

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan	<u>I. A. T. S. E. NATIONAL PENSION FUND</u> 1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND</u> <u>417 FIFTH AVENUE, 3RD FLOOR</u> <u>NEW YORK, NY 10016-2204</u>	1c Effective date of plan <u>05/31/1957</u> 2b Employer Identification Number (EIN) <u>13-1849172</u> 2c Plan Sponsor's telephone number <u>212-580-9092</u> 2d Business code (see instructions) <u>711100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2023	MATTHEW LOEB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2023	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

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 23117
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) 14278
a(2) Total number of active participants at the end of the plan year		6a(2) 16809
b Retired or separated participants receiving benefits		6b 2473
c Other retired or separated participants entitled to future benefits.....		6c 5602
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 24884
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 558
f Total. Add lines 6d and 6e		6f 25442
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 5587
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 I. A. T. S. E. NATIONAL PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND	D Employer Identification Number (EIN) 13-1849172

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) 568985061
(2) Actuarial value of assets for funding standard account	1b(2) 532922636
c (1) Accrued liability for plan using immediate gain methods	1c(1) 614107139
(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) 535904243
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) 1467939401
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 95031115
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 20190169
(3) Expected plan disbursements for the plan year	1d(3) 25690169

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	10/05/2023
Signature of actuary JONATHAN P. SCARPA, FSA, MAAA	Date 23-08268
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	568985061
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	3014	228087788
(2) For terminated vested participants	5770	399944456
(3) For active participants:		
(a) Non-vested benefits		93150159
(b) Vested benefits		746756998
(c) Total active	14278	839907157
(4) Total	23062	1467939401
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.76 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2022	44856816				
Totals ▶			3(b)	44856816	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.22 %
	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)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.50 %
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	9.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.5 %
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)	5296458
(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
1	31456414	3314986
3	2286225	240930

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	22932913

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)	198265893	30112517
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 3978407**e** Total charges. Add lines 9a through 9d.....**9e** 57023837**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 53581339**g** Employer contributions. Total from column (b) of line 3.....**9g** 44856816**h** Amortization credits as of valuation date.....

Outstanding balance

9h 63500051 7919886**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 6154545**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)	169526162	
9j(2)	873317110	
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** 112512586**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 55488749**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
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1) 0**9o(2)(a)** 0**9o(2)(b)** 0**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 I. A. T. S. E. NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND	D Employer Identification Number (EIN) 13-1849172	

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
ARTISAN PARTNERS LP
30-0551775

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CONSTITUTION CAPITAL EQUITY PTNRS
74-3246212

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIMENSIONAL FUND ADVISORS LP
30-0447847

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUST GLOBAL PARTNERS OFFSHORE LP
90-0644478

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

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

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

GLOBAL TRUST COMPANY

26-3761443

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

GMO BENCHMARK-FREE ALLOCATION FUND

72-1566419

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

GOLUB CAPITAL BDC 3 INC

82-2375481

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

GQG PARTNERS

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

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

I SQUARED CAPITAL

98-1043772

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

JP MORGAN CHASE BANK NA

13-4994650

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

ROCKWOOD CAPITAL LLC

20-4855911

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

SILVER ROCK CAPITAL PARTNERS LP

87-2128883

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

STRATEGIC INVESTORS FUND XI LP

87-4011614

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

THE VANGUARD GROUP INC

23-1945930

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

WCM INVESTMENT MANAGEMENT

281 BROOKS ST
LAGUNA BEACH, CA 92651

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

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

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

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

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

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

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	ACCOUNTANT	517029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINMILL SOFTWARE INC

52-2247044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	480213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CPAS SYSTEMS

81-4932885

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	423232	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)

ANNE J ZEISLER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	409407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	386211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	CONSULTANT	312373	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	276000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPIVAK LIPTON LLP

13-3494495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	247322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCOTT J TRIVIGNO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	226448	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)

JOEL SEGAL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	225738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL R FIFE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	211368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSALINA ROLDAN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	210248	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARGARET RYAN-GROPPO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	177740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEMALATHA K SUDANTHIRAN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	160587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP INC

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	150891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROLINE LS KANDASAMI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	148864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AYLEEN JOY LAO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	146268	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	140885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MINETTE REYES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	136122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONALD NGAI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	131794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS INC

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	PRINTER	130258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLA A PAYOT

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	125508	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLOS CRUZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	124090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT LP

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	123656	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

NATASHA SINGH

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	122727	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASEY CIRILLO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	122578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIVIENNE PRADO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	121154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYRA PEREZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	117714	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMY DURON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	117118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KLIK TECHNOLOGIES CORP

13-4087066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	116629	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICOLE COLOMBO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	107842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANSIL M PATEL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	107019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENYA SANDERS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	106638	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)

MARY ADAMS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	103333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDY DEREZIL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	95542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUREN SMITH

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	95019	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)

SVETLANA M NIKITENKO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	94461	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KISHA SALLY

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	94309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN DENTICE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	94091	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)

FARHANA RAZZAQUE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	92503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LESLIE WELCH

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	91827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALANA J WICKSON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	91106	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)

IVAN MUNOZ-ARCOS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	89427	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENERA NIKONOVA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	89082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE MARTIN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	88442	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)

FLAKRON KLLOKOQI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	87546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW J SERRANO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	87330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAULINE O BURNS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	86365	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)

MICHAEL CUSUMANO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	86038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN BLONDEK

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	84938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAUDINE MARANO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	84874	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)

CRISTINA LOPEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	82414	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILIP TAM

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	82318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JULIA KEAVENEY

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	82135	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)

KIM R KNOWLES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	82022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMILY H DI PIETRO-RAMIREZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	81936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA SAITTA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	81421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH MARTIN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	81399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN ECHEVERRIA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	79795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARON MAENG

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	79775	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)

BRANDON ARROYO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	79387	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAVIER ROBLES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	78122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUSTIN MARCHESANI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	77819	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)

CELENIA LUGO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	77635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZHANNA GOROSHKOV

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	77019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEX D KRULL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	76324	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)

PATRICIA CASSIERO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	76239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH CORDERO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	76103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOLANDA MAULEON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	75965	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)

MARINA BOLBIRER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	75706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETITA D MURILLO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	74644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENNIA E FIGUEROA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	72332	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)

ANITA LOPEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	71491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEE JIMENEZ SANTIAGO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	71334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHANNA NUNEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	68787	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)

PORTIA A PERSAUD

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	68395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARMEN R ARJOON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	68370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILIP YUEN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	68250	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)

SUZANNA M ROBLES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	67319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL FLORIO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	66274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISTEN GURKA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	64956	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)

ERIC MACHADO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	64761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIMONE VENNA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	63445	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH PERONE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62652	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)

SAMANTHA BRAKSMAYER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NAGINAH GOGOLLI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZYRAFETE NIKQI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVELYN MARINO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62104	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINA M BOTTO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANEL TOWNSEND

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	60048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAREY BUBECK

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	59881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORI BOKUN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	59224	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNE M BROGAN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	58251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEORGIA PULLEN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	55846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENJAMIN P FELTZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	55353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAIME R BRAKSMAYER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	55228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FELIX A MONTANEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	54760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONATHAN S RIVERA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	54421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYCHEX INC

911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	54388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONICA C FLEMING

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	54230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRACE R EVANGELISTA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	52095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTIN OJEDA-OLIVAR

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	51831	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)

ADMINISTRATIVE SERVICES ONLY INC

11-2995970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	51682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KWAKU MARFO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	47059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMILY DITOLLA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	46357	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)

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?
18 19 51	NONE	45878	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

OSCAR LOPEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	41471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMAL AUGUSTINE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	41021	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)

RAUL ROMERO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	38719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESUS QUINONES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	37658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIYA LAPTEVA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	36082	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)

RESHAY L BAILEY

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	35439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA C TORRES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	32051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANE SANTOS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	31915	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)

TIFFANY ARMSTRONG

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	28162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANNA GALKA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	26209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMANI M MILLER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	26069	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)

PRINCIPAL TRUST COMPANY

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	17858	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

JOSEPH PATERNO DESIGN LLC

90-0186296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE 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 50 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	62228	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 INC.	53	42973
(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 INC.	53	11781
(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 SPECIALTY MANAGERS, LLC 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 INC.	53	6424
(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 CASUALTY GROUP 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 INC.	53	1050

(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.
AXIS 39-1338397	INSURANCE COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 I. A. T. S. E. NATIONAL PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND		D Employer Identification Number (EIN) 13-1849172

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: US AGGREGATE BOND INDX NL		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 04-0025081-070	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36030563
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS EQUIT		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6258259-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32998499
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDX NL FD		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 90-0337987-160	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23828407
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG U.S. TREASURY INDX NL		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 04-0025081-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22871386
a Name of MTIA, CCT, PSA, or 103-12 IE: CMGLD PENS TR FD OF JP MORG CH BANK		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.		
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) 27492619
a Name of MTIA, CCT, PSA, or 103-12 IE: PAYDEN & RYSEL CIT EMERGING MARKETS		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 37-6667944-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17603717
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDX NL FD		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7796930

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY MSCI EAFE INDEX NL FUND

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

c EIN-PN 04-0025081-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9968780
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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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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>I. A. T. S. E. NATIONAL PENSION FUND</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 I.A.T.S.E. NATIONAL PENSION FUND</u>		D Employer Identification Number (EIN) <u>13-1849172</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1801000	2183000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	199644	354328
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	16963425	8586703
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	79583808	71246593
(5) Partnership/joint venture interests	1c(5)	58553565	103009629
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	0	2385171
(9) Value of interest in common/collective trusts.....	1c(9)	221735030	178590901
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	197202727	168040137
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

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	2560186	17850159
f Total assets (add all amounts in lines 1a through 1e)	1f	578599385	552246621

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	9606092	18158869
i Acquisition indebtedness	1i		
j Other liabilities	1j	8232	7261786
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9614324	25420655

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	568985061	526825966
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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)	44856816	
(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)		44856816
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19057	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19057
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2283364	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7069520	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9352884
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	41079866	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	35846735	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5233131
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-10608271	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-10608271

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-36364376
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-27091716
c Other income	2c		110949
d Total income. Add all income amounts in column (b) and enter total	2d		-14491526
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20794135	
(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)		20794135
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)	1433506	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	956433	
(4) Other	2i(4)	4483495	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6873434
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27667569
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-42159095
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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		7500000
4e	X		7500000
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		221892993
4g	X		221892993
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.)		X	
4m		X	
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 483916.

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 I. A. T. S. E. NATIONAL PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND		D Employer Identification Number (EIN) 13-1849172
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 1
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 **CRANETOWN MEDIA LLC**

b EIN **26-4742800**

c Dollar amount contributed by employer **2029126**

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 **EYE PRODUCTIONS INC**

b EIN **13-4168580**

c Dollar amount contributed by employer **1710825**

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 **STALWART PRODUCTIONS LLC**

b EIN **27-5380496**

c Dollar amount contributed by employer **1549036**

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 **TWENTIETH CENTURY FOX TELEVISION**

b EIN **84-0850631**

c Dollar amount contributed by employer **1373558**

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 **NETFLIX PRODUCTIONS LLC**

b EIN **83-2816269**

c Dollar amount contributed by employer **1127553**

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 **ELLIOT-LEWIS CORPORATION**

b EIN **23-2974097**

c Dollar amount contributed by employer **933820**

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): _____

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 **APPLE STUDIOS LLC**

b EIN **82-5500966** **c** Dollar amount contributed by employer **771648**

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 **CORPORATE MANAGEMENT SOLUTIONS PRODUCTIONS**

b EIN **37-1425813** **c** Dollar amount contributed by employer **695427**

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 **PROGRAM PRODUCTIONS INC**

b EIN **36-4035618** **c** Dollar amount contributed by employer **648818**

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 **MINIM PRODUCTIONS INC**

b EIN **46-2726476** **c** Dollar amount contributed by employer **627822**

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	0
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	0
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b	The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	2
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	99034
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: 52 % Investment-Grade Debt: 24 % High-Yield Debt: 8 % Real Estate: 7 % Other: 9 %

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 _____



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Kimberly Miller
Michael Fox
Viorel Kuzma
Justin Katulka

Independent Auditor's Report

Board of Trustees
I.A.T.S.E. National Pension Fund

Opinion

We have audited the accompanying financial statements of the I.A.T.S.E. National Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of 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 20 through 29 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 30 through 32 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, reading "Schullhas & Parutteni LLP".

