
MARATHON PETE CORP	1,839	147,129	214,041
MARKETAXESS HOLDINGS INC	103	26,053	28,726
MARSH & MCLENNAN COS INC	1,244	208,147	205,857
MASTERBRAND INC COMMON STOCK	634	6,729	4,787
MATCH GROUP INC NEW COM	579	28,922	24,023
MCKESSON CORP	146	43,662	54,768
MERCK & CO INC	1,034	96,865	114,722
METLIFE INC	455	31,740	32,928
METTLER-TOLEDO INTL INC	48	60,698	69,382
MICROCHIP TECHNOLOGY INC	267	20,975	18,757
MICROSOFT CORP	3,684	196,548	883,497
MICROSOFT CORP	4,349	360,318	1,042,977
MID-AMER APARTMENT CMNTYS INC	122	25,422	19,153
MOBILEYE GLOBAL INC-A	1,785	37,485	62,582
MODERNA INC COM	209	30,706	37,541

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

SCHEDULE OF CORPORATE STOCK - COMMON

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EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
MOLINA HEALTHCARE INC	85	29,419	28,069	
MONOLITHIC POWER SYSTEMS INC	214	91,195	75,673	
MONSTER BEVERAGE CORPORATION	14,465	772,470	1,468,631	
MORGAN STANLEY	2,292	221,598	194,866	
MSCI INC	1,162	97,238	540,528	
NASDAQ STOCK MARKET INC	306	18,361	18,773	
NETFLIX.COM INC	4,026	1,287,008	1,187,187	
NETFLIX.COM INC	198	44,407	58,386	
NEWMONT MNG CORP	902	58,277	42,574	
NEXTERA ENERGY INC	235	19,172	19,646	
NIKE INC CL B	1,228	154,044	143,688	
NISOURCE INC	2,122	65,606	58,185	
NORDSON CORP	230	53,230	54,676	
NORTHERN TRUST CORP	680	78,001	60,173	
NORTHROP GRUMMAN CORP	39	19,035	21,279	
NOVARTIS AG SPON ADR	7,988	671,333	724,671	
NOVO-NORDISK A/S SPONS ADR	3,622	189,002	490,201	
NUCOR CORP	1,020	152,437	134,446	
NVIDIA CORP	8,940	333,127	1,306,492	
NVIDIA CORP	1,044	225,380	152,570	
NXP SEMICONDUCTORS NV	258	45,246	40,772	
OCCIDENTAL PETROLEUM CORP	494	34,027	31,117	
OLD DOMINION FGHT LINES INC	221	65,089	62,715	
ON SEMICONDUCTOR CORP	909	62,723	56,694	
ONEOK INC	629	40,154	41,325	
ORACLE CORP	15,949	683,322	1,303,671	
ORACLE CORPORATION	4,033	357,870	329,657	
ORGANON CO COMMON STOCK	680	17,998	18,992	
OTIS WORLDWIDE CORP COM	743	57,833	58,184	
PACKAGING CORP OF AMERICA	209	32,286	26,733	
PARAMOUNT GLOBAL	2,468	46,708	41,660	
PARKER HANNIFIN CORP	123	35,719	35,793	
PAYCHEX INC	395	53,767	45,646	
PAYPAL HOLDINGS INC	6,044	659,999	430,454	
PEPSICO INC	111	19,065	20,053	
PERKINELMER INC	689	121,044	96,612	
PFIZER INC	3,656	191,765	187,333	
PHILIP MORRIS INTL INC	693	72,054	70,139	
PHILLIPS 66	372	35,201	38,718	
PIONEER NATURAL RESOURCES CO	113	26,989	25,808	
PNC FINL SVCS GROUP INC	157	30,371	24,797	
POOL CORP COM	45	19,309	13,605	
PRINCIPAL FINANCIAL GROUP	284	21,036	23,833	
PROCTER & GAMBLE CO	446	67,655	67,596	
PROGRESSIVE CORP	432	50,386	56,035	
PROLOGIS INC	411	56,520	46,332	
PRUDENTIAL FINL INC JR SB GLBL	265	31,048	26,357	
PTC INC	242	25,608	29,050	
PUBLIC SVC ENTERPRISE GROUP INC	955	65,526	58,513	
QORVO INC	176	15,005	15,953	
QUALCOM INC	5,375	335,964	590,928	
QUALCOMM INC	682	74,122	74,979	
QUEST DIAGNOSTICS INC	387	52,246	60,542	
RALPH LAUREN CORP	174	18,167	18,387	
REGENCY CENTERS CORP	437	26,483	27,313	
REGENERON PHARMACEUTICALS	1,177	440,294	849,194	