Hauppauge, New York
October 12, 2023

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non-annuitant: PRI-2012 Employee Blue Collar Amount-weighted Mortality Table

Healthy annuitant: PRI-2012 Healthy Retiree Blue Collar Amount-weighted Mortality Table

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

Contingent annuitant: PRI-2012 Contingent Survivor Blue Collar Amount-weighted Mortality Table

The underlying tables with generational projection using Scale MP-2021 to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years with generational projection using 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, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior years' assumption over the past several years.

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement

Age	Rate (%)			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.07	0.02	0.01	26.19
25	0.08	0.03	0.01	27.77
30	0.09	0.04	0.01	18.29
35	0.10	0.05	0.01	13.17
40	0.12	0.07	0.02	10.50
45	0.13	0.09	0.05	9.32
50	0.17	0.12	0.10	8.45
55	0.27	0.20	0.20	4.38
60	0.46	0.32	0.44	3.30

¹ Mortality rates shown for base table.

² Withdrawal rates do not apply at or beyond age.

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

Retirement Rates for Active Participants

Age	Annual Retirement Rates
55 – 61	1%
62 – 64	5
65	15
65 – 70	10
71	50
72	100

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

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 68, 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 Rates for Inactive Vested Participants	<table> <tr> <th>Age</th><th>Annual Retirement Rates</th></tr> <tr> <td>55 – 61</td><td>2%</td></tr> <tr> <td>62</td><td>10</td></tr> <tr> <td>63 – 64</td><td>5</td></tr> <tr> <td>65</td><td>30</td></tr> <tr> <td>66</td><td>20</td></tr> <tr> <td>67 – 69</td><td>10</td></tr> <tr> <td>70</td><td>100</td></tr> </table> The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the past several years.	Age	Annual Retirement Rates	55 – 61	2%	62	10	63 – 64	5	65	30	66	20	67 – 69	10	70	100
Age	Annual Retirement Rates																
55 – 61	2%																
62	10																
63 – 64	5																
65	30																
66	20																
67 – 69	10																
70	100																
Future Benefit Accruals	One pension credit per year except for Roadperson participants who are expected to earn an average of 0.8 pension credits per year. Plan C participants are assumed to accrue benefits at the same level as in the prior year. The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual service and benefit accruals over the past several years.																
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.																
Definition of Active Participants	Active participants are defined as those who earned at least one quarter pension credit in the most recent plan year and who have accumulated at least one pension credit by the end of the 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, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.																
Percent Married	80% of male participants and 50% of female participants are assumed to married.																
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.																

Section 3: Certificate of Actuarial Valuation

Benefit Election	Non-married participants are assumed to elect the single life annuity with 60 months guaranteed. Married participants are assumed to elect the more valuable (based on valuation assumptions) of the single life annuity with 60 months guaranteed and the 50% Joint and Survivor form of payment.
Eligibility for Delayed Retirement Factors	Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants after attaining age 65 until age 70.
Net Investment Return	7.50% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$5,500,000 for the year beginning January 1, 2022 (equivalent to \$5,296,458 payable at the beginning of the year) or 28.2% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment, or if date is unknown, current age minus years of service. Plan C participants active prior to January 1, 2007 are assumed to have commenced employment no later than age 34. 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 Exhibit L.
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-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally 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> 9.8%, for the Plan Year ending December 31, 2021 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 12.5%, for the Plan Year ending December 31, 2021
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Section 3: Certificate of Actuarial Valuation

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 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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 I.A.T.S.E. NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND	D Employer Identification Number (EIN) 13-1849172

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

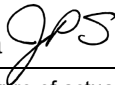
1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	568,985,061
(2) Actuarial value of assets for funding standard account.....	1b(2)	532,922,636
c (1) Accrued liability for plan using immediate gain methods	1c(1)	614,107,139
(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)	535,904,243
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)	1,467,939,401
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	95,031,115
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	20,190,169
(3) Expected plan disbursements for the plan year	1d(3)	25,690,169

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	Jonathan P. Scarpa 	10/05/2023
	Signature of actuary	Date
	Jonathan P. Scarpa, FSA, MAAA	2308268
	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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	568,985,061
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,014	228,087,788
(2) For terminated vested participants	5,770	399,944,456
(3) For active participants:		
(a) Non-vested benefits		93,150,159
(b) Vested benefits		746,756,998
(c) Total active	14,278	839,907,157
(4) Total	23,062	1,467,939,401
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.76 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2022	44,856,816				
Totals ▶			3(b)	44,856,816	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a ☐ Attained age normal	b ☒ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.22 %
- | | 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) 9P | 9P |
| (2) Females | 6c(2) 9FP | 9FP |
| d Valuation liability interest rate | 6d 7.50 % | 7.50 % |
| 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 | 9.8 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 12.5 % |
| 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) | 5,296,458 |
| (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
1	31,456,414	3,314,986
3	2,286,225	240,930

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

22,932,913

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)

198,265,893

30,112,517

(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

3,978,407

e Total charges. Add lines 9a through 9d

9e

57,023,837

Credits to funding standard account:

f Prior year credit balance, if any

9f

53,581,339

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

9g

44,856,816

Outstanding balance

h Amortization credits as of valuation date

9h

63,500,051

7,919,886

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

9i

6,154,545

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

169,526,162

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

9j(2)

873,317,110

(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

112,512,586

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

9m

55,488,749

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

Schedule MB Line 6f(1) - 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 January 1, 2022 (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 January 1, 2022 (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 January 1, 2022 (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	\$1,181,830	\$1,318,022	\$17,800,940	\$20,300,792
2023	2,438,210	2,895,465	17,194,542	22,528,217
2024	3,815,655	4,579,735	16,472,632	24,868,022
2025	5,391,689	6,288,280	15,780,819	27,460,788
2026	7,085,652	7,703,949	15,088,716	29,878,317
2027	8,746,601	8,955,184	14,465,951	32,167,736
2028	10,498,093	10,204,680	13,855,562	34,558,335
2029	12,284,893	11,271,270	13,239,245	36,795,408
2030	14,081,548	12,109,355	12,616,846	38,807,749
2031	15,825,257	12,920,886	11,988,406	40,734,549
2032	17,546,172	13,693,714	11,354,230	42,594,116
2033	19,202,909	14,472,125	10,714,963	44,389,997
2034	20,858,387	15,078,344	10,071,650	46,008,381
2035	22,487,066	15,585,842	9,425,758	47,498,666
2036	24,026,278	16,096,011	8,779,194	48,901,483
2037	25,550,607	16,651,147	8,134,353	50,336,107
2038	27,092,682	16,984,850	7,494,107	51,571,639
2039	28,582,054	17,277,674	6,861,837	52,721,565

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	\$29,980,845	\$17,536,089	\$6,241,455	\$53,758,389
2041	31,322,846	17,761,704	5,637,242	54,721,792
2042	32,608,646	17,838,220	5,053,666	55,500,532
2043	33,825,012	17,771,850	4,495,127	56,091,989
2044	34,926,941	17,715,233	3,965,717	56,607,891
2045	35,962,720	17,645,332	3,469,066	57,077,118
2046	36,834,889	17,513,879	3,008,229	57,356,997
2047	37,675,395	17,252,242	2,585,581	57,513,218
2048	38,447,861	16,950,248	2,202,666	57,600,775
2049	39,129,956	16,642,736	1,860,101	57,632,793
2050	39,719,278	16,342,071	1,557,495	57,618,844
2051	40,098,179	15,972,908	1,293,527	57,364,614
2052	40,507,044	15,557,863	1,066,084	57,130,991
2053	40,835,794	15,116,083	872,431	56,824,308
2054	40,989,092	14,623,263	709,446	56,321,801
2055	40,863,234	14,103,847	573,793	55,540,874
2056	40,488,531	13,547,433	462,085	54,498,049
2057	40,086,880	12,977,735	371,010	53,435,625

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted 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	\$39,543,174	\$12,374,309	\$297,420	\$52,214,903
2059	38,760,199	11,779,565	238,410	50,778,174
2060	37,775,580	11,109,352	191,369	49,076,301
2061	36,614,523	10,416,816	154,011	47,185,350
2062	35,278,259	9,746,644	124,374	45,149,277
2063	33,850,774	9,067,566	100,842	43,019,182
2064	32,310,769	8,400,837	82,093	40,793,699
2065	30,633,200	7,753,281	67,077	38,453,558
2066	28,932,494	7,135,901	54,991	36,123,386
2067	27,176,821	6,543,307	45,213	33,765,341
2068	25,405,584	5,976,304	37,265	31,419,153
2069	23,645,241	5,436,479	30,780	29,112,500
2070	21,919,419	4,924,909	25,470	26,869,798
2071	20,227,859	4,440,614	21,108	24,689,581

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(2) - Schedule of Active Participant Data

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

Age	Total	Pension Credits									
		Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	223	-	221	2	-	-	-	-	-	-	-
	\$147	-	\$144	-	-	-	-	-	-	-	-
25 - 29	1,187	-	1,061	125	1	-	-	-	-	-	-
	\$216	-	\$182	\$496	-	-	-	-	-	-	-
30 - 34	2,109	-	1,566	497	46	-	-	-	-	-	-
	\$299	-	\$213	\$521	\$806	-	-	-	-	-	-
35 - 39	2,174	-	1,245	761	150	18	-	-	-	-	-
	\$397	-	\$219	\$563	\$920	-	-	-	-	-	-
40 - 44	2,026	-	992	779	206	36	13	-	-	-	-
	\$454	-	\$226	\$558	\$909	\$1,403	-	-	-	-	-
45 - 49	1,727	-	750	625	267	61	17	7	-	-	-
	\$529	-	\$239	\$543	\$942	\$1,614	-	-	-	-	-
50 - 54	1,680	-	669	604	274	81	35	14	3	-	-
	\$571	-	\$225	\$540	\$933	\$1,550	\$1,932	-	-	-	-
55 - 59	1,373	1	501	482	253	86	26	13	6	4	1
	\$618	-	\$233	\$526	\$921	\$1,573	\$2,142	-	-	-	-
60 - 64	1,069	2	329	383	217	70	21	19	15	7	6
	\$694	-	\$222	\$553	\$928	\$1,570	\$1,925	-	-	-	-
65 - 69	504	-	146	189	100	32	10	9	9	5	4
	\$656	-	\$219	\$531	\$870	\$1,579	-	-	-	-	-
70 & over	116	-	46	40	19	3	1	2	3	2	-
	\$537	-	\$205	\$493	-	-	-	-	-	-	-
Unknown	90	-	85	4	1	-	-	-	-	-	-
	\$172	-	\$155	-	-	-	-	-	-	-	-
Total	14,278	3	7,611	4,491	1,534	387	123	64	36	18	11
	\$460	-	\$214	\$543	\$918	\$1,544	\$1,920	\$2,026	\$1,950	-	-

Note: Excludes 5,749 participants with less than one pension credit

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$39,553,470	-	\$39,553,470
2023	\$42,299,509	-	\$42,299,509
2024	\$44,947,403	-	\$44,947,403
2025	\$47,786,327	-	\$47,786,327
2026	\$50,829,547	-	\$50,829,547
2027	\$54,092,983	-	\$54,092,983
2028	\$57,589,901	-	\$57,589,901
2029	\$61,338,872	-	\$61,338,872
2030	\$65,358,470	-	\$65,358,470
2031	\$69,667,267	-	\$69,667,267

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

Section 3: Certificate of Actuarial Valuation

Normal Pension

- Age Requirement: 65
- Service Requirement: 10 years of pension credit
- Amount – Plan B: Weighted Average Benefit Level times total number of pension credits up to maximum of 25. The Weighted Average Benefit Level is the average of the various benefit levels during the Participant's last three years of employment.

Daily Contribution Rate	Benefit Level Per Year of Pension Credit
\$1.85	\$20.21
2.00	21.55
3.00	33.66
3.50	36.82
4.00	39.58
4.50	42.44
5.00	45.30
5.50	48.09
6.00	50.87
6.50	53.70
7.00	56.49
8.00	62.10
9.00	67.70
10.00	73.33
11.00	76.44
12.00	81.83
13.00	87.21
12.00	81.83
13.00	87.21
14.00	92.60
15.00	97.99
16.00	101.06
17.00	104.16
18.00	107.26
19.00	110.35
20.00	113.45
21.00	116.54
22.00	119.64
23.00	122.74
24.00	125.83
25.00	128.93
26.00	132.03

Section 3: Certificate of Actuarial Valuation

	<table> <tr> <td>27.00</td><td>134.38</td></tr> <tr> <td>28.00</td><td>138.23</td></tr> <tr> <td>29.00</td><td>141.33</td></tr> <tr> <td>30.00</td><td>144.23</td></tr> </table>	27.00	134.38	28.00	138.23	29.00	141.33	30.00	144.23
27.00	134.38								
28.00	138.23								
29.00	141.33								
30.00	144.23								
	<i>Amount</i> – Plan C: 3.0% of contributions paid or payable by a contributing Employer on behalf of the Employee for benefits under Plan C, per calendar year, up to a maximum of 25 calendar years. If more than 25 calendar years, the amount is based on the highest 25 calendar years of contribution.								
Early Retirement	<i>Age Requirement:</i> 55 <i>Service Requirement:</i> 10 years of Pension Credit <i>Amount:</i> Regular pension accrued, reduced by 6% for each year of age less than 65								
Disability	<i>Age Requirement:</i> None <i>Service Requirement:</i> 10 years of pension credit (with at least 75 days in 24-month period prior to disability) <i>Amount:</i> Normal pension accrued								
Vesting	<i>Age Requirement:</i> None <i>Service Requirement:</i> 5 years of vesting credit or 5 years of pension credit <i>Amount – Plan B:</i> 75% of Weighted Average Benefit Level times total number of Future Service credit. If earned at least 15 pension credits of which at least 2 years are future service credits, or at least 10 future service credits of which at least 10/20ths of a year were earned after January 1, 1983, then the early or Normal Retirement benefit. <i>Amount – Plan C:</i> Normal Pension accrued <i>Normal Retirement Age:</i> 65, or fifth anniversary of participation.								
Spouse's Pre-Retirement Death Benefit	<i>Age Requirement:</i> None <i>Service Requirement:</i> Five years of Vesting Service or 5 years of Pension Credit. <i>Amount:</i> 50% of the benefit employee would have received had he or she retired the day before death, unreduced for joint and survivor coverage. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have first been eligible to retire. <i>Charge for Coverage:</i> None								
Post-Retirement Death Benefit (if not eligible for spouse's benefit)	<i>Service Requirement:</i> 5 years of vesting credit <i>Amount:</i> An eligible beneficiary will receive the amount the participant would have received had he or she retired the day before death, guaranteed for 60 months. The benefit amount is reduced for age, but not less than age 55.								

Section 3: Certificate of Actuarial Valuation

Post-Retirement Death Benefit	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage and if the spouse predeceases the pensioner, the pensioner's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with 60 months of payment guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.		
Participation	Earliest January 1 st or July 1 st following the completion of a 12 consecutive month period during which he or she worked at least 75 days in covered employment.		
Optional Forms of Benefits	Single Life Annuity with 5-year certain 50% Joint and Survivor with pop-up 75% Joint and Survivor with pop-up		
Pension Credit	1 – 11 days	=	1/20 ¹ pension credit
	12 – 22 days	=	2/20* pension credit
	23 – 33 days	=	3/20* pension credit
	34 – 44 days	=	4/20* pension credit
	45 – 55 days	=	1/4 pension credit
	56 - 66 days	=	6/20 pension credit
	67 - 77 days	=	7/20 pension credit
	78 - 88 days	=	8/20 pension credit
	89 - 99 days	=	9/20 pension credit
	100 - 110 days	=	1/2 pension credit
	111 - 121 days	=	11/20 pension credit
	122 - 132 days	=	12/20 pension credit
	133 - 143 days	=	13/20 pension credit
	144 - 154 days	=	14/20 pension credit
	155 - 165 days	=	3/4 pension credit
	166 – 176 days	=	16/20 pension credit
	177 - 187 days	=	17/20 pension credit
	188 - 198 days	=	18/20 pension credit
	199 - 209 days	=	19/20 pension credit
	210 or more days	=	1 pension credit
¹ No credit is earned if worked less than 45 days in covered employment unless one vesting credit is earned in that calendar year.			

Section 3: Certificate of Actuarial Valuation

Vesting Credit	One year of vesting credit for each credit year during the contribution period in which the employee works 75 or more days.
Contribution Rate	Varies by employer. The average rates for the year beginning January 1, 2022 were \$10.75 per day for Plan B participants (excluding Roadpersons) and \$15.20 per day for Roadpersons. The average annual contribution during 2021 for Plan C participants was \$2,687.
Changes in Plan Provisions	Effective January 1, 2022, the Trustees have adopted the following: Benefit levels for daily contributions now include amounts of \$26, \$27, \$28, \$29 and \$30. This change is reflected for FSA in this valuation. Effective July 1, 2022, the Trustees have adopted the following: Pensioners will have their benefit calculated without the combined 25-year cap on combined pension credits. The cap 25-year cap on both Plan B and Plan C benefits individual continues to apply. This changes are reflected for Scheduled Cost in this valuation and will be reflected in the FSA with the January 1, 2023 valuation.

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	\$134,145	1	\$134,145
Plan amendment	01/01/1994	864,664	2	447,958
Plan amendment	01/01/1996	5,327,159	4	1,479,550
Plan amendment	01/01/1997	33,431	5	7,686
Plan amendment	01/01/1998	1,791,065	6	354,956
Change in assumptions	01/01/1999	2,297,185	7	403,450
Plan amendment	01/01/1999	2,649,805	7	465,380
Plan amendment	01/01/2000	962,565	8	152,871
Plan amendment	01/01/2001	1,254,979	9	183,013
Change in assumptions	01/01/2001	1,293,256	9	188,595
Plan amendment	01/01/2002	587,887	10	79,672
Plan amendment	01/01/2003	1,365,381	11	173,622
Plan amendment	01/01/2004	706,874	12	85,008
Plan amendment	01/01/2005	680,273	13	77,877
Plan amendment	01/01/2006	2,193,629	14	240,376
Plan amendment	01/01/2007	1,162,645	15	122,524
Plan amendment	01/01/2008	74,929	1	74,929
Actuarial loss	01/01/2008	1,727,124	1	1,727,124
Plan amendment	01/01/2009	175,901	2	91,129
Investment loss subject to relief	01/01/2009	16,895,880	16	1,719,312
Plan amendment	01/01/2010	186,270	3	66,631
Change in assumptions	01/01/2010	905,374	3	323,861
Actuarial loss	01/01/2011	2,804,099	4	778,803
Plan amendment	01/01/2012	104,938	5	24,127

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2012	3,006,317	5	691,214
Plan amendment	01/01/2013	148,196	6	29,370
Actuarial loss	01/01/2013	2,529,929	6	501,385
Actuarial loss	01/01/2014	1,905,952	7	334,739
Change in assumptions	01/01/2014	2,787,961	7	489,645
Plan amendment	01/01/2014	24,633,025	7	4,326,254
Change in assumptions	01/01/2015	581,078	8	92,284
Plan amendment	01/01/2015	1,299,577	8	206,393
Actuarial loss	01/01/2015	6,274,239	8	996,449
Plan amendment	01/01/2016	959,075	9	139,862
Actuarial loss	01/01/2016	13,324,477	9	1,943,107
Plan amendment	01/01/2017	660,619	10	89,528
Actuarial loss	01/01/2017	8,479,876	10	1,149,208
Plan amendment	01/01/2018	292,281	11	37,167
Actuarial loss	01/01/2018	9,825,759	11	1,249,448
Plan amendment	01/01/2019	1,381,852	12	166,179
Actuarial loss	01/01/2019	17,924,737	12	2,155,601
Plan amendment	01/01/2020	2,035,488	13	233,019
Actuarial loss	01/01/2020	20,293,358	13	2,323,150
Plan amendment	01/01/2022	2,286,225	15	240,930
Actuarial loss	01/01/2022	31,456,414	15	3,314,986
Total		\$198,265,893		\$30,112,517

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
Change in assumptions	01/01/1994	\$197,628	2	\$102,386
Change in assumptions	01/01/2003	1,885,999	11	239,824
Change in assumptions	01/01/2004	1,563,470	12	188,020
Change in assumptions	01/01/2007	772,949	15	81,456
Actuarial gain	01/01/2009	1,786,908	2	925,748
Actuarial gain	01/01/2010	361,633	3	129,360
Plan amendment	01/01/2011	86,835	4	24,117
Plan amendment	01/01/2021	71,728	14	7,860
Change in assumptions	01/01/2021	1,762,272	14	193,108
Actuarial gain	01/01/2021	55,010,629	14	6,028,007
Total		\$63,500,051		\$7,919,886

Section 3: Certificate of Actuarial Valuation

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 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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

Part II Basic Plan Information—enter all requested information			
1a Name of plan	I. A. T. S. E. NATIONAL PENSION FUND	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	05/31/1957
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	13-1849172		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number		
BOARD OF TRUSTEES	(212) 580-9092		
I.A.T.S.E. NATIONAL PENSION FUND	2d Business code (see instructions)		
417 FIFTH AVENUE, 3RD FLOOR	711100		
NEW YORK	NY 10016-2204		

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		10/10/23	Matthew Loeb
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan I. A. T. S. E. NATIONAL PENSION FUND 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 I.A.T.S.E. NATIONAL PENSION FUND 417 FIFTH AVENUE, 3RD FLOOR NEW YORK NY 10016-2204	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/31/1957</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 13-1849172</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (212) 580-9092</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 711100</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 05/31/1957		2b Employer Identification Number (EIN) 13-1849172		2c Plan Sponsor's telephone number (212) 580-9092		2d Business code (see instructions) 711100	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 05/31/1957											
2b Employer Identification Number (EIN) 13-1849172											
2c Plan Sponsor's telephone number (212) 580-9092											
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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X	10/05/2023	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

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 23,117
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) 14,278
a(2) Total number of active participants at the end of the plan year	6a(2) 16,809
b Retired or separated participants receiving benefits.....	6b 2,473
c Other retired or separated participants entitled to future benefits	6c 5,602
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 24,884
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 558
f Total. Add lines 6d and 6e	6f 25,442
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 5,587

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

1B

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

I.A.T.S.E. NATIONAL PENSION FUND
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

I.A.T.S.E. NATIONAL PENSION FUND
YEARS ENDED DECEMBER 31, 2022 AND 2021
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Independent Auditor's Report

Board of Trustees
I.A.T.S.E. National Pension Fund

Opinion

We have audited the accompanying financial statements of the I.A.T.S.E. National Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of 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 20 through 29 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 30 through 32 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, reading "Schullhas & Parutteni LLP".

Hauppauge, New York
October 12, 2023

I.A.T.S.E. NATIONAL PENSION FUND

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	\$ 8,479,198	\$ 16,911,838
Corporate stock	69,600,678	79,583,808
Partnership/joint venture interests	102,220,472	56,063,175
Common/collective trust funds	178,590,901	221,735,030
Registered investment companies	<u>165,930,138</u>	<u>197,202,727</u>
Total investments	524,821,387	571,496,578
Receivables		
Employers' contributions	2,183,000	1,801,000
Accrued interest/dividends	43,721	39,686
Net trades pending settlement	19,611	-
Property and equipment - net	2,445,193	2,102,443
Other assets	465,498	457,743
Right-of-use asset - operating lease	<u>14,939,362</u>	<u>-</u>
Total assets	<u>544,917,772</u>	<u>575,897,450</u>
Liabilities		
Accounts payable	803,944	766,569
Related organizations	2,348,500	6,145,820
Operating lease	<u>14,939,362</u>	<u>-</u>
Total liabilities	<u>18,091,806</u>	<u>6,912,389</u>
Net assets available for benefits	<u>\$ 526,825,966</u>	<u>\$ 568,985,061</u>

I.A.T.S.E. NATIONAL PENSION FUND

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	\$ (69,680,614)	\$ 49,966,012
Interest/dividends	<u>10,221,323</u>	<u>13,225,301</u>
Total investment income (loss)	(59,459,291)	63,191,313
Less investment expenses	<u>(956,433)</u>	<u>(902,201)</u>
Net investment income (loss)	(60,415,724)	62,289,112
Contributions		
Employers'	44,856,816	37,756,517
Other income	<u>110,949</u>	<u>21,474</u>
Total additions	<u>(15,447,959)</u>	<u>100,067,103</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	20,794,135	19,355,996
Administrative expenses	<u>5,917,001</u>	<u>5,126,498</u>
Total deductions	<u>26,711,136</u>	<u>24,482,494</u>
Net increase (decrease)	(42,159,095)	75,584,609
Net assets available for benefits		
Beginning of year	<u>568,985,061</u>	<u>493,400,452</u>
End of year	<u>\$ 526,825,966</u>	<u>\$ 568,985,061</u>

I.A.T.S.E. NATIONAL PENSION FUND

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 I.A.T.S.E. National Pension Fund (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 May 31, 1957 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the International Alliance of Theatrical Stage Employees and Moving Picture Technicians, Artists and Allied Crafts of the United States and Canada and various employers and employer associations in the entertainment industry in the United States and Canada. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is also subject to the regulations of the Puerto Rico Treasury Department.