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

SCHEDULE OF CORPORATE STOCK - COMMON

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EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
REGENERON PHARMACEUTICALS INC	107	68,962	77,199
REGIONS FINL CORP	3,590	79,721	77,400
RESMED INC	124	29,987	25,808
ROBERT HALF INTL INC	486	51,430	35,881
ROCHE HOLDINGS LTD - SPONS ADR	13,066	489,117	512,814
ROLLINS INC	918	34,562	33,544
SALESFORCE.COM INC	3,800	567,760	503,842
SCHLUMBERGER LTD	2,318	101,450	123,920
SEAGATE TECHNOLOGY HOLDINGS PUBLIC LIMITED COMPANY	1,100	121,464	57,871
SEALED AIR CORP NEW	764	43,731	38,108
SEI INVESTMENTS CO	8,772	395,645	511,408
SEMPRA ENERGY	356	56,472	55,016
SHERWIN WILLIAMS CO	273	67,835	64,791
SHOPIFY INC - CLASS A	9,235	528,700	320,547
SIMON PROPERTY GROUP INC	244	25,601	28,665
SNAP ON INC	355	73,699	81,114
SOLAREDGE TECHNOLOGIES INC	67	19,680	18,979
SQUARE INC	5,890	686,325	370,128
STARBUCKS CORP	7,486	491,165	742,611
STATE STR CORP	666	58,547	51,662
STERIS PUBLIC COMPANY LIMITED PLC	514	105,288	94,931
SYNCHRONY FINL	1,607	60,419	52,806
SYNOPSYS INC	164	54,505	52,364
T ROWE PRICE GROUP INC	209	28,505	22,794
TARGA RES CORP	552	41,403	40,572
TARGET CORP	1,323	309,572	197,180
TE CONNECTIVITY LTD	513	65,537	58,892
TERADYNE INC	225	20,785	19,654
TESLA INC	5,280	1,428,621	650,390
TESLA MTRS INC	2,237	507,639	275,554
TEXAS INSTRS INC	149	26,431	24,618
TEXTRON INC	225	16,317	15,930
THE WALT DISNEY CO	8,229	1,059,981	714,936
T-MOBILE US INC	549	68,417	76,860
TRAVELERS COS INC	125	23,653	23,436
TRIMBLE NAV LTD	611	42,001	30,892
TRUIST FINANCIAL CORP COM	970	52,574	41,739
TYSON FOODS INC CLASS A	790	65,859	49,178
ULTA SALON COSMETICS & FRAGRANCE	82	30,773	38,464
UNDER ARMOUR INC-CLASS A	35,000	555,111	355,600
UNION PACIFIC CORP	208	49,292	43,071
UNITED CONTL HLDGS INC	924	39,415	34,835
UNITED PARCEL SERVICE	1,095	195,550	190,355
UNITED RENTALS INC	373	124,403	132,572
UNITEDHEALTH GROUP INC	673	307,508	356,811
UNIVERSAL HEALTH SVCS INC CL B	323	39,527	45,507
VALERO ENERGY CORP CORP NEW	1,043	104,859	132,315
VEEVA SYSTEMS INC-CLASS A	3,298	610,512	532,231
VENTAS INC REITS	542	25,093	24,417
VERIZON COMMNS INC	863	39,767	34,002
VISA INC-CLASS A SHRS	6,897	547,251	1,432,921
WALGREENS BOOTS ALLIANCE INC	673	31,062	25,143
WAL-MART STORES INC	1,884	252,948	267,132
WALT DISNEY CO	1,010	137,988	87,749
WATERS CORP	225	70,635	77,081
WEC ENERGY GROUP INC	217	21,140	20,345