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 benefits to eligible participants and their beneficiaries.

Participation

A participant is a pensioner, beneficiary or individual who has completed a 12-month period as an employee of an employer that is required to make contributions to the Plan, and worked at least 75 days in covered employment during that period as provided for by collective bargaining agreements.

Benefits

In general, participants with at least 10 years of pension credits are entitled to monthly pension benefits beginning at normal retirement age 65. The Plan permits early retirement at ages 55 to 64 and other forms of retirement based on age and years of credited service (pension credits).

The basis by which participants earn pension credits and the calculation of monthly pension benefits are determined by their participation in Plan B or Plan C.

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.

I.A.T.S.E. NATIONAL PENSION FUND
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.

Administrative expense allocation

The administrative office is occupied by the affiliated I.A.T.S.E. National Pension, Annuity, Vacation, Welfare and I.A.T.S.E. Staff Retirement Funds. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended December 31, 2022 and 2021 were \$14,840,243 and \$12,869,803, respectively.

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.

I.A.T.S.E. NATIONAL PENSION FUND

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.

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

Investments measured at net asset value: The value of non-publicly traded corporate stock, partnerships/joint venture interests, and common/collective trust funds are estimated by the management of the investment.

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.

I.A.T.S.E. NATIONAL PENSION FUND

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, 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	\$ 8,479,198	\$ 8,479,198	\$ -	\$ -
Corporate stock	37,279,745	37,279,745	-	-
Registered investment companies	<u>165,930,138</u>	<u>165,930,138</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	211,689,081	<u>\$ 211,689,081</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value	<u>313,132,306</u>			
Investments at fair value	<u>\$ 524,821,387</u>			

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

	<u>2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 16,911,838	\$ 16,911,838	\$ -	\$ -
Corporate stock	48,670,844	48,670,844	-	-
Registered investment companies	<u>197,202,727</u>	<u>197,202,727</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	262,785,409	<u>\$ 262,785,409</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value	<u>308,711,169</u>			
Investments at fair value	<u>\$ 571,496,578</u>			

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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 - Corporate stock (Non-publicly traded)

Golub Capital BDC 3, Inc. ("GBDC 3") is an externally managed, closed-end, non-diversified management investment company that was formed on August 1, 2017 and elected to be treated as a business development company under the Investment Company Act of 1940, as amended, on September 29, 2017. GBDC 3 invests primarily in senior secured and one-stop loans of U.S. middle-market companies. GBDC 3 may also selectively invest in second lien and subordinated (a loan that ranks senior only to a borrower's equity securities and ranks junior to all of such borrower's other indebtedness in priority of payment) loans of, and warrants and minority equity securities in, middle-market companies. The term of GBDC 3 is six years from the initial close date or October 2023, at which time GBDC 3 is expected to have a liquidity event (either IPO or sale). The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$20,133,214 and \$19,096,082, respectively.

EnTrustPermal Special Opportunities Evergreen Fund Ltd. ("EnTrustPermal") is an exempted company incorporated under the laws of the Cayman Islands that commenced operations on January 1, 2019 and is regulated under the Mutual Funds Law of the Cayman Islands. EnTrustPermal invests all its net assets in a master-feeder arrangement in EnTrustPermal Special Opportunities Evergreen Master Fund LP (the "Master Fund") which invests in a select group of funds and investment vehicles that are generally expected to be illiquid. EnTrustPermal records its investment in the Master Fund at fair value. Redemptions shall take place as of the close of business on the last business day of any calendar quarter or any other date determined by the EnTrustPermal's Board of Directors in its sole discretion. In order to effect a redemption, a shareholder is required to provide not less than 180 days' prior written notice of any such redemption request. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$12,187,721 and \$11,816,882, respectively.

Note 5 - Partnerships

Ironsides Partnership Fund III, L.P. ("Ironsides III") was organized for the purpose of investing in pooled investment vehicles via capital commitments to the issuers of such investments which invest primarily in portfolio companies located in or having a principal place of business in North America in accordance with the investment objectives, policies, procedures, and restrictions more specifically set forth in the Partnership Agreement. Ironsides III commenced operations on November 15, 2013 and will end 10 years after the Final Closing Date; provided, however, that such term may be (a) extended for up to two one year terms by the General Partner in its sole discretion, and (b) extended by the General Partner with the consent of the Advisory Board for one additional one year term. Distributions from Ironsides III may only be made at the discretion of the General Partner. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$14,169,423 and \$14,695,084, respectively.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 5 - Partnerships (cont'd)

Ironsides Direct Investment Fund V, L.P. ("Ironsides Direct Investment V") was organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America in accordance with the investment objectives, policies, procedures and restrictions more specifically set forth in the Partnership Agreement. Ironsides Direct Investment V commenced operations on April 11, 2018 and will continue in existence until the earlier of the expiration of its term on the 10 year anniversary of the final closing date, or if later, one year after the date by which all assets have been liquidated and its obligations terminated; and any one of the reasons for dissolution more fully described in Article 9 of the Partnership Agreement, including by consent of the General Partner and a majority of the percentage interests of the Limited Partners, a decree of judicial dissolution, and any time that there are no Limited Partners. Distributions from Ironsides Direct Investment V may only be made at the discretion of the General Partner. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$15,381,713 and \$15,537,985, respectively.

Fort Washington Private Equity Investors X, L.P. ("Fort Washington X") was formed on June 8, 2018 and commenced operations on July 20, 2018 as a Delaware limited partnership. The General Partner of Fort Washington X is FWPEI X GP, LLC, a Delaware limited liability company, and the investment manager is Fort Washington Investment Advisors, Inc. Fort Washington X will seek to realize capital appreciation primarily by investing in a diversified portfolio of leading private equity funds. Fort Washington X will invest in buyout, venture capital, growth equity, real assets, and special situation funds; up to 20% of capital in secondary investments, structured transactions and direct investments; and up to 30% of the private equity fund investments in international funds. The private equity partnership does not have a redemption period or redemption frequency. Limited Partners can request an assignment of interest at the General Partner's discretion, in accordance with the Amended and Restated Limited Partnership Agreement. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$18,915,630 and \$14,314,358, respectively.

Ironsides Co-Investment Fund VI, L.P. ("Ironsides Co-Investment VI") was organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America in accordance with the investment objectives, policies, procedures and restrictions more specifically set forth in the Partnership Agreement. Ironsides Co-Investment VI commenced operations on February 4, 2021 and will terminate on the 10th anniversary of the final close, unless dissolved earlier or extended in accordance with the Partnership Agreement. Distributions from Ironsides Co-Investment VI may only be made at the discretion of the General Partner. The estimated fair value of the investment held as of December 31, 2022 was \$13,063,194.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 5 - Partnerships (cont'd)

JP Morgan IIF ERISA Hedged LP is one of the fund investor vehicles included in the JP Morgan Infrastructure Investments Fund. The purpose of the JP Morgan Infrastructure Investments Fund is to invest in a broad range of infrastructure and infrastructure-related assets located in member countries of the Organization for Economic Co-Operation and Development ("OECD") with a primary focus on the US, Canada, Western Europe, and Australia. These assets may include toll roads, bridges, tunnels, oil and gas pipelines, electricity transmission and distribution facilities, contracted power generation assets, communication assets, water distribution and waste water collection and processing assets, railway lines and rapid transit links, seaports and airports. Redemptions dates occur two times a year on March 31 and September 30 and are subject to the investment advisors discretion. For the March 31 redemption date, notices must be received between November 15 and December 31 of the previous year. For the September 30 redemption date, notices must be received between May 15 and June 30 of the same year. The estimated fair value of the investment held as of December 31, 2022 was \$21,039,080.

Note 6 - Common/collective trust funds

JPMCB Strategic Property Fund's ("JPMCB") investment valuation is at estimated fair value of net equity investments in real estate assets, which includes working capital of the underlying investments, and are determined by the JPMorgan Chase Bank at each valuation date. Redemptions from JPMCB can be made once per quarter subject to available cash, as determined by JPMorgan Chase Bank. A written withdrawal request is required 45 days prior to quarter end. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$27,492,619 and \$26,527,387, respectively.

State Street Bank and Trust Company SSgA U.S. Aggregate Bond Index Non-Lending Fund's ("SSgA Bond Fund") investment valuation policy is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value of the SSgA Bond Fund is determined each business day. Redemptions of SSgA Bond Fund units can be made on any business day. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$36,030,563 and \$51,097,744, respectively.

State Street Bank and Trust Company SSgA Russell 1000 Index Non-Lending Fund's ("SSgA Index Fund") investment valuation policy is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value of the SSgA Index Fund is determined each business day. Redemptions of SSgA Index Fund units can be made on any business day. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$23,828,407 and \$36,237,488, respectively.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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

State Street Bank and Trust Company SSgA Daily MSCI EAFE Index Non-Lending Fund's ("SSgA Daily MSCI EAFE Index Fund") investment valuation policy is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value of the SSgA Daily MSCI EAFE Index Fund is determined each business day. Redemptions of SSgA Daily MSCI EAFE Index Fund 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 the SSgA Daily MSCI EAFE Index Fund. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$9,968,780 and \$8,249,074, respectively.

State Street Bank and Trust Company SSgA Long U.S. Treasury Index Securities Non-Lending Fund's ("SSgA Treasury Fund") investment valuation policy is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other instruments over a reasonable period of time. The per unit net asset value of the SSgA Treasury Fund is determined each day. Redemptions of SSgA Treasury Fund units may be made on such days, based on the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of the SSgA Treasury Fund. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$22,871,386 and \$26,687,416, respectively.

Payden & Rygel Emerging Markets Bond Collective Fund's ("Payden & Rygel") investment valuation policy is to value investments at fair value, which is generally defined as the price that could reasonably be expected to be received from an orderly transaction to sell an asset or paid to transfer a liability between market participants. The per unit net asset value is determined each business day. Issuances and redemptions of class units may be made on each Valuation Date, based upon each class's NAV per unit. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$17,603,717 and \$21,224,661, respectively.

GQG Partners Emerging Markets Equity CIT's ("GQG") investment valuation is at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. Redemptions are permitted on any valuation date at the unit value determined as of the close of business on the valuation date and are subject to any restrictions set forth in the Declaration of Trust. Redemption requests in amounts exceeding the smaller of \$10 million, or amounts equivalent to 10% of the amount invested, must be submitted in writing, five business days in advance. Net investment income realized gains from security transactions are not distributed to participants, and are reinvested in GQG. The estimated fair value of the investment held as of December 31, 2022 and 2021 was \$32,998,499 and \$41,928,883, respectively.

Note 7 - Investment commitments

Total outstanding capital commitments as of December 31, 2022 were \$67,812,000. Capital commitments are funded based on the capital calls issued by each investment manager.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 8 - 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 9 - Property and equipment

	<u>2022</u>	<u>2021</u>
Property and equipment	\$ 4,486,218	\$ 4,030,557
Less accumulated depreciation	<u>2,041,025</u>	<u>1,928,114</u>
Property and equipment - net	<u>\$ 2,445,193</u>	<u>\$ 2,102,443</u>

Property and equipment is stated at cost. Depreciation expense for the years ended December 31, 2022 and 2021 was \$112,912 and \$130,866, respectively, computed using the straight-line method over the estimated useful lives of the respective assets.

Expenditures for maintenance, repairs and minor renewals are charged to expenses as incurred; major renewals and betterments are capitalized.

Note 10 - Commitment

In 2018, the I.A.T.S.E. National Pension, Annuity, Vacation, Welfare, and I.A.T.S.E. Staff Retirement Funds committed to create and implement a new computer system for the Funds, benefit administration and operations. The total anticipated cost of the system is approximately \$22 million, which will be allocated to each entity based on the estimated benefit received. The costs associated with development, implementation and licensing are included in property and equipment and will be amortized over the estimated useful life of the system once it is operational. Other related costs are expensed as incurred. Management anticipates that certain components of the system will be fully operational in 2024. As of December 31, 2022, \$2,079,696 has been allocated to the Plan and is included in property and equipment.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 11 - Lease

The Plan adopted ASU No. 2016-02, Leases (Topic 842) as of January 1, 2022, using the modified retrospective approach and utilizing the effective date as its date of initial application, for which prior periods are presented in accordance with the previous guidance in ASC 840, Leases. Topic 842 requires a lessee to record a right-of-use asset and a liability based on the present value of lease payments over the lease term.

The I.A.T.S.E. National Pension Fund (the "Pension Fund") entered into a 12-year lease agreement for office space located at 417 Fifth Avenue, New York, New York ("417 Fifth"), expiring December 31, 2029. Under the terms of the agreement, the Pension Fund will pay base rent plus escalation charges for real estate taxes, maintenance, and utilities. Simultaneously, the Pension Fund entered into sublease agreements for the same term with its related Welfare, Annuity, Vacation, and I.A.T.S.E. Staff Retirement Funds. In addition, the Pension Fund secured a \$401,667 security deposit, pursuant to the terms of the lease.

All costs associated with 417 Fifth have been allocated to the Plan and its related benefit funds based on estimated benefit received. The Plan's estimated portion of these costs for each of the years ended December 31, 2022 and 2021 was 21%.

For the years ended December 31, 2022 and 2021, the Plan's portion of rent expense amounted to \$486,841 and \$480,024, respectively.

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

2023	\$ 2,350,753
2024	2,470,715
2025	2,520,678
2026	2,553,140
2027	2,585,603
2028 and thereafter	<u>5,711,249</u>
Total	<u>\$ 18,192,138</u>

Note 12 - Employers' contributions

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Employers' contributions are generally based on a percentage of salary, an hourly rate or a daily rate.

The COVID-19 outbreak in the United States caused business disruption through government mandated closings in the entertainment industry. This matter has negatively impacted the Plan's employers' contributions income for the year ended December 31, 2021.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 12 - Employers' contributions (cont'd)

Subsequent to December 31, 2022, there were work stoppages in the motion picture and television industry which have negatively impacted the Plan's contribution income. Due to the uncertainty regarding the duration of these business disruptions, the financial impact cannot be reasonably estimated at this time.

Note 13 - Reconciliation of financial statements to Form 5500

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

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment (loss)	\$ (60,415,724)	\$ 956,433	\$ (59,459,291)
Contributions	44,856,816	-	44,856,816
Other income	<u>110,949</u>	<u>-</u>	<u>110,949</u>
Total additions	<u>(15,447,959)</u>	<u>956,433</u>	<u>(14,491,526)</u>
Benefits paid directly to participants or beneficiaries	20,794,135	-	20,794,135
Administrative expenses	<u>5,917,001</u>	<u>956,433</u>	<u>6,873,434</u>
Total deductions	<u>26,711,136</u>	<u>956,433</u>	<u>27,667,569</u>
Net (decrease)	<u>\$ (42,159,095)</u>	<u>\$ -</u>	<u>\$ (42,159,095)</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 30.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 14 - Accumulated plan benefits

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

	January 1, 2022	January 1, 2021
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 145,471,374	\$ 129,690,783
Other vested participants	<u>368,095,042</u>	<u>350,386,517</u>
Total vested benefits	513,566,416	480,077,300
Nonvested benefits	<u>22,337,827</u>	<u>15,843,969</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 535,904,243</u>	<u>\$ 495,921,269</u>

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>\$ 495,921,269</u>	<u>\$ 470,868,171</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	20,979,105	10,196,588
Interest due to the decrease in the discount period	36,407,758	34,596,568
Benefits paid	(19,355,996)	(17,687,266)
Plan amendments	1,952,107	(135,938)
Change of assumptions	<u>-</u>	<u>(1,916,854)</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>39,982,974</u>	<u>25,053,098</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 535,904,243</u>	<u>\$ 495,921,269</u>

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

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 14 - Accumulated plan benefits (cont'd)

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

Actuarial Cost Method	Entry Age Normal
Mortality Rates- Healthy lives	PRI-2012 Healthy Retiree Blue Collar Amount-weighted Mortality Table
Mortality Rates- Disabled lives	PRI-2012 Disabled Retiree Amount-weighted Mortality Table
Mortality Rates- Nonannuitant	PRI-2012 Employee Blue Collar Amount-weighted Mortality Table
Mortality Rates- Contingent annuitant	PRI-2012 Contingent Survivor Blue Collar Amount-weighted Mortality Table
Net Investment Return	7.5%
Retirement age	65

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 15 - Subsequent event

Subsequent to December 31, 2022, the Trustees approved merging the Pension Fund of Stage Employees Local 4, IATSE into the Plan, effective December 31, 2023. Most recently available estimates indicate that the fair market value of net assets and related benefit obligations that will be transferred into this Plan in connection with the merger are approximately \$30 million as of December 31, 2022 and \$34 Million as of December 31, 2021, respectively. No adjustment has been made to the December 31, 2022 financial statements relating to this merger.

I.A.T.S.E. NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 16 - Tax status

The Plan has received a determination letter from the IRS dated August 21, 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.

In addition, the Plan is qualified with Puerto Rico and has received a determination letter from Puerto Rico's Department of Treasury dated March 24, 2017 stating that the Plan is exempt from taxation. Therefore, the Trustees believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2022

EIN 13-1849172, 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		
WELLS FARGO BANK			\$ 8,479,198	\$ 8,479,198
IRONSIDES PARTNERSHIP FUND III L.P. - INTEREST BEARING CASH			27,588	27,588
IRONSIDES CO-INVESTMENT FUND III L.P. - INTEREST BEARING CASH			41,337	41,337
IRONSIDES PARTNERSHIP FUND V L.P. - INTEREST BEARING CASH			20,324	20,324
IRONSIDES PARTNERSHIP FUND VI L.P. - INTEREST BEARING CASH			18,076	18,076
SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND - INTEREST BEARING CASH			180	180
			<u>\$ 8,586,703</u>	<u>\$ 8,586,703</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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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	1,400	\$ 85,237	\$ 226,254
ACUITY BRANDS (HOLDING COMPANY) INC RR.	700	80,852	115,927
AFLAC INC	4,400	163,353	316,536
AGCO CORP COM	1,500	77,459	208,035
ALASKA AIR GROUP INC	2,900	127,126	124,526
ALLSTATE CORP	1,400	51,546	189,840
ALLSTATE CORP	1,200	157,526	162,720
ALLY FINANCIAL INC	3,200	108,080	78,240
ALTRIA GROUP INC COM	2,300	99,614	105,133
AMDOCS LIMITED COM	1,400	84,310	127,260
AMERICAN AIRLS GROUP INC	1,900	87,327	24,168
AMERICAN AXLE & MFG HLDGS INC COM	6,700	96,502	52,394
AMERICAN FINL GROUP INC OHIO COM	1,393	52,317	191,231
AMERICAN INTERNATIONAL GROUP	3,000	113,084	189,720
AMERIPRISE FINL INC	1,200	107,524	373,644
AMETEK INC COM	1,630	80,259	227,744
AMGEN INC	1,300	112,264	341,432
ANNALY CAPITAL MANAGEMENT INC REAL ESTATE INVESTMENT TRUST	3,050	122,683	64,294
APA CORP	2,970	133,295	138,640
APPLIED MATERIALS INC	2,600	114,135	253,188
APTIV PLC	1,670	169,393	155,527
ARROW ELECTRS INC	1,600	120,073	167,312
ASCENDIS PHARMA A/S	2,680	310,876	327,308
AT & T INC	17,000	385,661	312,970
AVANTOR INC	7,890	285,207	166,400
AVNET INC	3,300	140,006	137,214
BANK NEW YORK MELLON CORP COM COM	5,600	289,897	254,912
BANK OF AMERICA CORP	7,300	189,134	241,776
BERRY PLASTICS GROUP INC	2,600	119,297	157,118
BEST BUY INC	1,500	105,739	120,315
BIG LOTS INC	2,100	66,676	30,870
BIOGEN INC	200	49,655	55,384
BRISTOL MYERS SQUIBB CO	4,680	251,518	336,726
CAPITAL ONE FINANCIAL CORP	2,600	182,099	241,696
CARDINAL HEALTH INC COM	2,300	162,491	176,801
CARNIVAL CORP	2,200	107,658	17,732
CELANESE CORP	700	72,975	71,568
CELANESE CORP	1,640	191,234	167,674
CERIDIAN HCM HOLDING INC	2,960	199,395	189,884
CHIPOTLE MEXICAN GRILL INC CL A	191	271,066	265,011
CISCO SYSTEMS INC	6,500	163,533	309,660
CITIGROUP INC.	6,800	557,311	307,564
CITIZENS FINANCIAL GROUP INC	4,500	169,403	177,165
COCA-COLA CONSOLIDATED INC	400	119,629	204,944
COMCAST CORP CLASS A	8,900	329,247	311,233
CONAGRA BRANDS INC	5,600	199,849	216,720
CONSENSUS CLOUD SOLUTIONS INC	466	13,721	25,052
COOPER COS INC COM NEW	600	125,197	198,402
COPART INC COM	3,060	195,673	186,323
COSTAR GROUP	2,290	164,289	176,971
CRANE HOLDINGS CO	1,680	94,858	168,756
CUMMINS INC.	1,590	246,670	385,241
CVS HEALTH CORPORATION	3,571	262,005	332,781
D R HORTON INC COM	2,100	115,175	187,194
DAVITA INC	1,100	96,025	82,137
DELL TECHNOLOGIES INC.	3,500	187,198	140,770

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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
DELTA AIR LINES INC	2,700	169,115	88,722
DEVON ENERGY CORPORATION	5,190	170,764	319,237
DEXCOM INC	2,940	240,915	332,926
DIODES INC	1,900	161,145	144,666
DISCOVER FINANCIAL SERVICES	3,000	99,354	293,490
DIVERSIFIED HEALTHCARE TRUST	6,100	105,453	3,945
DXC TECHNOLOGY CO	1,100	61,186	29,150
EASTMAN CHEM CO COM	1,500	85,712	122,160
EBAY INC	4,100	158,468	170,027
ENERGIZER SPINCO INC	3,700	143,261	124,135
ENTRUSTPERMAL SPECIAL OPPORTUNITIES	8,804	13,096,070	12,187,721
ESSEX PPTY TR COM	940	222,830	199,205
ETSY INC	1,700	218,308	203,626
EVEREST RE GROUP LTD MERGED WITH EVEREST REINSURANCE	400	76,085	132,508
EXXON MOBIL CORPORATION	6,800	543,634	750,040
FEDEX CORPORATION	1,000	189,222	173,200
FIRST AMERICAN FINANCIAL CORPORATION	2,300	144,029	120,382
FIRST HORIZON CORP	4,200	74,811	102,900
FIRST REPUBLIC BANK/SAN FRANCISCO	1,100	168,085	134,079
FOOT LOCKER INC	2,500	127,530	94,475
FORD MOTOR COMPANY	14,500	200,444	168,635
FORTINET INC	5,200	69,467	254,228
FOX CORP	6,100	222,518	185,257
FTI CONSULTING INC COM	670	122,785	106,396
GALLAGHER ARTHUR J & CO	1,160	103,873	218,706
GENERAL MOTORS CO	5,700	181,347	191,748
GENPACT LTD	3,590	162,119	166,289
GENWORTH FINL INC COM CL A	6,800	246,000	35,972
GILEAD SCIENCES INC	4,600	379,581	394,910
GLOBAL PMTS INC W/I	1,810	270,851	179,769
GOLDMAN SACHS GROUP INC	400	55,525	137,352
GOLUB CAPITAL BDC 3 INC	1,273,072	20,424,270	20,133,214
GOODYEAR TIRE & RUBR CO	3,000	91,431	30,450
HARLEY DAVIDSON INC	3,000	180,065	124,800
HARTFORD FINANCIAL SERVICES GROUP INC COM	4,100	166,214	310,903
HCA HOLDINGS INC	1,000	78,752	239,960
HEWLETT PACKARD ENTERPRISE CO	7,300	78,911	116,508
HF SINCLAIR CORP	1,820	67,648	94,440
HILTON WORLDWIDE HOLDINGS INC	2,120	313,078	267,883
HOST HOTELS & RESORTS	3,200	60,363	51,360
HP INC	9,709	174,046	260,881
HUBSPOT INC	720	183,630	208,174
HUNTINGTON INGALLS INDUSTRIES	800	166,450	184,544
HUNTSMAN CORP COM	5,600	85,528	153,888
ICON PLC	1,600	184,148	310,800
IDEX CORP	910	173,746	207,780
IDEXX CORP	610	245,929	248,856
INGEVITY CORP	1,980	134,916	139,471
INGREDION INC	1,200	81,719	117,516
INSULET CORP	590	140,289	173,690
INTEL CORP COMM	12,700	438,938	335,661
INTERNATIONAL BUSINESS MACHS CORP COM	950	128,275	133,846
INTERNATIONAL PAPER CO	2,600	121,282	90,038
IRONSIDES CO-INVESTMENT FUND III LP - CORPORATE STOCK	-	855,274	1,645,915
JAZZ PHARMACEUTICALS PLC	1,250	164,947	199,138
JEFFERIES FINANCIAL GROUP INC.	4,700	114,497	161,116