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WELLS FARGO & CO & CO NEW	3,791	180,786	156,530
WEST PHARMACEUTICAL SERVICES	126	54,377	29,654
WESTERN DIGITAL CORP	1,371	61,146	43,255
WESTROCK CO	1,115	52,997	39,203
WEYERHAEUSER CO	506	18,966	15,686
WHIRLPOOL CORP	189	34,387	26,736
WILLIAMS CO INC	1,188	40,501	39,085
WILLIS TOWERS WATSON PLC	120	28,946	29,350
WORKDAY INC	3,566	482,602	596,699
WYNN RESORTS LTD	258	16,414	21,270
XCEL ENERGY INC	294	21,604	20,612
YUM CHINA HOLDINGS INC	9,560	264,837	522,454
YUM! BRANDS INC	2,999	188,639	384,112
ZEBRA TECHNOLOGIES CORP CL A	89	38,912	22,821
ABS ALPHA LTD - CORPORTATE STOCK - COMMON	-	19,290,544	26,091,826
BPIF NON-TAXABLE LP- CORPORATE STOCK - COMMON	-	10,005,627	14,328,812
NB CROSSROADS FUND XXI-PLAN ASSET ALLOC LP - CORPORTATE STOCK - COMMON	-	463,093	1,116,908
NB CROSSROADS FUND XXII-PLAN ASSET ALLOC LP - CORPORTATE STOCK - COMMON	-	759,060	1,533,519
		<u>\$ 78,071,684</u>	<u>\$ 97,639,560</u>

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

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

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
OAKTREE REAL ESTATE DEBT FUND II LP		\$ 8,316,383	\$ 10,282,675
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP - PARTNERSHIPS		4,274,072	5,686,744
BPIF NON-TAXABLE LP - PARTNERSHIPS		9,390,185	13,119,012
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHOR FUND IV (SERIES 2018) LP - PARTNERSHIPS		9,012,338	11,517,674
HAMILTON LANE STRATEGIC OPPORTUNITIES FUND VII LP - PARTNERSHIPS		6,623,082	6,666,688
NB CROSSROADS FUND XXI-PLAN ASSET ALLOC LP - PARTNERSHIPS		10,966,209	27,822,451
NB CROSSROADS FUND XXII-PLAN ASSET ALLOC LP - PARTNERSHIPS		<u>13,541,043</u>	<u>28,155,608</u>
		<u>\$ 62,123,312</u>	<u>\$ 103,250,852</u>

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

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

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	COMERICA SHORT-TERM FUND	18,952,016	\$ 18,952,016	\$ 18,952,016
	COMMINGLED PENSION TRUST FUND (SPECIAL SITUATION PROPERTY) OF JPMORGAN CHASE BANK NA	2,259,765	22,041,369	29,362,266
	COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK NA	4,966,842	41,887,212	65,229,538
	EARNEST PARTNERS INTERNATIONAL FUND	758,438	9,476,130	15,396,294
	STATE STREET S&P 500 (R) FLAGSHIP NON-LENDING FUND	36,238	17,571,623	36,620,799
	WILLIAM BLAIR INTERNATIONAL LEADERS COLLECTIVE INVESTMENT FUND (CLASS 2)	776,763	<u>15,000,000</u>	<u>11,080,219</u>
			<u>\$ 124,928,350</u>	<u>\$ 176,641,132</u>

* PARTY-IN-INTEREST

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

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES		(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	DFA GROUP TRUST - THE SMALL CAP SUBTRUST	4,057	\$ 4,891,205	\$ 16,652,559
	NCS GROUP TRUST GLOBAL FUND	584,567	25,803,824	30,361,330
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND	100,507	13,373,936	23,060,457
	OAKTREE MIDDLE-MARKET DIRECT LENDING FUND (PARALLEL 2) LP	19,202,388	15,274,474	19,563,366
			<u>\$ 59,343,439</u>	<u>\$ 89,637,712</u>

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

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIO INSTITUTIONAL SHARES	4,340,719	\$ 43,531,593	\$ 39,978,017
PIMCO ALL ASSET FUND INSTITUTIONAL CLASS	2,256,115	<u>26,949,911</u>	<u>23,711,764</u>
		<u>\$ 70,481,504</u>	<u>\$ 63,689,781</u>

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

SCHEDULE OF OTHER INVESTMENTS

DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
ISSUER		COST	CURRENT VALUE
BLACKSTONE REAL ESTATE DEBT STRATEGIES III LP - OTHER INVESTMENTS	-	\$ <u>134,990</u>	\$ <u>176,387</u>
	-	\$ <u>134,990</u>	\$ <u>176,387</u>

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

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

EIN 13-6414973, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	COMERICA SHORT-TERM FUND	\$ 84,942,044	\$ -	\$ -	\$ -	\$ -	\$ 84,942,044	\$ -
*	COMERICA SHORT-TERM FUND	-	82,307,176	-	-	82,307,176	82,307,176	-

* PARTY-IN-INTEREST

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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN)		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)		

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

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

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

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

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning and ending		
A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I	Distributions
--------	---------------

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

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

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

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

Part III	Amendments
----------	------------

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

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

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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