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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) COST	(e) CURRENT VALUE
	NO. OF SHARES		
JM SMUCKER CO	1,600	186,086	253,536
JPMORGAN CHASE & CO	1,500	183,672	201,150
KEYCORP NEW	9,500	216,978	165,490
KOHL'S CORP	2,200	115,237	55,550
KROGER CO	6,300	157,884	280,854
LAM RESEARCH CORP COM	100	11,310	42,030
LEAR CORP	800	34,922	99,216
LENNAR CORP CL B	15	508	1,122
LENNAR CORPORATION CLASS A COMMON	2,100	133,323	190,050
LIGHTSPEED COMM INC	5,620	225,897	80,366
LINCOLN NATL CORP IND	2,700	125,829	82,944
LIVE NATION ENTERTAINMENT INC	1,960	167,849	136,690
LOCKHEED MARTIN CORP	400	135,581	194,596
LPL FINANCIAL HOLDINGS INC	790	110,126	170,774
LULULEMON ATHLETICA INC	985	360,183	315,574
LYONDELLBASELL INDUSTRIES NV	1,800	170,233	149,454
MACY'S INC	1,500	100,213	30,975
MARATHON OIL CORP	4,800	132,356	129,936
MARATHON PETROLEUM CORP	2,000	38,313	232,780
MARVELL TECHNOLOGY INC	4,710	248,802	174,458
MERCK & CO INC NEW	7,600	512,869	843,220
META PLATFORMS INC CL A	1,100	164,071	132,374
METLIFE INC	2,100	66,498	151,977
MICROCHIP TECHNOLOGY INC COM	3,050	157,661	214,263
MOLSON COORS BREWING COMPANY	5,000	276,575	257,600
MONGODB INC	850	259,231	167,314
MORGAN STANLEY COM	3,590	139,703	305,222
MOSAIC CO/THE	4,500	170,387	197,415
MSCI INC	496	169,507	230,724
NCR CORPORATION COM	3,600	104,930	84,276
NETAPP INC	3,040	245,740	182,582
NEXSTAR MEDIA GROUP INC	1,100	117,986	192,533
NICE LTD	850	57,451	163,455
NORTHROP GRUMMAN CORP	300	89,836	163,683
NORWEGIAN CRUISE LINE HOLDINGS LTD	2,200	106,711	26,928
NRG ENERGY INC COM NEW	4,000	149,056	127,280
ODP CORP/THE	110	6,402	5,009
OMEGA HEALTHCARE INVS INC COM	4,000	118,455	111,800
ORACLE CORPORATION	3,680	209,340	300,803
ORGANON & CO	1,900	61,303	53,067
OSHKOSH CORPORATION	900	37,035	79,371
PALO ALTO NETWORKS INC	1,790	206,801	249,777
PARAMOUNT GLOBAL CL B	3,300	229,965	55,704
PFIZER INC	14,200	376,829	727,608
PHILLIPS 66	2,300	175,959	239,384
PRUDENTIAL FINL INC COM	700	37,400	69,622
PULTE GROUP INC	3,600	103,757	163,908
QORVO INC	590	78,438	53,478
QUALCOMM INC	1,800	240,828	197,892
QUEST DIAGNOSTICS INC	1,230	161,006	192,421
RADIAN GROUP INC COM	4,800	78,259	91,536
REGIONS FINL CORP NEW COM	13,200	273,347	284,592
RENT-A-CENTER INC	2,200	59,359	49,610
ROCKWELL AUTOMATION INC COM	1,070	210,487	275,600
ROYAL CARIBBEAN CRUISE	1,200	131,698	59,316
RYDER SYS INC	1,700	138,782	142,069

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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
SALLY BEAUTY CO INC	6,200	116,784	77,624
SAREPTA THERAPEUTICS INC	1,190	133,373	154,200
SEAGATE TECHNOLOGY HOLDINGS PL	1,900	96,033	99,959
SELECT MEDICAL HOLDINGS CORPORATION	5,000	103,412	124,150
SILGAN HLDGS INC COM	3,700	116,478	191,808
SIMON PROPERTY GROUP INC	1,100	146,250	129,228
SNAP ON INC	900	157,939	205,641
SPARTANNASH CO	2,800	73,515	84,672
SPROUTS FARMERS MARKETS LLC	4,800	127,706	155,376
STATE STREET CORP	1,100	60,884	85,327
STEEL DYNAMICS INC COM	2,400	83,761	234,480
SUN CMNTYS INC COM	1,000	132,200	143,000
SYLVAMO CORP	236	6,821	11,467
SYNCHRONY FINANCIAL	3,300	138,103	108,438
TAPESTRY INC	5,620	236,870	214,010
TARGET CORP	1,000	71,610	149,040
TEGNA INC	5,000	56,681	105,950
TELEDYNE TECHNOLOGIES INC	410	90,859	163,963
TEXTRON INC	2,100	105,994	148,680
THE KRAFT HEINZ COMPANY	5,800	199,553	236,118
THOR INDS INC	1,500	115,496	113,235
TIMKEN CO	2,000	67,972	141,340
TRANSDIGM GROUP INC COM	445	136,354	280,194
TRINSEO PLC	1,200	84,749	27,252
TYSON FOODS INC CL A DEL	2,200	90,204	136,950
UGI CORP NEW COM	3,200	134,035	118,624
UNITED AIRLINES HOLDINGS	1,700	76,015	64,090
UNITI GROUP INC	8,580	106,782	47,447
UNIVERSAL HEALTH SVCS INC CL B	1,000	152,875	140,890
VAIL RESORTS INC COM	880	255,514	209,748
VALERO ENERGY CORP	1,200	45,015	152,232
VERIZON COMMUNICATIONS	10,100	540,118	397,940
VIATRIS INC	6,000	63,976	66,780
VISHAY INTERTECHNOLOGY INC	5,500	80,557	118,635
VISTRA CORP	7,600	185,171	176,320
VMWARE INC	837	100,930	102,750
VOYA FINANCIAL	3,200	134,588	196,768
VULCAN MATERIALS COMPANY	1,100	193,254	192,621
WALGREENS BOOTS ALLIANCE INC	4,500	317,827	168,120
WARNER BROS DISCOVERY INC CL A	4,112	120,788	38,982
WASTE CONNECTIONS	1,310	132,340	173,653
WELLS FARGO & CO	6,200	243,024	255,998
WERNER ENTERPRISES INC	3,200	148,692	128,832
WESCO INTL INC COM	2,570	325,695	321,764
WESTROCK CO	2,900	125,889	101,964
WHIRLPOOL CORP	1,000	100,293	141,460
WORLD FUEL SERVICES CORP COM	3,300	115,960	90,189
XEROX HOLDINGS CORPORATION	3,325	119,001	48,545
ZIONS BANCORPORATION	2,400	109,164	117,984
ZSCALER INC	880	185,323	98,472
		\$ 67,330,550	\$ 71,246,593

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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

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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2022

EIN 13-1849172, 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
FORT WASHINGTON PRIVATE EQUITY INVESTORS X LP		\$ 12,500,000	\$ 18,915,630
IRONSIDES DIRECT INVESTMENT FUND V LP		7,975,007	15,381,713
ISQ GLOBAL INFRASTRUCTURE FUNDS III		1,094,095	1,124,432
ROCKWOOD CAPITAL REAL ESTATE PARTNERS FUND X LP		1,884,375	3,060,594
IRONSIDES PARTNERSHIP FUND III LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		7,216,485	15,359,089
IRONSIDES CO-INVESTMENT FUND III LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		155,426	292,481
IRONSIDES PARTNERSHIP FUND V LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		7,611,563	10,669,051
IRONSIDES PARTNERSHIP FUND VI - PARTNERSHIPS/JOINT VENTURE INTERESTS		27,366,003	3,015,145
IRONSIDES CO-INVESTMENT FUND VI		12,312,048	13,063,194
JP MORGAN IIF ERISA HEDGED LP		20,000,000	21,039,080
STRATEGIC INVESTORS FUND XI L.P.		<u>1,452,097</u>	<u>1,089,220</u>
		\$ <u>99,567,099</u>	\$ <u>103,009,629</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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF NON-PARTICIPANT LOANS

DECEMBER 31, 2022

EIN 13-1849172, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE		(b)	(c) - DESCRIPTION NON-PARTICIPANT LOANS	(d)	(e)
		ISSUER	MATURITY DATE	COST	CURRENT VALUE
		SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND - NON-PARTICIPANT LOANS		\$ <u>2,366,388</u>	\$ <u>2,385,171</u>
				\$ <u><u>2,366,388</u></u>	\$ <u><u>2,385,171</u></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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2022

EIN 13-1849172, 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/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
JPMCB STRATEGIC PROPERTY FUND	2,093,400	\$ 18,014,603	\$ 27,492,619
PAYDEN & RYSEL CIT EMERGING MARKETS BOND COLLECTIVE FUND	1,377,518	20,167,219	17,603,717
STATE STREET BANK AND TRUST COMPANY SSGA AGGREGATE BOND INDEX NON-LENDING FUND	1,195,678	35,992,653	36,030,563
STATE STREET BANK AND TRUST COMPANY SSGA DAILY MSCI EAFE INDEX NON-LENDING FUND	367,134	10,267,625	9,968,780
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 1000 INDEX NON-LENDING FUND	410,488	15,457,255	23,828,407
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 2000 INDEX NON-LENDING FUND	59,564	9,603,143	7,796,930
STATE STREET BANK AND TRUST COMPANY SSGA LONG U.S. TREASURY INDEX NON-LENDING FUND	1,059,449	31,980,993	22,871,386
GQG PARTNERS EMERGING MARKETS EQUITY CIT	2,927,995	34,500,000	32,998,499
		\$ <u>175,983,491</u>	\$ <u>178,590,901</u>

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2022

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ARTISAN INTERANTIONAL VALUE FUND	737,908	\$ 28,911,326	\$ 28,475,853
DIMENSIONAL EMERGING MARKETS VALUE FUND	1,290,940	38,368,518	34,145,373
VANGUARD DIVIDEND GROWTH FUND	913,392	16,811,688	32,178,808
VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES INDEX FUND	1,891,400	49,026,703	44,334,417
WCM FOCUSED INTERNATIONAL GROWTH FUND	1,334,567	19,031,075	26,237,591
WELLS FARGO ADVANTAGE GOVERNMENT MONEY MARKET FUND ISTL CLASS - #1751	558,096	558,096	558,096
SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND - REGISTERED INVESTMENT COMPANIES	-	<u>2,093,383</u>	<u>2,109,999</u>
		<u>\$ 154,800,789</u>	<u>\$ 168,040,137</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.

I.A.T.S.E. NATIONAL PENSION FUND

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	\$ 8,479,198	\$ 107,505	\$ 8,586,703
Corporate stock	69,600,678	1,645,915	71,246,593
Partnership/joint venture interests	102,220,472	789,157	103,009,629
Loans (other than participant loans)	-	2,385,171	2,385,171
Common/collective trust funds	178,590,901	-	178,590,901
Registered investment companies	165,930,138	2,109,999	168,040,137
Receivables	2,246,332	290,996	2,537,328
Property and equipment - net	2,445,193	15,404,966	17,850,159
Other assets	465,498	(465,498)	-
Right-of-use asset - operating lease	<u>14,939,362</u>	<u>(14,939,362)</u>	<u>-</u>
Total assets	<u>544,917,772</u>	<u>7,328,849</u>	<u>552,246,621</u>
Liabilities			
Operating payables	18,091,806	67,063	18,158,869
Other liabilities	<u>-</u>	<u>7,261,786</u>	<u>7,261,786</u>
Total liabilities	<u>18,091,806</u>	<u>7,328,849</u>	<u>25,420,655</u>
Net assets available for benefits	<u>\$ 526,825,966</u>	<u>\$ -</u>	<u>\$ 526,825,966</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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
JP Morgan	\$ 271,754	\$ 250,715
LSV Asset Management	140,885	160,756
Meketa Investment Group, Inc.	150,336	148,770
State Street Global Advisors	45,878	73,360
Wells Fargo Bank	17,858	31,002
Westfield Capital Management Company, LP	123,656	147,528
Westwood Management Corp	-	90,070
Unrelated Business Income Taxes and Fees	<u>206,066</u>	<u>-</u>
Total investment expenses	<u><u>\$ 956,433</u></u>	<u><u>\$ 902,201</u></u>

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Payroll	\$ 9,065,630	\$ 7,482,905
Payroll taxes	748,507	624,195
Employee benefits	3,081,174	2,898,182
Occupancy	2,499,631	2,454,740
Telephone	62,161	76,211
Office	478,830	350,695
Printing	138,216	36,379
Postage	138,108	84,115
Legal	630,812	557,887
Accounting	99,000	96,000
Payroll audits	384,604	391,978
Actuarial consulting	319,090	309,331
Computer	1,646,794	1,305,296
Insurance	1,209,696	1,039,233
Conferences and meetings	30,745	6,722
Repairs and maintenance	111,334	151,566
Depreciation	112,912	130,866
Reimbursements from related organizations	<u>(14,840,243)</u>	<u>(12,869,803)</u>
Total administrative expenses	<u><u>\$ 5,917,001</u></u>	<u><u>\$ 5,126,498</u></u>

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2022

EIN 13-1849172, 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		
WELLS FARGO BANK			\$ 8,479,198	\$ 8,479,198
IRONSIDES PARTNERSHIP FUND III L.P. - INTEREST BEARING CASH			27,588	27,588
IRONSIDES CO-INVESTMENT FUND III L.P. - INTEREST BEARING CASH			41,337	41,337
IRONSIDES PARTNERSHIP FUND V L.P. - INTEREST BEARING CASH			20,324	20,324
IRONSIDES PARTNERSHIP FUND VI L.P. - INTEREST BEARING CASH			18,076	18,076
SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND - INTEREST BEARING CASH			180	180
			<u>\$ 8,586,703</u>	<u>\$ 8,586,703</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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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	1,400	\$ 85,237	\$ 226,254
ACUITY BRANDS (HOLDING COMPANY) INC RR.	700	80,852	115,927
AFLAC INC	4,400	163,353	316,536
AGCO CORP COM	1,500	77,459	208,035
ALASKA AIR GROUP INC	2,900	127,126	124,526
ALLSTATE CORP	1,400	51,546	189,840
ALLSTATE CORP	1,200	157,526	162,720
ALLY FINANCIAL INC	3,200	108,080	78,240
ALTRIA GROUP INC COM	2,300	99,614	105,133
AMDOCS LIMITED COM	1,400	84,310	127,260
AMERICAN AIRLS GROUP INC	1,900	87,327	24,168
AMERICAN AXLE & MFG HLDGS INC COM	6,700	96,502	52,394
AMERICAN FINL GROUP INC OHIO COM	1,393	52,317	191,231
AMERICAN INTERNATIONAL GROUP	3,000	113,084	189,720
AMERIPRISE FINL INC	1,200	107,524	373,644
AMETEK INC COM	1,630	80,259	227,744
AMGEN INC	1,300	112,264	341,432
ANNALY CAPITAL MANAGEMENT INC REAL ESTATE INVESTMENT TRUST	3,050	122,683	64,294
APA CORP	2,970	133,295	138,640
APPLIED MATERIALS INC	2,600	114,135	253,188
APTIV PLC	1,670	169,393	155,527
ARROW ELECTRS INC	1,600	120,073	167,312
ASCENDIS PHARMA A/S	2,680	310,876	327,308
AT & T INC	17,000	385,661	312,970
AVANTOR INC	7,890	285,207	166,400
AVNET INC	3,300	140,006	137,214
BANK NEW YORK MELLON CORP COM COM	5,600	289,897	254,912
BANK OF AMERICA CORP	7,300	189,134	241,776
BERRY PLASTICS GROUP INC	2,600	119,297	157,118
BEST BUY INC	1,500	105,739	120,315
BIG LOTS INC	2,100	66,676	30,870
BIOGEN INC	200	49,655	55,384
BRISTOL MYERS SQUIBB CO	4,680	251,518	336,726
CAPITAL ONE FINANCIAL CORP	2,600	182,099	241,696
CARDINAL HEALTH INC COM	2,300	162,491	176,801
CARNIVAL CORP	2,200	107,658	17,732
CELANESE CORP	700	72,975	71,568
CELANESE CORP	1,640	191,234	167,674
CERIDIAN HCM HOLDING INC	2,960	199,395	189,884
CHIPOTLE MEXICAN GRILL INC CL A	191	271,066	265,011
CISCO SYSTEMS INC	6,500	163,533	309,660
CITIGROUP INC.	6,800	557,311	307,564
CITIZENS FINANCIAL GROUP INC	4,500	169,403	177,165
COCA-COLA CONSOLIDATED INC	400	119,629	204,944
COMCAST CORP CLASS A	8,900	329,247	311,233
CONAGRA BRANDS INC	5,600	199,849	216,720
CONSENSUS CLOUD SOLUTIONS INC	466	13,721	25,052
COOPER COS INC COM NEW	600	125,197	198,402
COPART INC COM	3,060	195,673	186,323
COSTAR GROUP	2,290	164,289	176,971
CRANE HOLDINGS CO	1,680	94,858	168,756
CUMMINS INC.	1,590	246,670	385,241
CVS HEALTH CORPORATION	3,571	262,005	332,781
D R HORTON INC COM	2,100	115,175	187,194
DAVITA INC	1,100	96,025	82,137
DELL TECHNOLOGIES INC.	3,500	187,198	140,770

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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
DELTA AIR LINES INC	2,700	169,115	88,722
DEVON ENERGY CORPORATION	5,190	170,764	319,237
DEXCOM INC	2,940	240,915	332,926
DIODES INC	1,900	161,145	144,666
DISCOVER FINANCIAL SERVICES	3,000	99,354	293,490
DIVERSIFIED HEALTHCARE TRUST	6,100	105,453	3,945
DXC TECHNOLOGY CO	1,100	61,186	29,150
EASTMAN CHEM CO COM	1,500	85,712	122,160
EBAY INC	4,100	158,468	170,027
ENERGIZER SPINCO INC	3,700	143,261	124,135
ENTRUSTPERMAL SPECIAL OPPORTUNITIES	8,804	13,096,070	12,187,721
ESSEX PPTY TR COM	940	222,830	199,205
ETSY INC	1,700	218,308	203,626
EVEREST RE GROUP LTD MERGED WITH EVEREST REINSURANCE	400	76,085	132,508
EXXON MOBIL CORPORATION	6,800	543,634	750,040
FEDEX CORPORATION	1,000	189,222	173,200
FIRST AMERICAN FINANCIAL CORPORATION	2,300	144,029	120,382
FIRST HORIZON CORP	4,200	74,811	102,900
FIRST REPUBLIC BANK/SAN FRANCISCO	1,100	168,085	134,079
FOOT LOCKER INC	2,500	127,530	94,475
FORD MOTOR COMPANY	14,500	200,444	168,635
FORTINET INC	5,200	69,467	254,228
FOX CORP	6,100	222,518	185,257
FTI CONSULTING INC COM	670	122,785	106,396
GALLAGHER ARTHUR J & CO	1,160	103,873	218,706
GENERAL MOTORS CO	5,700	181,347	191,748
GENPACT LTD	3,590	162,119	166,289
GENWORTH FINL INC COM CL A	6,800	246,000	35,972
GILEAD SCIENCES INC	4,600	379,581	394,910
GLOBAL PMTS INC W/I	1,810	270,851	179,769
GOLDMAN SACHS GROUP INC	400	55,525	137,352
GOLUB CAPITAL BDC 3 INC	1,273,072	20,424,270	20,133,214
GOODYEAR TIRE & RUBR CO	3,000	91,431	30,450
HARLEY DAVIDSON INC	3,000	180,065	124,800
HARTFORD FINANCIAL SERVICES GROUP INC COM	4,100	166,214	310,903
HCA HOLDINGS INC	1,000	78,752	239,960
HEWLETT PACKARD ENTERPRISE CO	7,300	78,911	116,508
HF SINCLAIR CORP	1,820	67,648	94,440
HILTON WORLDWIDE HOLDINGS INC	2,120	313,078	267,883
HOST HOTELS & RESORTS	3,200	60,363	51,360
HP INC	9,709	174,046	260,881
HUBSPOT INC	720	183,630	208,174
HUNTINGTON INGALLS INDUSTRIES	800	166,450	184,544
HUNTSMAN CORP COM	5,600	85,528	153,888
ICON PLC	1,600	184,148	310,800
IDEX CORP	910	173,746	207,780
IDEXX CORP	610	245,929	248,856
INGEVITY CORP	1,980	134,916	139,471
INGREDION INC	1,200	81,719	117,516
INSULET CORP	590	140,289	173,690
INTEL CORP COMM	12,700	438,938	335,661
INTERNATIONAL BUSINESS MACHS CORP COM	950	128,275	133,846
INTERNATIONAL PAPER CO	2,600	121,282	90,038
IRONSIDES CO-INVESTMENT FUND III LP - CORPORATE STOCK	-	855,274	1,645,915
JAZZ PHARMACEUTICALS PLC	1,250	164,947	199,138
JEFFERIES FINANCIAL GROUP INC.	4,700	114,497	161,116

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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) COST	(e) CURRENT VALUE
	NO. OF SHARES		
JM SMUCKER CO	1,600	186,086	253,536
JPMORGAN CHASE & CO	1,500	183,672	201,150
KEYCORP NEW	9,500	216,978	165,490
KOHL'S CORP	2,200	115,237	55,550
KROGER CO	6,300	157,884	280,854
LAM RESEARCH CORP COM	100	11,310	42,030
LEAR CORP	800	34,922	99,216
LENNAR CORP CL B	15	508	1,122
LENNAR CORPORATION CLASS A COMMON	2,100	133,323	190,050
LIGHTSPEED COMM INC	5,620	225,897	80,366
LINCOLN NATL CORP IND	2,700	125,829	82,944
LIVE NATION ENTERTAINMENT INC	1,960	167,849	136,690
LOCKHEED MARTIN CORP	400	135,581	194,596
LPL FINANCIAL HOLDINGS INC	790	110,126	170,774
LULULEMON ATHLETICA INC	985	360,183	315,574
LYONDELLBASELL INDUSTRIES NV	1,800	170,233	149,454
MACY'S INC	1,500	100,213	30,975
MARATHON OIL CORP	4,800	132,356	129,936
MARATHON PETROLEUM CORP	2,000	38,313	232,780
MARVELL TECHNOLOGY INC	4,710	248,802	174,458
MERCK & CO INC NEW	7,600	512,869	843,220
META PLATFORMS INC CL A	1,100	164,071	132,374
METLIFE INC	2,100	66,498	151,977
MICROCHIP TECHNOLOGY INC COM	3,050	157,661	214,263
MOLSON COORS BREWING COMPANY	5,000	276,575	257,600
MONGODB INC	850	259,231	167,314
MORGAN STANLEY COM	3,590	139,703	305,222
MOSAIC CO/THE	4,500	170,387	197,415
MSCI INC	496	169,507	230,724
NCR CORPORATION COM	3,600	104,930	84,276
NETAPP INC	3,040	245,740	182,582
NEXSTAR MEDIA GROUP INC	1,100	117,986	192,533
NICE LTD	850	57,451	163,455
NORTHROP GRUMMAN CORP	300	89,836	163,683
NORWEGIAN CRUISE LINE HOLDINGS LTD	2,200	106,711	26,928
NRG ENERGY INC COM NEW	4,000	149,056	127,280
ODP CORP/THE	110	6,402	5,009
OMEGA HEALTHCARE INVS INC COM	4,000	118,455	111,800
ORACLE CORPORATION	3,680	209,340	300,803
ORGANON & CO	1,900	61,303	53,067
OSHKOSH CORPORATION	900	37,035	79,371
PALO ALTO NETWORKS INC	1,790	206,801	249,777
PARAMOUNT GLOBAL CL B	3,300	229,965	55,704
PFIZER INC	14,200	376,829	727,608
PHILLIPS 66	2,300	175,959	239,384
PRUDENTIAL FINL INC COM	700	37,400	69,622
PULTE GROUP INC	3,600	103,757	163,908
QORVO INC	590	78,438	53,478
QUALCOMM INC	1,800	240,828	197,892
QUEST DIAGNOSTICS INC	1,230	161,006	192,421
RADIAN GROUP INC COM	4,800	78,259	91,536
REGIONS FINL CORP NEW COM	13,200	273,347	284,592
RENT-A-CENTER INC	2,200	59,359	49,610
ROCKWELL AUTOMATION INC COM	1,070	210,487	275,600
ROYAL CARRIBEAN CRUISE	1,200	131,698	59,316
RYDER SYS INC	1,700	138,782	142,069

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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
SALLY BEAUTY CO INC	6,200	116,784	77,624
SAREPTA THERAPEUTICS INC	1,190	133,373	154,200
SEAGATE TECHNOLOGY HOLDINGS PL	1,900	96,033	99,959
SELECT MEDICAL HOLDINGS CORPORATION	5,000	103,412	124,150
SILGAN HLDGS INC COM	3,700	116,478	191,808
SIMON PROPERTY GROUP INC	1,100	146,250	129,228
SNAP ON INC	900	157,939	205,641
SPARTANNASH CO	2,800	73,515	84,672
SPROUTS FARMERS MARKETS LLC	4,800	127,706	155,376
STATE STREET CORP	1,100	60,884	85,327
STEEL DYNAMICS INC COM	2,400	83,761	234,480
SUN CMNTYS INC COM	1,000	132,200	143,000
SYLVAMO CORP	236	6,821	11,467
SYNCHRONY FINANCIAL	3,300	138,103	108,438
TAPESTRY INC	5,620	236,870	214,010
TARGET CORP	1,000	71,610	149,040
TEGNA INC	5,000	56,681	105,950
TELEDYNE TECHNOLOGIES INC	410	90,859	163,963
TEXTRON INC	2,100	105,994	148,680
THE KRAFT HEINZ COMPANY	5,800	199,553	236,118
THOR INDS INC	1,500	115,496	113,235
TIMKEN CO	2,000	67,972	141,340
TRANSDIGM GROUP INC COM	445	136,354	280,194
TRINSEO PLC	1,200	84,749	27,252
TYSON FOODS INC CL A DEL	2,200	90,204	136,950
UGI CORP NEW COM	3,200	134,035	118,624
UNITED AIRLINES HOLDINGS	1,700	76,015	64,090
UNITI GROUP INC	8,580	106,782	47,447
UNIVERSAL HEALTH SVCS INC CL B	1,000	152,875	140,890
VAIL RESORTS INC COM	880	255,514	209,748
VALERO ENERGY CORP	1,200	45,015	152,232
VERIZON COMMUNICATIONS	10,100	540,118	397,940
VIATRIS INC	6,000	63,976	66,780
VISHAY INTERTECHNOLOGY INC	5,500	80,557	118,635
VISTRA CORP	7,600	185,171	176,320
VMWARE INC	837	100,930	102,750
VOYA FINANCIAL	3,200	134,588	196,768
VULCAN MATERIALS COMPANY	1,100	193,254	192,621
WALGREENS BOOTS ALLIANCE INC	4,500	317,827	168,120
WARNER BROS DISCOVERY INC CL A	4,112	120,788	38,982
WASTE CONNECTIONS	1,310	132,340	173,653
WELLS FARGO & CO	6,200	243,024	255,998
WERNER ENTERPRISES INC	3,200	148,692	128,832
WESCO INTL INC COM	2,570	325,695	321,764
WESTROCK CO	2,900	125,889	101,964
WHIRLPOOL CORP	1,000	100,293	141,460
WORLD FUEL SERVICES CORP COM	3,300	115,960	90,189
XEROX HOLDINGS CORPORATION	3,325	119,001	48,545
ZIONS BANCORPORATION	2,400	109,164	117,984
ZSCALER INC	880	185,323	98,472
		<u>\$ 67,330,550</u>	<u>\$ 71,246,593</u>

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

EIN 13-1849172, 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

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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2022

EIN 13-1849172, 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
FORT WASHINGTON PRIVATE EQUITY INVESTORS X LP		\$ 12,500,000	\$ 18,915,630
IRONSIDES DIRECT INVESTMENT FUND V LP		7,975,007	15,381,713
ISQ GLOBAL INFRASTRUCTURE FUNDS III		1,094,095	1,124,432
ROCKWOOD CAPITAL REAL ESTATE PARTNERS FUND X LP		1,884,375	3,060,594
IRONSIDES PARTNERSHIP FUND III LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		7,216,485	15,359,089
IRONSIDES CO-INVESTMENT FUND III LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		155,426	292,481
IRONSIDES PARTNERSHIP FUND V LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		7,611,563	10,669,051
IRONSIDES PARTNERSHIP FUND VI - PARTNERSHIPS/JOINT VENTURE INTERESTS		27,366,003	3,015,145
IRONSIDES CO-INVESTMENT FUND VI		12,312,048	13,063,194
JP MORGAN IIF ERISA HEDGED LP		20,000,000	21,039,080
STRATEGIC INVESTORS FUND XI L.P.		<u>1,452,097</u>	<u>1,089,220</u>
		<u>\$ 99,567,099</u>	<u>\$ 103,009,629</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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF NON-PARTICIPANT LOANS

DECEMBER 31, 2022

EIN 13-1849172, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE		(b)	(c) - DESCRIPTION NON-PARTICIPANT LOANS	(d)	(e)
		ISSUER	MATURITY DATE	COST	CURRENT VALUE
		SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND - NON-PARTICIPANT LOANS		\$ 2,366,388	\$ 2,385,171
				\$ 2,366,388	\$ 2,385,171

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.

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2022

EIN 13-1849172, 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/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
JPMCB STRATEGIC PROPERTY FUND	2,093,400	\$ 18,014,603	\$ 27,492,619
PAYDEN & RYSEL CIT EMERGING MARKETS BOND COLLECTIVE FUND	1,377,518	20,167,219	17,603,717
STATE STREET BANK AND TRUST COMPANY SSGA AGGREGATE BOND INDEX NON-LENDING FUND	1,195,678	35,992,653	36,030,563
STATE STREET BANK AND TRUST COMPANY SSGA DAILY MSCI EAFE INDEX NON-LENDING FUND	367,134	10,267,625	9,968,780
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 1000 INDEX NON-LENDING FUND	410,488	15,457,255	23,828,407
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 2000 INDEX NON-LENDING FUND	59,564	9,603,143	7,796,930
STATE STREET BANK AND TRUST COMPANY SSGA LONG U.S. TREASURY INDEX NON-LENDING FUND	1,059,449	31,980,993	22,871,386
GQG PARTNERS EMERGING MARKETS EQUITY CIT	2,927,995	34,500,000	32,998,499
		\$ <u>175,983,491</u>	\$ <u>178,590,901</u>

I.A.T.S.E. NATIONAL PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2022

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ARTISAN INTERANTIONAL VALUE FUND	737,908	\$ 28,911,326	\$ 28,475,853
DIMENSIONAL EMERGING MARKETS VALUE FUND	1,290,940	38,368,518	34,145,373
VANGUARD DIVIDEND GROWTH FUND	913,392	16,811,688	32,178,808
VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES INDEX FUND	1,891,400	49,026,703	44,334,417
WCM FOCUSED INTERNATIONAL GROWTH FUND	1,334,567	19,031,075	26,237,591
WELLS FARGO ADVANTAGE GOVERNMENT MONEY MARKET FUND ISTL CLASS - #1751	558,096	558,096	558,096
SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND - REGISTERED INVESTMENT COMPANIES	-	<u>2,093,383</u>	<u>2,109,999</u>
		<u>\$ 154,800,789</u>	<u>\$ 168,040,137</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.

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

File With IRS Only

A Name of filer, plan administrator, or plan sponsor (see instructions)
BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND
 Number, street, and room or suite no. (If a P.O. box, see instructions)
417 FIFTH AVENUE, 3RD FLOOR
 City or town, state, and ZIP code
NEW YORK NY **10016-2204**

B	File's identifying number (see instructions)
	Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-1849172
	Social security number (SSN) (9 digits XXX-XX-XXXX)

C	Plan name	Plan number	Plan year ending—		
			MM	DD	YYYY
	I. A. T. S. E. NATIONAL PENSION FUND	0 0 1	12	31	2022

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.

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

c

5 State in detail why you need the extension:

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

Date ►

Certified Article Number

9414 7266 9904 2204 4813 45

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

SENDER'S RECORD

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 _____

Attachment to 2022 Form 5500
Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

Plan Name I. A. T. S. E. NATIONAL PENSION FUND

EIN: 13-1849172

Plan Sponsor's Name BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND

PN: 001

Collective Bargaining Agreement	Expiration Date
161 MAJOR - FILM PRODUCTIONS	03/02/2022
161 MAJOR - FILM PRODUCTIONS	03/02/2025
161 MAJOR - TV PRODUCTIONS	03/02/2022
161 MAJOR - TV PRODUCTIONS	03/02/2025
161 MAJOR - TV PRODUCTIONS IN FL, GA, MD, NC, SC, VA, & WV	03/02/2022
161 MAJOR - TV PRODUCTIONS IN FL, GA, MD, NC, SC, VA, & WV	03/02/2025
52 AICP - PHILADELPHIA	12/31/2022
52 AICP	12/31/2022
52 MAJOR	09/30/2024
AICP - LOCAL 161 FOR DE, MD, MA, PA & D.C.	09/30/2022
AICP - LOCAL 161 FOR DE, MD, MA, PA & D.C.	09/30/2025
AICP - LOCAL 161 FOR FL, GA, ME, NH, NC, RI, SC, VT, VA & WV.	09/30/2022
AICP - LOCAL 161 FOR FL, GA, ME, NH, NC, RI, SC, VT, VA & WV.	09/30/2025
AICP - LOCAL 481	09/30/2022
AICP - LOCAL 481	09/30/2023
AICP - LOCAL 487	04/16/2023
AICP - LOCAL 487 FOR MD & DC	09/30/2022
AICP - LOCAL 487 FOR MD & DC	09/30/2025
AICP - LOCAL 769	01/31/2022
AICP - LOCAL 769	01/31/2024
AICP - LOCAL 769	10/29/2022
AICP - LOCAL 769	09/30/2022
AICP - LOCAL 784	12/31/2022
AICP - LOCAL 784	07/31/2022
AICP - LOCAL 784	07/31/2023
AICP - LOCAL 784	09/30/2022
AICP - MOA FOR LOCAL 665	10/29/2022
AICP - MOA FOR LOCAL 665	09/30/2025
AICP	09/30/2022
AICP	09/30/2025
AREA STANDARD	07/31/2024
AREA STANDARD - HAWAII RATE FOR TELEVISION	07/31/2024
AREA STANDARD - HAWAII RATE FOR THEATRICAL	07/31/2024
AREA STANDARD - NEW ENGLAND TELEVISION	07/31/2024
AREA STANDARD - WAYNE COUNTY	07/31/2024
AREA STANDARD - WAYNE COUNTY	07/31/2024
BTS - LOCAL 479	08/31/2023
BTS - LOCAL 481	08/31/2022
BTS - LOCAL 52 & 489	08/31/2024
ELLIOT LEWIS CORPORATION AGREEMENT	06/30/2029
ELLIOT LEWIS CORPORATION AGREEMENT	08/31/2022
IANBF HOME PLAN - EAST COAST	07/31/2024
IANBF HOME PLAN - HP: WEST COAST	07/31/2030
LIVE EVENTS - LOCAL 414	06/30/2022
LIVE EVENTS - LOCAL 414	06/30/2023
LIVE EVENTS - LOCAL 793	01/31/2023
LIVE EVENTS - LOCAL 795	03/31/2022

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

Plan Name I. A. T. S. E. NATIONAL PENSION FUND

EIN: 13-1849172

Plan Sponsor's Name	BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND
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PN: 001

[illegible]

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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).....

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

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

14a	
14b	
14c	

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

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

b The corresponding number for the second preceding plan year

15a	
15b	

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

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

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

16a	
16b	

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

Attachment to 2022 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name I. A. T. S. E. NATIONAL PENSION FUND

EIN: 13-1849172

Plan Sponsor's Name BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND

PN: 001

Contribution rate (in dollars and cents)	24.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	24.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	24.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	24.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	14.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	14.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	5.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	36.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	36.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	31.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	31.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	4.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	3.85
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	
Contribution rate (in dollars and cents)	4.05
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	
Contribution rate (in dollars and cents)	4.00
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	

Attachment to 2022 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name I. A. T. S. E. NATIONAL PENSION FUND

EIN: 13-1849172

Plan Sponsor's Name BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND

PN: 001

Contribution rate (in dollars and cents)	4.00
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	
Contribution rate (in dollars and cents)	10.40
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	10.40
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	10.40
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	59.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	19.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	36.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	33.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	37.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	20.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	18.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	8.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	8.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	4.91
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	

Attachment to 2022 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name I. A. T. S. E. NATIONAL PENSION FUND

EIN: 13-1849172

Plan Sponsor's Name BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND

PN: 001

Contribution rate (in dollars and cents)	1.81
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	
Contribution rate (in dollars and cents)	8.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	13.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	13.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	8.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	13.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	6.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	7.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	14.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY

Attachment to 2022 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name I. A. T. S. E. NATIONAL PENSION FUND

EIN: 13-1849172

Plan Sponsor's Name BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND

PN: 001

Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	1.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	2.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	44.85
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	37.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	51.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	14.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	4.91
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	
Contribution rate (in dollars and cents)	22.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	5.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	21.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY