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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1960

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

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

2b Employer Identification Number (EIN) 13-6696817

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

2d Business code (see instructions) 711510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/14/2023	BRIAN MYERS-COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/14/2023	CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND

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

3b Administrator's EIN
13-6696817

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

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	48478
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)**	25404
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	22936
b	Retired or separated participants receiving benefits	**6b**	8772
c	Other retired or separated participants entitled to future benefits	**6c**	14960
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	46668
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	549
f	Total. Add lines **6d** and **6e**.	**6f**	47217
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**	1579

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023

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

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

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-6696817

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

1a Enter the valuation date: Month 06 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	2115752569
(2)	Actuarial value of assets for funding standard account	**1b(2)**	2093530684
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	2064157535
(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)**	2064157535
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)**	4696976480
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	103441864
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	96864966
(3)	Expected plan disbursements for the plan year	**1d(3)**	101964966

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

Signature of actuary	12/13/2023 Date
JONATHAN BENENSON, ASA, FCA, MAAA Type or print name of actuary	23-08181 Most recent enrollment number
SEGAL Firm name	212-251-5000 Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402 Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	2115752569
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		9335	1143941167
(2) For terminated vested participants		14960	1433627777
(3) For active participants:			
(a) Non-vested benefits			93925167
(b) Vested benefits			2025482369
(c) Total active		22936	2119407536
(4) Total		47231	4696976480
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	45.04 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
12/15/2022	38139888				

	Totals ►	**3(b)**	38139888	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	78148

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	101.4 %
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: • 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."	**4f**	

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.23 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	3.00 % ☐ 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**	9.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-2.0 %	
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)**	4911261	
(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	-57659564	-5996307
4	4272044	444271

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**	30735051

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)**	744546446		97209995
(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**	9276016
e Total charges. Add lines 9a through 9d			**9e**	137221062
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	334587842
g Employer contributions. Total from column (b) of line 3			**9g**	38139888
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	439331753		97647530
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	32604421
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	360306100		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	2189113996		
(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**	502979681
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	365758619
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				[X] Yes [ ] No

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

For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-6696817

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

AETOS CAPITAL
875 THIRD AVENUE
22ND FLOOR
NEW YORK, NY 10022

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

AFL CIO

52-6220193

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

ARBOUR LANE CAPITAL MANAGEMENT

81-2437631

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

ASIA RESEARCH & CAPITAL MANAGEMENT
12 QUEENS ROAD CENTRAL
CENTRAL, HONG KONG 999077 HK

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

CAMBER CAPITAL MANAGEMENT LP

42-1693587

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

CAT ROCK CAPITAL MANAGEMENT LP

47-3415529

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

CEVIAN CAPITAL II GP LIMITED

98-0504656

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

CHARLES-LIM CAPITAL LIMITED

LEVELS 19 20 SOUTHLAND BUILDING 48 CONNAUGHT ROA
CENTRAL, HONG KONG 999077 HK

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

CONSTELLATION INVESTIMENTOS E PARTI

RUA OLIMPIADAS 100 CONJUNTO 52 VILA OLIMPIA
SAO PAULO, BRAZIL 04551 BR

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

DAVIDSON KEMPNER CAPITAL MANAGEMENT

13-3863161

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

FORT LP

52-2208570

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

GAOCHENG CAPITAL

98-1613111

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

GLENDON CAPITAL MANAGEMENT LP

82-1542673

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

HBK CAPITAL MANAGEMENT

2101 CEDAR SPRINGS ROAD
SUITE 700
DALLAS, TX 75201

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

INCA INVESTMENTS LLC

22-3899123

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

INDABA CAPITAL MANAGEMENT LP

27-1639439

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

JANCHOR PARTNERS LIMITED

TWO EXCHANGE SQUARE 8 CONNAUGHT PLACE
CENTRAL, HONG KONG 999077 HK

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

JUNTO CAPITAL MANAGEMENT LP

80-0920674

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

KABOUTER MANAGEMENT LLC

20-0236475

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

LYXOR ASSET MANAGEMENT

13-4091235

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

MALABAR INVESTMENTS LLC

80-0144815

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

MATRIX CAPITAL MANAGEMENT COMPANY

04-3475951

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

MERITECH CAPITAL PARTNERS

88-2345507

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

ORBIS INVESTMENT MANAGEMENT LIMITED

98-0451139

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

OVERLOOK INVESTMENTS LIMITED

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

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

PARK PRESIDO CAPITAL LLC

46-2796115

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

PROSPERITY CAPITAL MANAGEMENT LTD

NO 6 CAVENDISH SQUARE 2ND FLOOR
LONDON, UNITED KINGDOM W1G0PD GB

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

PZENA INVESTMENT MANAGEMENT LLC

13-3860154

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

SENATOR INVESTMENT GROUP LP

26-2124641

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

SOROBAN CAPITAL PARTNERS LP

32-0303386

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

TCI FUND MANAGEMENT LIMITED

1270 AVENUE OF THE AMERICAS
STE 1908
NEW YORK, NY 10020

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

TENZING PRIVATE EQUITY LLP

CROWN HOUSE 143-147 REGENT STREET
LONDON, UNITED KINGDOM W1B4NR GB

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

TIGER GLOBAL MANAGEMENT LLC

9 WEST 57TH STREET
NEW YORK, NY 10019

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

TWO SIGMA ADVISERS LP

35-2191456

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

VALINOR MANAGEMENT LP

20-8961915

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

VIKING GLOBAL INVESTORS LP

13-4055118

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

PALMER SQUARE CAPITAL MGMNT LLC

1900 SHAWNEE MISSION PKWY
MISSION WOODS, KS 66205

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

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

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	2405406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METRIC CAPITAL PARTNERS LLP

2 MADDOX STREET
LONDON, UNITED KINGDOM W1S1QP GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2161547	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLUE TORCH

35-2577360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1337126	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LIGHTSPEED VENTURE PARTNERS

2200 SAND HILL ROAD
MENLO PARK, CA 94025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	739408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EVERCORE GROUP LLC

27-2635011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	695679	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

400 CAPITAL MANAGEMENT LLC

26-3489627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	664431	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

OCP ASIA

350 ORCHARD ROAD #12-01/03 SHAW HOUSE
SINGAPORE, SINGAPORE 238868 SG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	621894	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BARINGS LLC

340 MADISON AVENUE
18TH FLOOR
NEW YORK, NY 10173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	600861	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 61 62 68 72	NONE	565856	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

BALANCE POINT CAPITAL

285 RIVERSIDE AVENUE
SUITE 200
WESTPORT, CT 06880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	549777	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KENNEDY LEWIS INVESTMENT MANAGEMENT

81-4883841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	548056	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORTRESS INVESTMENT GROUP LLC

20-5837959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	507811	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

HARBOURVEST PARTNERS LP

74-3130888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	477278	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ATALAYA CAPITAL MANAGEMENT

ONE ROCKEFLLER PLAZA
32ND FLOOR
NEW YORK, NY 10020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	466280	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VITRUVIAN PARTNERS

105 WIGMORE STREET
LONDON, UNITED KINGDOM W1U1QY GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	422475	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	413361	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	400267	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 51 52 59 62 71	NONE	380774	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

EAGLE CAPITAL MANAGEMENT LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	375327	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

STONE POINT CAPITAL LLC

20-2508799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	369834	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

SPIVAK LIPTON LLP

13-3494495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	268997	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

QUAN CAPITAL

4560 JINKE ROAD JINCHUANG PLAZA BUI 4F ZHANGJIANG HI-TECH PARK SHANGHAI, CHINA 10080 CH

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	266433	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 36 50	NONE	255838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	234343	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CRAYHILL CAPITAL MANAGEMENT LP

47-4510891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 61	NONE	209601	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

DOUBLELINE CAPITAL LP

30-0596331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	199245	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST RESERVE GP XIII LP

98-1046104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	192059	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

KPS CAPITAL PARTNERS LP

ONE VANDERBILT AVE
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	170926	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HS MANAGEMENT PARTNERS LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	156759	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ELLIOT MANAGEMENT CORPORATION

40 WEST 57TH STREET
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	147539	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

ADP LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	142965	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BARES CAPITAL MANAGEMENT INC

74-2961140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	115107	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

GREAT HILL PARTNERS LLC

ONE LIBERTY SQUARE
BOSTON, MA 02109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	101541	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ARDIAN

1 GRAFTON STREET
LONDON, UNITED KINGDOM W1S4FE GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	97204	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

PARAMETRIC PORTFOLIO ASSOC LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68 72	NONE	91752	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

PACIFIC INVESTMENT MANAGEMENT COMPA

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	90413	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

BERKSHIRE PARTNERS LLC

200 CLARENDON STREET
34TH FLOOR
BOSTON, MA 02116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	82747	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HILLHOUSE CAPITAL MANAGEMENT LTD

50 RAFFLES PLACE #34-02A SINGAPORE LAND TOWER
MARINA BAY, SINGAPORE 48623 SG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	79845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCMORGAN & COMPANY LLC

52-2334338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	74974	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

BLACKROCK INVESTMENT MANAGEMENT LLC

20-5319476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 49 51 52 54 63 68 71 72	NONE	71088	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

FIVE STAR PRINTING & MAILING

13-3694151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	63210	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	60000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COMPREHENSIVE CONSULTING SOLUTIONS

52-2099008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	45056	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARRIS RAND LUSK

122 E 42ND ST
RM 3605
NEW YORK, NY 10168

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	39795	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PEMBERTON CAPITAL ADVISORS

52 GROSVENOR GARDENS
LONDON, UNITED KINGDOM SW1W0AU GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	38036	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

XIANG HE

21/F BUILDING C TSINGHUA SCIENCE PARK
BEIJING, CHINA 10080 CH

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	27864	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LANDMARK REALTY ADVISORS LLC

06-1471488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	23571	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TERRY SCHMIDT LLC

45-3672353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	21753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KIRKLAND & ELLIS LLP

601 LEXINGTON AVE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	11631	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT HALF

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8249	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-6696817

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2929221-002	E	66527190

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	24886935

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
75-3269994-001	E	1749214

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-0292079-001	E	5628648

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
98-0582576-001	E	3427480

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7045783-001	E	94544717

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-0813293-003	E	81715758

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

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

c EIN-PN 30-0808269-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-6696817

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	82823	70364
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2040000	1940000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4617820	3911147
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18704901	14220749
(2) U.S. Government securities	1c(2)	59904679	60743152
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7371865	3608408
(B) All other	1c(3)(B)	26241128	7806727
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	159657511	203862156
(5) Partnership/joint venture interests	1c(5)	1430688042	1328772287
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	25648256	24886935
(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)	263660377	253593007
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	122400853	142451007
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	68418	39677
f Total assets (add all amounts in lines 1a through 1e)	1f	2121086673	2045905616
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	834121	1341255
i Acquisition indebtedness	1i		
j Other liabilities	1j	4499983	15517552
k Total liabilities (add all amounts in lines 1g through1j)	1k	5334104	16858807
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2115752569	2029046809

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)	15943425	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	22196463	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		38139888
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	311368	
(B) U.S. Government securities	2b(1)(B)	641433	
(C) Corporate debt instruments	2b(1)(C)	1204406	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	25087239	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		27244446
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3433227	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2352704	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5785931
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	620545355	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	632436217	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-11890862
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-29139241	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-29139241

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4901995
(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)		-4126621
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1723471
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		32639007
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	97585992	
(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)		97585992
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)	1073759	
(2) Contract administrator fees	2i(2)	145694	
(3) Investment advisory and management fees	2i(3)	16406616	
(4) Other	2i(4)	4132706	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21758775
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		119344767
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-86705760
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		857498177
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 460042.

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 06/01/2022 and ending 05/31/2023

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-6696817

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 49

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 HAMILTON UPTOWN LLC

b EIN 47-3160329 **c** Dollar amount contributed by employer 1590147

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer BUENA VISTA THEATRICAL GROUP

b EIN 13-3710515 **c** Dollar amount contributed by employer 1549799

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer WALT DISNEY WORLD

b EIN 95-4545390 **c** Dollar amount contributed by employer 1387699

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 10 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 7.50
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 7.50% OF GROSS WAGES

a Name of contributing employer MJ THE MUSICAL

b EIN 32-0506825 **c** Dollar amount contributed by employer 1318296

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer HARRY POTTER AND THE CURSED CHILD

b EIN 82-0813336 **c** Dollar amount contributed by employer 1285024

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer WICKED

b EIN 71-0947388 **c** Dollar amount contributed by employer 1263407

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer THE MUSIC MAN

b EIN 83-3479484 **c** Dollar amount contributed by employer 1243223

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer FUNNY GIRL

b EIN 87-1934636 **c** Dollar amount contributed by employer 1130274

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer THE PHANTOM OF THE OPERA

b EIN 13-3418272 **c** Dollar amount contributed by employer 1128894

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer SIX

b EIN 84-2985604 **c** Dollar amount contributed by employer 963560

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 28 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	3
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**	18
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**	128

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.17
b The corresponding number for the second preceding plan year	**15b**	0.02

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	1
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	161293

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: 34 % Investment-Grade Debt: 5 % High-Yield Debt: 1 % Real Estate: 3 % Other: 57 %

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

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation_____

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Independent Auditor's Report

Board of Trustees
The Equity-League Pension Plan

Opinion

We have audited the accompanying financial statements of The Equity-League Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended May 31, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2023, and the changes therein for the year ended May 31, 2023 and its financial status as of May 31, 2022, and its changes therein for the year ended May 31, 2022 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 15 through 28 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 29 through 30 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.

Schultheis & Panettieri, LLP

Hauppauge, New York
November 28, 2023

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

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

		Pension Credits Average Accrued Monthly Benefit Payable at Normal Retirement Age Average Salary								
Age	**Total**	**0-4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	955	890	60	5	-	-	-	-	-	-
	$164	$126	$621	-	-	-	-	-	-	-
	$6,075	$5,953	$7,087	-	-	-	-	-	-	-
25 - 29	3,361	2,758	576	26	1	-	-	-	-	-
	$194	$105	$571	$1,140	-	-	-	-	-	-
	$6,684	$4,416	$16,861	$21,919	-	-	-	-	-	-
30 - 34	4,403	2,355	1,686	339	22	1	-	-	-	-
	$354	$97	$512	$1,239	$2,020	-	-	-	-	-
	$6,881	$2,820	$10,370	$16,854	$20,670	-	-	-	-	-
35 - 39	3,401	1,156	1,139	878	216	10	2	-	-	-
	$567	$89	$399	$1,042	$1,948	-	-	-	-	-
	$6,586	$1,873	$5,746	$10,577	$19,159	-	-	-	-	-
40 - 44	2,566	644	630	648	522	121	1	-	-	-
	$759	$98	$340	$778	$1,631	$2,563	-	-	-	-
	$6,241	$2,229	$3,717	$6,014	$11,627	$18,610	-	-	-	-
45 - 49	1,787	333	370	338	412	284	49	1	-	-
	$877	$76	$264	$633	$1,184	$2,049	$3,086	-	-	-
	$5,817	$1,395	$2,865	$3,787	$7,802	$11,480	$22,751	-	-	-
50 - 54	1,646	270	272	266	317	284	199	37	1	-
	$1,015	$79	$249	$540	$936	$1,705	$2,625	$3,568	-	-
	$5,416	$975	$2,422	$3,832	$3,095	$8,746	$13,915	$18,958	-	-
55 - 59	1,473	195	174	197	212	237	257	170	29	2
	$1,188	$63	$237	$462	$838	$1,193	$2,117	$2,756	$4,243	-
	$5,807	$880	$2,332	$2,506	$3,388	$5,158	$11,233	$12,012	$20,512	-
60 - 64	1,200	134	133	137	153	158	172	185	109	19
	$1,227	$63	$199	$437	$684	$972	$1,530	$2,329	$3,188	-
	$5,601	$646	$1,873	$1,561	$4,558	$3,992	$6,595	$9,071	$15,521	-
65 - 69	491	101	71	59	46	57	40	45	42	30
	$856	$61	$252	$342	$704	$728	$1,186	$1,612	$2,446	$2,652
	$2,955	$563	$4,579	$1,996	$1,538	$930	$5,068	$2,760	$6,460	$7,635
70 & over	144	84	20	9	6	6	7	3	5	4
	451	81	159	-	-	-	-	-	-	-
	$4,942	$1,206	$786	-	-	-	-	-	-	-
Unknown	1,509	1,504	4	1	-	-	-	-	-	-
	$26	$25	-	-	-	-	-	-	-	-
	$2,137	$2,113	-	-	-	-	-	-	-	-
Total	22,936	10,424	5,135	2,903	1,907	1,158	727	441	186	55
	$577	$88	$419	$830	$1,274	$1,634	$2,121	$2,531	$3,158	$3,294
	$5,971	$3,074	$7,646	$7,816	$8,790	$8,761	$11,242	$10,393	$14,045	$12,358

Equity-League Pension Fund
EIN 13-6696817/PN 001

Segal

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

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

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

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

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

The underlying tables adjusted to the measurement date using Scale MP-2021 reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using generational projection under Scale MP-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.

Termination Rates

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

[1] Mortality rates shown for base table

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

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

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Active Participants

Age	Annual Retirement Rates
60-64	3.5%
65	35%
66-72	15%
73+	100%

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

Description of Weighted Average Retirement Age

Age 67, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the June 1, 2022 actuarial valuation.

Retirement Rates for Inactive Vested Participants

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

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

Earnings Increases

3% per year

Valuation Earnings (Excluding Fund Office Staff Participants)

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

Section 3: Certificate of Actuarial Valuation

Future Benefit Accruals	Active employees will earn pension credit in 60% of all future years of service for purposes of vesting and the flat dollar benefit accrual. Accruals for salary portion is incorporated in the earnings assumption. Fund Office Staff participants will earn one pension credit each year. The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Performers with any covered earnings during the three calendar years preceding the valuation date, excluding those who have retired or died as of that date. Fund Office Staff participants are those who were actively employed at the end of the year.
Exclusion of Inactive Vested Participants	Inactive participants over age 73 excluded from the valuation. The exclusion of inactive vested participants over age 73 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger, and spouses of female participants are three years older.
Benefit Election	30% of participants are assumed to elect the 50% Joint and Survivor form of payment and 70% of participants are assumed to elect the single life annuity with five years guaranteed form of payment. The benefit elections were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the comparison was made between the assumed and actual option election pattern over the past several years.
Delayed Retirement Factors	Active and inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 73.
Net Investment Return	7.25% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$5,100,000 for the year beginning June 1, 2022 (equivalent to $4,911,261 payable at the beginning of the year) or 19.0% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period (10-year period for the plan year ended May 31, 2020). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Elections under the American Rescue Plan Act (ARPA) of 2021	*Extended Amortization of Net Experience Losses (IRC Section 431(b)(8)(F)):* The market value investment loss for the plan year ended May 31, 2020 and contribution loss for the plan year ended May 31, 2020 have been amortized over an extended period, with the investment loss amortization based on the prospective method as defined in IRS Notice 2010-83. The plan sponsor has elected to stop applying the special amortization rule to the 2020 investment loss effective June 1, 2021. *Expanded Smoothing Period (IRC Section 431(b)(8)(B)):* The asset valuation method has been changed effective June 1, 2020 as follows: the difference between expected and actual returns for the Plan Year ended May 31, 2020 is recognized over a period of 10 years.
Current Liability Assumptions	*Interest:* 2.23%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 9.1%, for the Plan Year ending May 31, 2022 *On current (market) value of assets (Schedule MB, line 6h):* -2.0%, for the Plan Year ending May 31, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a December 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.34% to 2.23% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of June 1, 2022: Mortality improvement generational projection scale, previously MP-2020 Administrative expenses, previously $4,700,000

Schedule MB, Line 3(d) - Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
06/30/2022	$14,866.75	$0.00	$14,866.75
07/31/2022	$1,197.75	$0.00	$1,197.75
08/31/2022	$2,093.00	$0.00	$2,093.00
10/31/2022	$14,010.25	$0.00	$14,010.25
12/31/2022	$4,552.50	$0.00	$4,552.50
01/31/2023	$12,130.25	$0.00	$12,130.25
02/28/2023	$1,197.75	$0.00	$1,197.75
03/31/2023	$3,354.75	$0.00	$3,354.75
04/30/2023	$13,346.25	$0.00	$13,346.25
05/31/2023	$11,398.82	$0.00	$11,398.82
Total	$78,148.07	$0.00	$78,148.07

Schedule MB, Line 6f(1) - Description of Withdrawal Liability Interest Rate

- 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 2.12% beyond (1.82% for 20 years and 1.68% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of June 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 June 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 June 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	$3,145,597	$2,730,179	$91,903,761	$97,779,537
2023	6,197,345	6,032,994	89,519,356	101,749,695
2024	9,698,012	9,679,844	87,048,748	106,426,604
2025	13,539,264	13,694,981	84,418,441	111,652,686
2026	17,573,853	17,632,254	81,638,807	116,844,914
2027	21,691,381	21,789,236	78,832,259	122,312,876
2028	25,947,271	25,843,127	76,082,594	127,872,992
2029	30,122,768	30,051,373	73,276,801	133,450,942
2030	34,061,454	34,365,735	70,418,833	138,846,022
2031	38,445,496	38,590,473	67,512,204	144,548,173
2032	42,745,066	42,777,684	64,560,174	150,082,924
2033	46,893,259	46,943,758	61,566,104	155,403,121
2034	51,080,732	51,094,911	58,533,818	160,709,461
2035	55,213,936	55,052,966	55,467,779	165,734,681
2036	59,354,850	58,703,766	52,373,566	170,432,182
2037	63,036,979	62,119,826	49,258,374	174,415,179
2038	66,570,664	65,304,877	46,131,217	178,006,758
2039	70,012,469	67,896,499	43,003,123	180,912,091

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are convered 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	$73,081,442	$70,287,518	$39,887,473	$183,256,433
2041	76,084,393	72,550,011	36,799,851	185,434,255
2042	79,268,378	74,843,777	33,757,687	187,869,842
2043	82,603,008	76,675,076	30,779,691	190,057,775
2044	85,684,170	78,459,681	27,885,218	192,029,069
2045	88,610,476	79,585,060	25,093,802	193,289,338
2046	91,557,308	80,499,617	22,424,465	194,481,390
2047	94,198,372	80,940,690	19,894,891	195,033,953
2048	96,576,782	81,021,009	17,520,587	195,118,378
2049	99,069,844	80,839,503	15,313,991	195,223,338
2050	101,307,019	80,415,076	13,284,018	195,006,113
2051	103,872,703	79,656,643	11,435,865	194,965,211
2052	105,958,057	78,680,818	9,770,864	194,409,739
2053	108,120,884	77,369,096	8,286,671	193,776,651
2054	109,992,845	75,536,758	6,977,592	192,507,195
2055	111,312,719	73,363,073	5,835,146	190,510,938
2056	112,252,026	70,777,065	4,848,573	187,877,664
2057	112,739,151	68,097,475	4,005,448	184,842,074

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are convered 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	$113,054,205	$65,150,941	$3,292,285	$181,497,431
2059	113,007,066	62,073,095	2,694,950	177,775,111
2060	112,503,281	58,870,688	2,199,213	173,573,182
2061	111,400,890	55,668,157	1,791,319	168,860,366
2062	109,748,715	52,302,158	1,458,227	163,509,100
2063	107,684,144	48,977,952	1,187,960	157,850,056
2064	105,316,746	45,657,618	969,782	151,944,146
2065	102,368,851	42,418,349	794,248	145,581,448
2066	99,115,845	39,269,912	653,258	139,039,015
2067	95,467,566	36,213,369	539,970	132,220,905
2068	91,476,882	33,243,679	448,789	125,169,350
2069	87,207,867	30,410,762	375,147	117,993,776
2070	82,812,222	27,686,741	315,394	110,814,357
2071	78,326,969	25,104,380	266,678	103,698,027

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are convered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	$33,170,987	$0.00	$33,170,987
2023	$48,784,664	$0.00	$48,784,664
2024	$50,497,954	$0.00	$50,497,954
2025	$52,262,643	$0.00	$52,262,643
2026	$54,080,272	$0.00	$54,080,272
2027	$55,952,430	$0.00	$55,952,430
2028	$57,880,753	$0.00	$57,880,753
2029	$59,866,926	$0.00	$59,866,926
2030	$61,912,684	$0.00	$61,912,684
2031	$64,019,815	$0.00	$64,019,815

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

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

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

Section 3: Certificate of Actuarial Valuation

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

Section 3: Certificate of Actuarial Valuation

Plan Provisions for Fund Office Staff Participants	Accrued benefit earned under plan provisions in the Staff Plan as of June 1, 2008. Benefits earned after June 1, 2008 are valued using the Equity-League Pension Trust Fund Plan provisions, with the exception of certain death benefits.
Section 415 Limit	$245,000 (previously $230,000)
Section 401(a)(17) Limit	$305,000 (previously $290,000)
Changes in Plan Provisions	Adopted March 2, 2023 and effective June 1, 2023, the Plan was amended to provide for annual compounding of the delayed retirement actuarial increase factors for increases applied through December 31, 2023. This change was not reflected in the Funding Standard Account as of June 1, 2022 but was reflected in the Scheduled Cost.

9647481v1/01737.001

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	06/01/1993	$1,152,040	1	$1,152,040
Assumption change	06/01/1995	64,484	3	23,015
Plan amendment	06/01/1995	4,884,618	3	1,743,403
Assumption change	06/01/1997	1,652,126	5	378,218
Plan amendment	06/01/1997	14,444,012	5	3,306,642
Assumption change	06/01/1998	5,826,720	6	1,148,598
Plan amendment	06/01/1999	29,350,527	7	5,122,279
Plan amendment	06/01/2000	636,454	8	100,345
Assumption change	06/01/2001	6,076,534	9	878,890
Plan amendment	06/01/2002	3,398,955	10	456,450
Plan amendment	06/01/2003	10,907,768	11	1,373,233
Plan amendment	06/01/2004	159,348	12	18,956
Plan amendment	06/01/2005	14,883,208	13	1,684,015
Plan amendment	06/01/2006	309,164	14	33,458
Assumption change	06/01/2006	21,680,711	14	2,346,272
Plan amendment	06/01/2007	24,613,963	15	2,559,729
Plan amendment	06/01/2008	25,799	1	25,799
Actuarial loss	06/01/2008	2,047,811	1	2,047,811
Plan amendment	06/01/2009	130,162	2	67,358
Investment loss subject to relief	06/01/2009	85,059,189	16	8,535,089
Assumption change	06/01/2010	5,339,017	3	1,905,586
Investment loss subject to relief	06/01/2010	51,123,783	16	5,129,911
Investment loss subject to relief	06/01/2011	46,553,691	16	4,671,334
Actuarial loss	06/01/2012	4,055,008	5	928,306

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Investment loss subject to relief	06/01/2012	43,352,137	16	4,350,081
Actuarial loss	06/01/2013	8,011,182	6	1,579,212
Actuarial loss	06/01/2015	5,085,774	8	801,840
Plan amendment	06/01/2015	44,763,588	8	7,057,572
Assumption change	06/01/2016	19,942,709	9	2,884,447
Actuarial loss	06/01/2016	38,775,511	9	5,608,360
Actuarial loss	06/01/2017	22,554,597	10	3,028,884
Actuarial loss	06/01/2018	31,623,181	11	3,981,200
Assumption change	06/01/2018	42,997,303	11	5,413,145
Plan amendment	06/01/2019	212,008	12	25,220
Actuarial loss	06/01/2019	29,924,812	12	3,559,858
Plan amendment	06/01/2020	33,350	13	3,774
Actuarial loss subject to relief	06/01/2020	17,503,151	27	1,393,805
Actuarial loss	06/01/2020	32,458,493	13	3,672,635
Assumption change	06/01/2020	68,660,761	13	7,768,873
Plan amendment	06/01/2021	753	14	81
Assumption change	06/01/2022	4,272,044	15	444,271
Total		**$744,546,446**		**$97,209,995**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	6/1/2019	$49,577,247	1.13	$44,200,006
Change in funding method	6/1/2020	235,491,513	8	37,128,352
Change in asset method	6/1/2020	4,452,172	28	350,319
Actuarial gain	6/1/2021	92,151,257	14	9,972,546
Actuarial gain	6/1/2022	57,659,564	15	5,996,307
Total		**$439,331,753**		**$97,647,530**

Effective June 1, 2022, the above credits were combined, resulting in the following credit base:

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	06/01/2022	$439,331,753	5.18	$97,647,530
Total		**$439,331,753**		**$97,647,530**

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.34% to 2.23% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of June 1, 2022: Mortality improvement generational projection scale, previously MP-2020 Administrative expenses, previously $4,700,000

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

For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023

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

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

A Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-6696817

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

1a Enter the valuation date: Month 06 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	1b(1)	2,115,752,569
(2)	Actuarial value of assets for funding standard account	1b(2)	2,093,530,684
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	2,064,157,535
(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)	2,064,157,535
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	4,696,976,480
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	103,441,864
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	96,864,966
(3)	Expected plan disbursements for the plan year	1d(3)	101,964,966

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 Benenson JDB — 12/13/2023

Signature of actuary — Date

JONATHAN BENENSON, ASA, FCA, MAAA — 2308181

Type or print name of actuary — Most recent enrollment number

SEGAL — 212-251-5000

Firm name — Telephone number (including area code)

333 WEST 34TH STREET
NEW YORK NY 10001-2402

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	2,115,752,569
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		9,335	1,143,941,167
(2) For terminated vested participants		14,960	1,433,627,777
(3) For active participants:			
(a) Non-vested benefits			93,925,167
(b) Vested benefits			2,025,482,369
(c) Total active		22,936	2,119,407,536
(4) Total		47,231	4,696,976,480
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	45.04 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
12/15/2022	38,139,888				

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** 2.23 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	3.00 % ☐ 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**	9.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-2.0 %
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)**	4,911,261
(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	-57,659,564	-5,996,307
4	4,272,044	444,271

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**	30,735,051
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)**	744,546,446	97,209,995
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	9,276,016
e Total charges. Add lines 9a through 9d		**9e**	137,221,062
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	334,587,842
g Employer contributions. Total from column (b) of line 3		**9g**	38,139,888
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	439,331,753	97,647,530
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	32,604,421
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	360,306,100	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	2,189,113,996	
(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**	502,979,681
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	365,758,619
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

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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EQUITY-LEAGUE PENSION TRUST FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1960

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

BOARD OF TRUSTEES OF THE
EQUITY-LEAGUE PENSION TRUST FUND

165 WEST 46TH STREET SUITE 812

NEW YORK NY 10036-2501

2b Employer Identification Number (EIN) 13-6696817

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

2d Business code (see instructions) 711510

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

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

SIGN HERE	X [signature]	X 11/15/23	X BRIAN MYERS COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X [signature]	X 11/15/23	X CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

BOARD OF TRUSTEES OF THE
EQUITY-LEAGUE PENSION TRUST FUND

165 WEST 46TH STREET SUITE 812

NEW YORK NY 10036-2501

3b Administrator's EIN
13-6696817

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

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	48,478
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)**	25,404
a(2) Total number of active participants at the end of the plan year	**6a(2)**	22,936
b Retired or separated participants receiving benefits	**6b**	8,772
c Other retired or separated participants entitled to future benefits	**6c**	14,960
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	46,668
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	549
f Total. Add lines **6d** and **6e**	**6f**	47,217
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1,579

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

1A 1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

THE EQUITY-LEAGUE PENSION PLAN

FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2023 AND 2022

THE EQUITY-LEAGUE PENSION PLAN

YEARS ENDED MAY 31, 2023 AND 2022

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Independent Auditor's Report

Board of Trustees
The Equity-League Pension Plan

Opinion

We have audited the accompanying financial statements of The Equity-League Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended May 31, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2023, and the changes therein for the year ended May 31, 2023 and its financial status as of May 31, 2022, and its changes therein for the year ended May 31, 2022 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 15 through 28 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 29 through 30 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.

Schultheis & Panettieri, LLP

Hauppauge, New York
November 28, 2023

THE EQUITY-LEAGUE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2023 AND 2022

	2023	2022
Assets		
Investments at fair value		
Interest bearing cash	$ 9,280,219	$ 12,440,827
U.S. government securities	60,743,152	59,904,679
Corporate debt instruments	11,415,135	33,612,993
Corporate stock	145,725,996	125,856,711
Partnership/joint venture interests	1,391,051,857	1,470,536,539
Common/collective trust funds	24,886,935	25,648,256
103-12 investment entities	253,593,007	263,660,377
Registered investment companies	142,451,007	122,400,853
Total investments	2,039,147,308	2,114,061,235
Receivables		
Employers' contributions	1,940,000	2,040,000
Accrued interest/dividends	960,303	745,280
Related organizations	9,866	12,228
Tax relief contributions	2,861,851	3,626,857
Cash	70,364	82,823
Other assets	39,677	68,418
Total assets	2,045,029,369	2,120,636,841
Liabilities		
Accounts payable	1,341,255	834,121
Net trades pending settlement	14,641,305	4,050,151
Total liabilities	15,982,560	4,884,272
Net assets available for benefits	$ 2,029,046,809	$ 2,115,752,569

See Notes to Financial Statements

THE EQUITY-LEAGUE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2023 AND 2022

	2023	2022
Additions to net assets attributed to:		
Investment loss		
Net depreciation in fair value of investments	$ (43,557,025)	$ (63,846,310)
Interest/dividends	38,056,144	45,217,308
Total investment loss	(5,500,881)	(18,629,002)
Less investment expenses	(16,406,616)	(24,303,973)
Net investment loss	(21,907,497)	(42,932,975)
Contributions		
Employers'	15,943,425	12,734,493
Tax relief contributions	22,196,463	12,665,739
Total additions	16,232,391	(17,532,743)
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	97,585,992	92,835,126
Administrative expenses	5,352,159	4,923,086
Total deductions	102,938,151	97,758,212
Net increase (decrease)	(86,705,760)	(115,290,955)
Net assets available for benefits		
Beginning of year	2,115,752,569	2,231,043,524
End of year	$ 2,029,046,809	$ 2,115,752,569

Note 1 - Description of Plan and Significant Accounting Policies

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

General

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

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

Purpose

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

Participation

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

Benefits

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

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

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

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

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

Plan termination

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

Basis of accounting

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

Investment valuation and income recognition

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

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

Administrative expense allocation

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

Reimbursements paid to related organizations for the years ended May 31, 2023 and 2022 were $2,470,567 and $2,150,231, respectively.

The Plan's general allocable percentage of administrative expenses is 37.9%.

Use of estimates

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

Note 2 - Fair value measurements

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

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

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

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

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

Interest bearing cash: Valued at cost.

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

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

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

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

Note 2 - Fair value measurements (cont'd)

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of May 31, 2023, with fair value measurements on a recurring basis:

	2023	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	$ 9,280,219	$ 9,280,219	$ -	$ -
U.S. government securities	60,743,152	24,741,130	36,002,022	-
Corporate debt instruments	11,415,135	-	11,415,135	-
Corporate stock	145,725,996	145,725,996	-	-
Registered investment companies	140,513,769	140,513,769	-	-
Total assets in the fair value hierarchy	367,678,271	$ 320,261,114	$ 47,417,157	$ -
Investments measured at net asset value	1,671,469,037			
Investments at fair value	$ 2,039,147,308			

Note 2 - Fair value measurements (cont'd)

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

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

Note 3 - Cash

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

Note 4 - Significant investments - Partnership/joint venture interests

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

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

The Plan has a Limited Partnership agreement with BlackRock ELPT GP, LLC, a Delaware limited liability company, forming the Equity-Broadway League Private Equity Fund I, L.P., (the "BlackRock Partnership"). BlackRock ELPT GP, LLC is the General Partner and the Plan is the Initial Limited Partner. Additional Limited Partners are subject to approval by the Plan. The BlackRock Partnership seeks to provide superior capital appreciation through investments in private equity, while reducing risk by constructing a diversified portfolio of externally managed pooled investment vehicles and privately negotiated investments in private companies. No Limited Partner shall have any right to withdraw from the BlackRock Partnership without the express written consent of the General Partner, which may be withheld in its sole discretion. The estimated fair value of the Plan's investment as of May 31, 2023 and 2022 was $0 and $87,267,893, respectively. The BlackRock Partnership was liquidated during the year ended May 31, 2023.

Note 5 - Party-in-interest transactions

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

Note 6 - Risks and uncertainties

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

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

Note 7 - Employer and tax relief contributions

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

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

The Plan also shares with the related benefit funds and other theatrical multiemployer benefit plans, the net tax savings that resulted from the repeal of the 4.50% New York City Amusement Tax on theatre admissions. Participating tax relief employers may use tax relief contributions to offset their contributions to the Plan. The Plan's portion of tax relief for the years ended May 31, 2023 and 2022 was $22,196,463 and $12,665,739, respectively.

Note 8 - Investment commitments

Total outstanding capital commitments as of May 31, 2023 were approximately $419,000,000. Capital commitments are funded based on the capital calls issued by each investment manager. Subsequent to May 31, 2023, the Plan entered into additional capital commitments of approximately $115,000,000

Note 9 - Reconciliation of financial statements to Form 5500

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

The following is a reconciliation of the reclassifications:

	Per Financial Statements	Reclassification	Per Form 5500
Investment (loss)	$ (21,907,497)	$ 16,406,616	$ (5,500,881)
Contributions	38,139,888	-	38,139,888
Total additions	16,232,391	16,406,616	32,639,007
Benefits paid directly to participants or beneficiaries	97,585,992	-	97,585,992
Administrative expenses	5,352,159	16,406,616	21,758,775
Total deductions	102,938,151	16,406,616	119,344,767
Net (decrease)	$ (86,705,760)	$ -	$ (86,705,760)

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 29.

Note 10 - Accumulated plan benefits

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

	June 1, 2022	June 1, 2021
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	$ 824,262,885	$ 789,260,297
Other vested participants	1,219,988,392	1,185,606,079
Total vested benefits	2,044,251,277	1,974,866,376
Nonvested benefits	19,906,258	22,894,258
Total actuarial present value of accumulated plan benefits	$ 2,064,157,535	$ 1,997,760,634

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

	June 1, 2022	June 1, 2021
Actuarial present value of accumulated plan benefits - Beginning of year	$ 1,997,760,634	$ 1,936,162,687
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	13,768,050	13,949,370
Interest due to the decrease in the discount period	141,191,933	136,868,071
Benefits paid	(92,835,126)	(89,219,494)
Change of assumptions	4,272,044	-
Net increase (decrease) in actuarial present value of accumulated plan benefits	66,396,901	61,597,947
Actuarial present value of accumulated plan benefits - End of year	$ 2,064,157,535	$ 1,997,760,634

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

Note 10 - Accumulated plan benefits (cont'd)

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

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

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

As of June 1, 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 11 - Tax status

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF INTEREST BEARING CASH

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	FOREIGN CURRENCY IN USD	VARIABLE	ON DEMAND	$ 281,281	$ 281,281
	MORGAN STANLEY	VARIABLE	ON DEMAND	813,000	813,000
*	THE BANK OF NEW YORK MELLON	VARIABLE	ON DEMAND	8,185,938	8,185,938
	NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - INT BEARING CASH			1,710,477	1,710,477
	OVERLOOK PARTNERS FUND LP			2,662,102	2,662,102
	PZENA US BEST IDEAS FUND LP - INT BEARING CASH			567,951	567,951
				$ 14,220,749	$ 14,220,749

* PARTY-IN-INTEREST

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES				(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
U S TREASURY NOTE	3.88%	11/30/2027	$ 2,400,000		$ 2,411,156	$ 2,404,320
U S TREASURY NOTE	0.75%	01/31/2028	700,000		689,473	608,916
U S TREASURY NOTE	4.00%	02/29/2028	3,900,000		4,004,689	3,935,334
U S TREASURY NOTE	3.50%	04/30/2028	5,500,000		5,422,556	5,431,250
FNMA GTD REMIC P/T	1.40%	07/25/2029	3,203,940		178,219	167,182
FNMA POOL #0BL0469	3.88%	11/01/2030	600,000		724,359	579,156
FNMA POOL #0BL3779	2.76%	09/01/2031	498,000		500,957	442,627
FNMA GTD REMIC P/T 20-M15 X1	1.58%	09/25/2031	995,694		135,274	55,789
FNMA POOL #0BS7305	5.22%	01/01/2032	1,200,000		1,240,547	1,236,792
FNMA POOL #0AN4172	3.37%	02/01/2032	588,311		688,645	546,488
FHLMC POOL #WA-3229	4.09%	09/01/2032	1,292,697		1,247,907	1,231,927
U S TREASURY BOND	1.75%	08/15/2041	1,700,000		1,658,812	1,197,446
U S TREASURY BOND	2.00%	11/15/2041	2,200,000		2,237,466	1,614,250
FNMA GTD REMIC P/T 16-92 A	3.00%	04/25/2042	295,251		297,129	283,869
FNMA POOL #0MA4697	4.00%	08/01/2042	357,007		343,452	341,403
FHLMC POOL #RB-5182	4.00%	09/01/2042	741,735		713,573	707,630
U S TREASURY BOND	4.00%	11/15/2042	500,000		502,051	499,690
FNMA POOL #0AB7928	3.00%	02/01/2043	867,005		873,913	788,168
FNMA GTD REMIC P/T 13-6 ZJ	3.00%	02/25/2043	141,155		99,081	106,658
FNMA POOL #0AR9215	3.00%	03/01/2043	530,552		534,780	482,309
FNMA POOL #0AT7623	3.00%	06/01/2043	704,864		710,425	640,764
FHLMC MULTICLASS MTG 4223 SB	0.00%	07/15/2043	644,690	a	568,221	464,544
FHLMC POOL #G0-7993	3.50%	03/01/2045	742,822		761,393	697,844
FHLMC POOL #G0-8715	3.00%	08/01/2046	318,939		326,065	289,469
FHLMC POOL #Q4-2197	3.50%	08/01/2046	521,689		540,315	487,190
FHLMC POOL #G6-0933	3.50%	11/01/2046	314,464		324,537	293,474
FHLMC POOL #G0-8747	3.00%	02/01/2047	561,999		559,584	508,637
FNMA POOL #0AS9597	4.00%	05/01/2047	140,125		148,007	133,933
FHLMC POOL #ZS-4750	3.00%	01/01/2048	208,417		214,441	187,702
FHLMC POOL #SD-7526	2.50%	10/01/2050	1,066,657		1,132,656	922,189
FHLMC POOL #SD-0699	2.00%	11/01/2050	621,974		627,319	521,320
GNMA GTD REMIC P/T 20-185 KI	2.50%	12/20/2050	1,586,410		206,481	199,269
GNMA GTD REMIC P/T 21-30 KI	3.00%	02/20/2051	1,349,160		206,379	206,745
FNMA POOL #0FM8215	2.50%	03/01/2051	541,607		568,603	468,263
FNMA POOL #0CB0514	2.50%	05/01/2051	1,060,147		1,105,949	908,684
GNMA GTD REMIC P/T 21-77 SJ	0.00%	05/20/2051	1,716,737	a	224,249	61,185
GNMA GTD REMIC P/T 22-174 AZ	3.50%	05/20/2051	1,556,011		1,332,739	1,323,808
GNMA GTD REMIC P/T 21-107 IL	3.00%	06/20/2051	1,573,261		245,085	241,228
GNMA II POOL #0785638	2.50%	08/20/2051	822,088		864,733	714,698
GNMA GTD REMIC P/T 21-156 AI	3.00%	09/20/2051	1,400,353		211,585	207,882
GNMA GTD REMIC P/T 21-160 TI	3.00%	09/20/2051	1,388,206		215,606	203,636
GNMA GTD REMIC P/T 21-209 MI	3.00%	11/20/2051	1,278,901		193,034	187,704
GNMA GTD REMIC P/T 22-83 IO	2.50%	11/20/2051	1,798,768		241,428	235,711
GNMA II POOL #0785764	2.50%	11/20/2051	355,403		368,064	306,869
FNMA POOL #0CB3120	3.00%	03/01/2052	4,799,999		4,328,999	4,256,447
FHLMC POOL #RA-7673	4.50%	07/01/2052	617,988		592,689	597,755
FHLMC POOL #RA-7773	4.00%	08/01/2052	1,059,790		1,019,716	1,001,660
FNMA POOL #0MA4733	4.50%	08/01/2052	956,838		947,457	925,043
U S TREASURY BOND	3.00%	08/15/2052	400,000		349,309	338,876
U S TREASURY BOND	4.00%	11/15/2052	1,300,000		1,397,835	1,332,292
FHLMC POOL #SD-8286	4.00%	01/01/2053	1,715,061		1,654,498	1,620,201
U S TREASURY BOND	3.63%	02/15/2053	3,850,000		3,684,152	3,686,375
U S TREASURY BOND	3.63%	05/15/2053	3,850,000		3,686,977	3,692,381
COMMIT TO PUR FNMA SF MTG	3.00%	06/01/2053	8,800,000		7,936,500	7,801,112
COMMIT TO PUR FNMA SF MTG	4.00%	07/01/2053	1,500,000		1,438,594	1,417,905

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
GNMA GTD REMIC P/T 21-20 IO	1.15%	08/16/2062	1,514,868	147,936	113,782
GNMA GTD REMIC P/T 21-52 IO	0.72%	04/16/2063	1,768,162	145,321	94,667
GNMA GTD REMIC P/T 21-70 IO	0.71%	04/16/2063	2,131,566	157,203	120,455
GNMA GTD REMIC P/T 21-22 IO	0.98%	05/16/2063	1,803,813	163,964	123,146
GNMA GTD REMIC P/T 21-129 IO	0.98%	06/16/2063	1,926,170	171,249	136,161
GNMA REMIC STRIP P/T 79 IO	0.88%	08/16/2063	1,819,578	158,076	120,856
GNMA GTD REMIC P/T 22-82 IO	0.54%	02/16/2064	3,028,615	162,788	149,341
GNMA GTD REMIC P/T 22-49 IO	0.76%	03/16/2064	2,327,086	169,805	140,745
			$ 95,654,573	$ 64,714,005	$ 60,743,152

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CRESTLINE DENALI C 1A AR2 144A	6.41%	10/23/2031	$ 249,110	$ 249,110	$ 244,633
BX 2022-MVRK MORTG MVRK C 144A	7.37%	03/15/2039	100,000	96,000	96,184
UNIV OF MICHIGAN MI	2.44%	04/01/2040	200,000	200,000	147,728
SOFI PROFESSIONAL LOA A B 144A	3.61%	02/25/2042	500,000	499,673	452,075
CSMC 2021-B33 B33 A1 144A	3.05%	10/10/2043	100,000	103,000	83,588
TOWD POINT MORTGA A13A A1 144A	5.69%	07/20/2045	146,915	179,647	181,860
COMM 2014-CCRE16 MORTGA CR16 C	5.08%	04/10/2047	100,000	107,535	90,839
JP MORGAN CHASE COMMERC C20 XA	0.87%	07/15/2047	2,319,236	103,698	5,613
MORGAN STANLEY BANK OF C19 XA	1.10%	12/15/2047	2,445,860	153,526	22,844
CITIGROUP COMMERCIAL MO GC27 C	4.57%	02/10/2048	100,000	105,500	90,778
COMM 2015-CCRE23 MORTGA CR23 C	4.44%	05/10/2048	100,000	104,043	86,472
COMM 2015-LC21 MORTGAG LC21 XA	0.79%	07/10/2048	3,234,130	152,548	34,249
WELLS FARGO COMMERCIAL M C35 B	3.44%	07/15/2048	200,000	208,875	170,344
COMM 2015-CCRE25 MORTG CR25 XA	0.95%	08/10/2048	2,780,704	162,345	39,486
GS MORTGAGE SECURITIES GC34 B	4.47%	10/10/2048	91,000	95,870	83,021
MORGAN STANLEY CAPITAL UB11 XA	1.58%	08/15/2049	2,063,262	223,938	74,566
MORGAN STANLEY BANK OF A C31 C	4.41%	11/15/2049	124,000	125,022	95,336
CD 2017-CD4 MORTGAGE TR CD4 XA	1.38%	05/10/2050	2,343,798	222,942	85,619
GS MORTGAGE SECURITIES GS6 XA	1.16%	05/10/2050	2,543,331	218,016	82,836
MORGAN STANLEY CAPITAL I H1 XA	1.48%	06/15/2050	2,526,631	261,707	84,794
UBS COMMERCIAL MORTGAGE C1 XA	1.69%	06/15/2050	1,468,569	165,764	67,466
GS MORTGAGE SECURITIES T GS9 C	4.50%	03/10/2051	100,000	102,180	82,965
TOWD POINT MORTGA GR4A A1 144A	5.49%	10/20/2051	86,948	114,946	107,859
WELLS FARGO COMMERCIAL C48 XA	1.11%	01/15/2052	1,408,969	83,437	55,274
CSAIL 2019-C17 COMMERCI C17 XA	1.49%	09/15/2052	1,029,655	92,393	59,318
MORGAN STANLEY CAPITAL I L3 XA	0.76%	11/15/2052	1,681,227	91,195	52,236
WELLS FARGO COMMERCIAL C54 XA	0.95%	12/15/2052	1,443,786	98,407	58,849
MORGAN STANLEY CAPITAL I L4 B	3.08%	02/15/2053	70,000	72,098	54,918
JPMDB COMMERCIAL MORTG COR7 XA	1.77%	05/13/2053	768,747	89,434	51,252
BENCHMARK 2020-B19 MORT B19 A4	1.55%	09/15/2053	125,000	102,378	100,626
TOWD POINT MORTGAGE V2A A 144A	6.24%	02/20/2054	168,557	215,928	208,914
BENCHMARK 2021-B24 MORT B24 XA	1.27%	03/15/2054	1,127,355	99,676	67,303
BMO 2022-C1 MORTGAGE TRU C1 XA	0.61%	02/17/2055	2,470,657	95,173	75,256
BANK 2019-BNK20 BN20 AS	3.24%	09/15/2062	105,000	111,542	89,409
BANK 2020-BNK25 BN25 AS	2.84%	01/15/2063	105,000	108,145	87,477
GCAT 2019-RPL1 TR RPL1 A1 144A	2.65%	10/25/2068	78,527	77,225	73,768
UNIV OF VIRGINIA VA UNIV REVEN	3.23%	09/01/2119	100,000	100,000	62,653
			$ 34,605,974	$ 5,392,916	$ 3,608,408

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CREDIT SUISSE AG 144A	6.50%	08/08/2023	$ 300,000	$ 325,875	$ 292,500
LLOYDS BANKING GROUP PLC REGS	3.50%	04/01/2026	100,000	134,210	105,187
EMPRESA DE TRANSPORTE DE 144A	3.65%	05/07/2030	200,000	199,518	183,148
PERRIGO FINANCE UNLIMITED CO	4.65%	06/15/2030	200,000	198,340	173,938
MSBAM COMMERCIAL CKSV CK 144A	4.30%	10/15/2030	219,644	196,804	139,691
GS MORTGAGE SECURIT TWR D 144A	7.04%	07/15/2031	65,000	65,000	44,200
CBAM 2019-10 LTD 10A A1R 144A	6.37%	04/20/2032	500,000	500,000	492,291
THUNDERBOLT AIRCRAFT A A 144A	4.21%	05/17/2032	944,270	944,230	849,938
ALLEGRO CLO X LTD 1A AR 144A	6.40%	07/20/2032	500,000	500,000	491,681
ABFC 2005-WF1 TRUST WF1 M5	5.78%	07/25/2034	108,615	106,375	106,765
TRTX 2019-FL3 ISSU FL3 AS 144A	6.67%	10/15/2034	31,123	31,123	31,223
LONG BEACH MORTGAGE LOAN 4 M2	6.13%	10/25/2034	107,330	107,129	104,607
BEAR STEARNS ASSET BAC HE10 M1	6.13%	12/25/2034	127,894	127,814	126,131
CENTEX HOME EQUITY LOAN T D M5	6.11%	10/25/2035	200,000	198,000	195,308
GE-WMC ASSET-BACKED PASS 1 M1	5.81%	10/25/2035	89,616	88,831	85,718
SOUNDVIEW HOME LOAN TR CTX1 M4	6.08%	11/25/2035	179,001	178,777	176,744
NOVASTAR MORTGAGE FUNDING 3 M2	5.86%	01/25/2036	79,435	77,846	78,197
BSPRT 2021-FL6 ISSU FL6 A 144A	6.29%	03/15/2036	100,000	100,000	97,523
LOANCORE 2019-CRE CRE2 AS 144A	6.69%	05/15/2036	57,252	57,252	56,069
J.P. MORGAN CHASE C MFP D 144A	6.85%	07/15/2036	100,000	94,906	96,974
GS MORTGAGE SECURITI IP D 144A	7.29%	10/15/2036	100,000	100,000	89,158
GREAT WOLF TRUST 2 WOLF D 144A	7.19%	12/15/2036	100,000	99,188	97,604
MORGAN STANLEY CAP NUGS C 144A	6.69%	12/15/2036	100,000	100,031	77,625
J.P. MORGAN CHASE C NLP A 144A	5.74%	04/15/2037	99,537	95,772	94,436
ACRE COMMERCIAL MOR FL4 B 144A	6.61%	12/18/2037	100,000	100,000	93,439
FS RIALTO FL2 A 144A	6.44%	05/16/2038	100,000	100,000	97,554
MED TRUST 2021-MDL MDLN D 144A	7.19%	11/15/2038	99,522	99,522	95,020
GREYSTONE CRE NOTES FL3 B 144A	6.91%	07/15/2039	100,000	100,000	95,533
SAPPHIRE AVIATION FI 1A A 144A	4.25%	03/15/2040	129,079	129,019	107,461
MARYLAND ST HLTH & HGR EDUCTNL	3.05%	07/01/2040	100,000	100,000	74,666
SLG OFFICE TRUST 20 OVA E 144A	2.85%	07/15/2041	100,000	96,473	72,126
CITIGROUP COMMERCIA 555 E 144A	3.62%	12/10/2041	106,000	108,464	79,041
METAL 2017-1 LLC 1 A 144A	4.58%	10/15/2042	157,586	157,525	93,764
KDAC AVIATION FINANC 1A A 144A	4.21%	12/15/2042	151,517	151,512	125,962
EUROSAIL-UK 2007-1 1X A3A REGS	3.63%	03/13/2045	19,365	22,720	20,575
VAULT DI ISSUER LLC 1A A2 144A	2.80%	07/15/2046	350,000	350,000	298,249
ALIGNED DATA CENTER 1A A2 144A	1.94%	08/15/2046	300,000	300,000	264,375
ALIGNED DATA CENTERS 1A B 144A	2.48%	08/15/2046	200,000	200,000	171,740
JPMBB COMMERCIAL MORTGAG C27 C	4.44%	02/15/2048	239,000	227,890	213,876
HSBC HOLDINGS PLC	5.88%	12/31/2049	200,000	265,060	219,994
SERVICEMASTER FUND 1 A2II 144A	3.34%	01/30/2051	323,987	323,987	256,889
TACO BELL FUNDING 1A A2I 144A	1.95%	08/25/2051	295,500	295,500	256,133
TACO BELL FUNDING 1A A23 144A	2.54%	08/25/2051	197,000	197,000	153,725
CSAIL 2020-C19 COMMERCI C19 XA	1.22%	03/15/2053	1,125,257	92,749	61,101
JPMDB COMMERCIAL MORTGA COR7 B	3.29%	05/13/2053	100,000	103,000	78,777
TOWD POINT MORTGAG HY2 A1 144A	6.15%	05/25/2058	46,197	46,291	46,001
NAVIENT PRIVATE EDUCA A B 144A	3.91%	12/16/2058	500,000	499,964	472,015
BANK 2019-BNK19 BN19 C	4.16%	08/15/2061	100,000	107,762	72,055
			$ 9,748,727	$ 8,801,459	$ 7,806,727

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
AERCAP HOLDINGS NV	24,590	$ 1,148,727	$ 1,403,597
ALIGN TECHNOLOGY INC	6,350	1,579,837	1,794,891
ALPHABET INC	52,313	3,000,302	6,453,855
ALPHABET INC	9,965	973,011	1,229,382
ALTERYX INC	32,810	3,578,657	1,277,621
AMAZON.COM INC	48,254	4,737,293	5,818,467
AON PLC	5,656	924,502	1,743,688
BAYER AG	96,061	1,527,262	1,334,960
BLACKROCK INC	3,095	2,054,915	2,035,117
BLOCK INC	68,401	4,957,031	4,130,736
CAPITAL ONE FINANCIAL CORP	19,545	1,637,033	2,036,784
CHARLES SCHWAB CORP/THE	51,375	3,707,624	2,706,949
CHARTER COMMUNICATIONS INC	2,923	963,563	953,336
CITIGROUP INC	56,121	3,071,237	2,487,283
COCA-COLA CO/THE	40,900	2,405,145	2,440,094
COMCAST CORP	72,697	2,715,574	2,860,627
CONOCOPHILLIPS	32,521	3,297,345	3,229,335
COSTAR GROUP INC	23,512	867,664	1,866,853
DIAGEO PLC	10,490	1,755,553	1,762,530
DICK'S SPORTING GOODS INC	16,850	1,753,716	2,148,544
DISH NETWORK CORP	44,853	1,407,287	288,405
ELEVANCE HEALTH INC	2,468	758,109	1,105,220
ESTEE LAUDER COS INC/THE	2,815	612,239	518,044
ETSY INC	28,136	2,769,130	2,280,423
GENERAL ELECTRIC CO	44,787	2,610,470	4,547,224
GOLDMAN SACHS GROUP INC/THE	9,778	2,141,209	3,167,094
HEINEKEN NV	20,850	984,362	1,050,069
HILTON WORLDWIDE HOLDINGS INC	11,302	883,704	1,538,428
HOME DEPOT INC/THE	3,575	1,035,251	1,013,334
IAC INC	6,726	870,053	375,580
INTERACTIVE BROKERS GROUP INC	29,114	1,294,849	2,248,474
LIBERTY BROADBAND CORP	22,050	2,393,994	1,633,905
LOCKHEED MARTIN CORP	5,415	2,429,939	2,404,314
MARRIOTT INTERNATIONAL INC/MD	11,724	1,140,952	1,967,170
MARRIOTT INTERNATIONAL INC/MD	10,050	1,556,159	1,686,290
MCDONALD'S CORP	6,635	1,584,912	1,891,705
META PLATFORMS INC	24,101	4,461,204	6,380,017
MICROSOFT CORP	17,972	1,972,252	5,901,825
MICROSOFT CORP	3,760	858,944	1,234,746
MONDELEZ INTERNATIONAL INC	36,675	2,273,297	2,692,312
MORGAN STANLEY	15,643	935,736	1,278,972
NESTLE SA	9,700	1,018,876	1,144,920
NETFLIX INC	13,401	4,090,240	5,296,477
NIKE INC	19,000	2,140,301	1,999,940
NOKIA OYJ	685	4,891	2,747
PEGASYSTEMS INC	66,342	4,248,847	3,208,299
PEPSICO INC	13,450	2,182,564	2,452,608
PLANET FITNESS INC	22,864	1,710,681	1,461,924
PROCTER & GAMBLE CO/THE	16,675	2,312,130	2,376,188
PROSUS NV	130,966	2,004,777	1,719,322
RALPH LAUREN CORP	19,750	2,154,207	2,099,623
REDFIN CORP	136,904	6,074,220	1,340,290
SAFRAN SA	82,497	2,467,943	2,977,977
SCHLUMBERGER LTD	60,625	2,591,621	2,596,569
SHELL PLC	40,619	2,249,039	2,274,664
STARBUCKS CORP	9,150	858,948	893,406

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
UNITED PARCEL SERVICE INC	11,005	1,906,783	1,837,835
UNITEDHEALTH GROUP INC	6,113	1,341,918	2,978,498
VISA INC	4,625	932,080	1,022,264
VISA INC	4,070	824,964	899,592
VISTRA CORP	9	-	216
WAYFAIR INC	21,154	2,322,330	852,929
WELLS FARGO & CO	75,437	2,807,694	3,003,147
WILLIAMS-SONOMA INC	10,615	1,356,818	1,204,909
WOODWARD INC	11,743	1,231,759	1,237,830
WORKDAY INC	16,737	2,407,138	3,548,077
YUM! BRANDS INC	18,475	2,087,417	2,377,545
OVERLOOK PARTNERS FUND LP	-	23,307,952	26,792,548
PZENA BEST IDEAS FUND LP	-	24,591,279	31,343,612
		$ 182,857,460	$ 203,862,156

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
400 CAPITAL ASSET BASED TERM FUND I AIV LP		$ 11,628,344	$ 11,697,937
400 CAPITAL ASSET BASED TERM OFFSHORE FUND II LP		25,934,107	25,888,211
400 CAPITAL ASSET BASED TERM OFFSHORE FUND III LP		12,173,344	12,198,248
AC CARBON CAYMAN LP		9,500,000	9,500,000
AETOS CAP OPP FD CAYMAN LP		11,967,574	11,967,574
ALINDA INFRASTRUCTURE FUND II LP		1,327,581	326,030
ARBOUR LANE CRT OPP FD LP		11,937,907	11,937,907
ASF VIII LP		2,609,694	4,935,811
ATALAYA ASSET INCOME FUND EVERGREEN LP		5,398,502	5,398,502
ATALAYA ASSET INCOME FUND V LP		17,565,186	17,405,280
BALANCE POINT CAPITAL PARTNERS III LP		13,155,331	14,453,440
BALANCE POINT CAPITAL PARTNERS V LP		10,239,346	10,751,384
BARINGS NORTH AMERICAN PRIVATE LOAN FUND (CAYMAN)-A LP		9,510,784	8,702,548
BERKSHIRE FUND X LP		5,563,929	6,302,901
BLUE TORCH CREDIT OPPORTUNITIES FUND I LP		8,107,928	7,909,731
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND II LP		16,120,735	16,240,054
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND III LP		1,759,836	1,759,855
BRIDGEWATER FUND LTD		8,417,651	7,849,274
CAMBER CAPITAL OFFSHORE FUND LTD		11,000,000	16,160,982
CAPITAL TODAY EVERGREEN FUND LP		11,759,490	16,816,886
CASTLELAKE V LP		15,252,442	18,987,840
CAT ROCK CAPITAL PARTNERS CAYMAN LTD		30,298,081	39,414,158
CEVIAN CAPITAL II LTD		15,334,409	22,509,881
CHARLES-LIM ASIA GLOBAL LIMITED		6,750,000	6,443,396
CONST BRAZIL US FUND LP		3,170,322	3,312,097
CRAYHILL PRINCIPAL STRATEGY II LP		10,130,368	9,997,681
DAVIDSON KEMPNER INTERNATIONAL BVI LTD		43,505,562	50,375,130
DOVER STREET X LP		7,933,386	11,493,815
ELLIOTT INTERNATIONAL LIMITED		18,750,000	26,290,018
ENCAP ENERGY CAPITAL FUND XI LP		5,143,539	8,619,449
ENCAP FLATROCK MIDSTREAM FUND IV LP		2,234,618	2,461,369
FIRST RESERVE FUND XIII LP		13,850,152	11,665,713
FORTRESS CREDIT OPPORTUNITIES FUND V EXP B LP		5,524,427	5,785,986
FORTRESS CREDIT OPPORTUNITIES FUND V LP		15,584,409	17,573,065
FORTRESS LENDING FD III A LP		15,104,731	14,145,157
GAOCHENG FUND I LP		10,376,480	9,579,334
GAOCHENG FUND II LP		756,447	756,447
GLENDON OPPORTUNITIES FUND II FEEDER B LP		17,000,000	17,000,000
GLENDON OPPORTUNITIES FUND III FEEDER B LP		2,500,000	2,500,000
GREAT HILL EQUITY PARTNERS VI LP		4,879,433	8,800,234
GREAT HILL EQUITY PARTNERS VII LP		4,860,396	5,681,398
GREAT HILL EQUITY PARTNERS VIII LP		3,124,344	3,124,344
HARBOURVEST PRTNS IX-BUYOUT FD LP		3,619,697	5,995,030
HBK MULTI-STRATEGY OFFSHORE FUND LTD		27,298,139	35,102,618
HILLHOUSE FUND IV FEEDER LP		9,988,566	9,975,503
INCA LATIN AMERICA FUND LP		2,306,830	2,848,105
INDABA CAPITAL PARTNERS (CAYMAN) LP		10,643,787	12,750,040
JACKSON SQUARE VENTURES III LP		5,096,838	7,173,347
JANCHOR PARTNERS OPPORTUNITIES OFFSHORE FUND II LP		12,187,349	12,187,349
JUNTO OFFSHORE FUND LTD		28,042,636	41,329,530
KABOUTER INTERNATIONAL OPPORTUNITIES OFFSHORE FUND II LTD		34,000,000	23,764,838
KENNEDY LEWIS CAPITAL PARTNERS ERISA FUND E2 (US) LP		20,934,491	21,248,215
KLCP COINV OPP DOM III LP		1,507,075	1,532,649
KLCP ERISA FUND E III LP		5,245,638	5,578,526
KPS SPECIAL SITUATIONS FUND V LP		9,983,166	10,280,390

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
LANDMARK REAL ESTATE PARTNERS IV LP		1,335	97,052
LCM PARTNERS COPS 4 (USD) SLP		10,494,065	9,907,968
LIGHTSPEED OPPORTUNITY FUND II LP		3,574,060	3,566,681
LIGHTSPEED OPPORTUNITY FUND LP		10,210,575	11,915,756
LIGHTSPEED VENTURE PARTNERS SELECT IV LP		8,263,771	11,527,317
LIGHTSPEED VENTURE PARTNERS SELECT V LP		955,822	930,507
LIGHTSPEED VENTURE PARTNERS XIV-A (INCEPTION) LP		1,204,989	1,216,941
LIGHTSPEED VENTURE PARTNERS XIV-B (IGNITE) LP		1,121,797	1,118,063
LSC SELECT II LP		1,139,631	1,228,635
LSC V LP		864,862	955,644
MALABAR INDIA FUND LP		3,000,000	6,250,955
MATRIX CAPITAL MANAGEMENT FUND (OFFSHORE) LTD		11,181,595	16,667,757
MCP PRIVATE CAPITAL FEEDER FUND III SCSP		20,070,423	25,148,565
MCP PRIVATE CAPITAL FEEDER FUND IV SCSP		13,226,435	13,917,314
MERITECH CAPITAL PARTNERS VI LP		8,273,761	7,769,274
MERITECH CAPITAL PARTNERS VII LP		3,642,558	4,499,067
MERITECH FRANCHISE FUND LP		960,540	1,037,741
OCP ASIA FUND III LP		21,081,445	20,085,227
OCP ASIA FUND IV LP		14,326,185	14,184,684
ORBIS INSTITUTIONAL GLOBAL EQUITY LP		28,430,882	39,409,851
PALMER SQUARE ULTRA-SHORT DURATION LLC		30,000,000	31,397,339
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD		11,251,200	15,358,853
PEMBERTON STRATEGIC CAPITAL FUND I LP		12,253,745	17,697,729
PROSPERITY FUNDAMENTAL VALUE FUND		2,122,483	2,559,714
QUAN VENTURE FUND II LP		9,255,157	9,258,432
QUAN VENTURES FUND III LP		4,546,781	4,546,781
RIVERSIDE STRATEGIC CAPITAL FUND I LP		32,157,746	27,602,492
SENATOR GLOBAL OPPORTUNITY OFFSHORE FUND LTD		11,729,431	17,548,863
SILVER LAKE PARTNERS V LP		5,501,779	8,647,307
SILVER LAKE PARTNERS VI LP		7,180,713	7,592,023
SOROBAN OPPORTUNITIES CAYMAN FUND LTD		9,741,990	15,682,853
TENZING PRIVATE EQUITY II LP		2,936,958	2,870,957
THE CHILDREN'S INVESTMENT FUND		25,557,645	44,961,453
THOMA BRAVO FUND X III-A LP		7,359,899	11,296,477
THOMA BRAVO FUND X IV-A LP		12,249,867	12,259,356
THOMA BRAVO FUND X V-A LP		7,235,787	7,236,104
THOMPSON ST CAPITAL PTNS VI LP		6,660,538	6,461,738
THOMPSON STREET CAPITAL PARTNERS V LP		2,806,281	4,338,837
TIGER GLOBAL LONG OPPORTUNITIES LTD		30,564,800	27,942,342
TRIDENT IX LP		4,370,524	4,557,517
TRIDENT VIII LP		7,914,543	11,388,964
TWO SIGMA CHINA CORE EQUITY CAYMAN FUND LTD		6,750,000	6,102,962
VENROCK ASSOCIATES IX LP		2,673,891	2,812,365
VENROCK ASSOCIATES VIII LP		4,849,968	8,521,142
VENROCK HEALTHCARE CAPITAL PARTNERS EG LP		9,039,880	10,853,058
VENROCK HEALTHCARE CAPITAL PARTNERS III LP		9,179,108	9,115,005
VENROCK OPPORTUNITIES FUND LP		3,945,273	4,039,844
VIKING GLOBAL EQUITIES III LTD		20,000,000	21,455,138
VITRUVIAN INVESTMENT PARTNERSHIP III FEEDER LP		4,181,338	8,552,958
VITRUVIAN INVESTMENT PARTNERSHIP IV LP		6,232,029	8,005,450
WCP REAL ESTATE FUND IV (ERISA) LP		13,243,272	7,406,085
XIANG HE CAPITAL FUND II LP		8,119,447	11,342,675
YUN QI PARTNERS IV LP		241,342	241,342
NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP		22,161,769	43,197,926
		$ 1,144,634,942	$ 1,328,772,287

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		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.

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)		(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER		NO. OF SHARES	COST	CURRENT VALUE
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON		24,886,935	$ 24,886,935	$ 24,886,935
				$ 24,886,935	$ 24,886,935

* PARTY-IN-INTEREST

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF 103-12 INVESTMENT ENTITIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADIAN EMERGING MARKETS EQUITY FUND	11,201	$ 49,734,671	$ 66,527,190
HARBOURVEST PRTNS IX-CAYMAN CR OPP	1,749,214	1,703,249	1,749,214
HARBOURVEST PRTNS IX-CAYMAN VENTURE	5,628,648	2,409,427	5,628,648
HIPEP VI-CAYMAN PRTNS FD L.P.	3,214,971	3,084,338	3,427,480
THE SILCHESTER INTERNATIONAL INVESTORS INTERNATIONAL VALUE EQUITY GROUP TRUST	584,018	76,246,933	94,544,717
TWO SIGMA INTERNATIONAL CORE FD LP	81,715,758	65,004,584	81,715,758
		$ 198,183,202	$ 253,593,007

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL-CIO HOUSING INVESTMENT TRUST	2,005,150	$ 2,170,312	$ 1,937,238
ARTISAN INTERNATIONAL VALUE FUND	1,374,583	49,124,646	57,691,234
DOUBLELINE SELECTIVE CREDIT FUND I	1,773,481	15,597,530	12,981,877
FIDELITY INVESTMENT MONEY MARKET TREASURY 680	46,346,720	46,346,720	46,346,720
PIMCO FDS	908,983	9,095,384	9,098,007
PIMCO FDS PAC INVT MGMT SER	100,974	773,383	823,948
PIMCO FDS PAC INVT MGMT SER	698,234	6,001,278	6,067,652
PIMCO FDS PAC INVT MGMT SER	645,812	7,790,001	7,504,331
		$ 136,899,254	$ 142,451,007

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	BNY MELLON CASH RESERVE	$ 130,029,084	$ -	$ -	$ -	$ -	$ 130,029,084	$ -
*	BNY MELLON CASH RESERVE	-	131,795,579	-	-	131,795,579	131,795,579	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	146,697,483	-	-	-	-	146,697,483	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	-	149,578,675	-	-	149,578,675	149,578,675	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	336,827,741	-	-	-	-	336,827,741	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	-	320,024,899	-	-	320,024,899	320,024,899	-

THE EQUITY-LEAGUE PENSION PLAN

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

MAY 31, 2023

	Per Financial Statements	Reclassification	Per Form 5500
Assets			
Investments			
Interest bearing cash	$ 9,280,219	$ 4,940,530	$ 14,220,749
U.S. government securities	60,743,152	-	60,743,152
Corporate debt instruments	11,415,135	-	11,415,135
Corporate stock	145,725,996	58,136,160	203,862,156
Partnership/joint venture interests	1,391,051,857	(62,279,570)	1,328,772,287
Common/collective trust funds	24,886,935	-	24,886,935
103-12 investment entities	253,593,007	-	253,593,007
Registered investment companies	142,451,007	-	142,451,007
Receivables	5,772,020	79,127	5,851,147
Cash	70,364	-	70,364
Other assets	39,677	-	39,677
Total assets	2,045,029,369	876,247	2,045,905,616
Liabilities			
Operating payables	1,341,255	-	1,341,255
Other liabilities	14,641,305	876,247	15,517,552
Total liabilities	15,982,560	876,247	16,858,807
Net assets available for benefits	$ 2,029,046,809	$ -	$ 2,029,046,809

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED MAY 31, 2023 AND 2022

	2023	2022
Payroll	$ 1,239,580	$ 1,066,697
Payroll taxes	97,148	84,279
Employee benefits	700,401	600,319
Occupancy	40,624	54,327
Telephone	7,321	12,040
Office	31,688	57,007
Legal	688,818	639,625
Accounting	120,000	114,400
Payroll audits	17,943	8,176
Actuarial consulting	246,998	233,693
Computer	94,697	79,391
Outside services	13,107	27,654
Insurance	1,678,476	1,637,173
Conferences and meetings	10,855	11,192
Communications	121,982	124,763
Depreciation	6,169	5,301
Lock box fees	17,611	16,113
Tax relief adminstration	73,047	18,306
Third party administration	145,694	132,630
Total administrative expenses	$ 5,352,159	$ 4,923,086

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF INTEREST BEARING CASH

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	FOREIGN CURRENCY IN USD	VARIABLE	ON DEMAND	$ 281,281	$ 281,281
	MORGAN STANLEY	VARIABLE	ON DEMAND	813,000	813,000
*	THE BANK OF NEW YORK MELLON	VARIABLE	ON DEMAND	8,185,938	8,185,938
	NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - INT BEARING CASH			1,710,477	1,710,477
	OVERLOOK PARTNERS FUND LP			2,662,102	2,662,102
	PZENA US BEST IDEAS FUND LP - INT BEARING CASH			567,951	567,951
				$ 14,220,749	$ 14,220,749

* PARTY-IN-INTEREST

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES				(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
U S TREASURY NOTE	3.88%	11/30/2027	$ 2,400,000		$ 2,411,156	$ 2,404,320
U S TREASURY NOTE	0.75%	01/31/2028	700,000		689,473	608,916
U S TREASURY NOTE	4.00%	02/29/2028	3,900,000		4,004,689	3,935,334
U S TREASURY NOTE	3.50%	04/30/2028	5,500,000		5,422,556	5,431,250
FNMA GTD REMIC P/T	1.40%	07/25/2029	3,203,940		178,219	167,182
FNMA POOL #0BL0469	3.88%	11/01/2030	600,000		724,359	579,156
FNMA POOL #0BL3779	2.76%	09/01/2031	498,000		500,957	442,627
FNMA GTD REMIC P/T 20-M15 X1	1.58%	09/25/2031	995,694		135,274	55,789
FNMA POOL #0BS7305	5.22%	01/01/2032	1,200,000		1,240,547	1,236,792
FNMA POOL #0AN4172	3.37%	02/01/2032	588,311		688,645	546,488
FHLMC POOL #WA-3229	4.09%	09/01/2032	1,292,697		1,247,907	1,231,927
U S TREASURY BOND	1.75%	08/15/2041	1,700,000		1,658,812	1,197,446
U S TREASURY BOND	2.00%	11/15/2041	2,200,000		2,237,466	1,614,250
FNMA GTD REMIC P/T 16-92 A	3.00%	04/25/2042	295,251		297,129	283,869
FNMA POOL #0MA4697	4.00%	08/01/2042	357,007		343,452	341,403
FHLMC POOL #RB-5182	4.00%	09/01/2042	741,735		713,573	707,630
U S TREASURY BOND	4.00%	11/15/2042	500,000		502,051	499,690
FNMA POOL #0AB7928	3.00%	02/01/2043	867,005		873,913	788,168
FNMA GTD REMIC P/T 13-6 ZJ	3.00%	02/25/2043	141,155		99,081	106,658
FNMA POOL #0AR9215	3.00%	03/01/2043	530,552		534,780	482,309
FNMA POOL #0AT7623	3.00%	06/01/2043	704,864		710,425	640,764
FHLMC MULTICLASS MTG 4223 SB	0.00%	07/15/2043	644,690	a	568,221	464,544
FHLMC POOL #G0-7993	3.50%	03/01/2045	742,822		761,393	697,844
FHLMC POOL #G0-8715	3.00%	08/01/2046	318,939		326,065	289,469
FHLMC POOL #Q4-2197	3.50%	08/01/2046	521,689		540,315	487,190
FHLMC POOL #G6-0933	3.50%	11/01/2046	314,464		324,537	293,474
FHLMC POOL #G0-8747	3.00%	02/01/2047	561,999		559,584	508,637
FNMA POOL #0AS9597	4.00%	05/01/2047	140,125		148,007	133,933
FHLMC POOL #ZS-4750	3.00%	01/01/2048	208,417		214,441	187,702
FHLMC POOL #SD-7526	2.50%	10/01/2050	1,066,657		1,132,656	922,189
FHLMC POOL #SD-0699	2.00%	11/01/2050	621,974		627,319	521,320
GNMA GTD REMIC P/T 20-185 KI	2.50%	12/20/2050	1,586,410		206,481	199,269
GNMA GTD REMIC P/T 21-30 KI	3.00%	02/20/2051	1,349,160		206,379	206,745
FNMA POOL #0FM8215	2.50%	03/01/2051	541,607		568,603	468,263
FNMA POOL #0CB0514	2.50%	05/01/2051	1,060,147		1,105,949	908,684
GNMA GTD REMIC P/T 21-77 SJ	0.00%	05/20/2051	1,716,737	a	224,249	61,185
GNMA GTD REMIC P/T 22-174 AZ	3.50%	05/20/2051	1,556,011		1,332,739	1,323,808
GNMA GTD REMIC P/T 21-107 IL	3.00%	06/20/2051	1,573,261		245,085	241,228
GNMA II POOL #0785638	2.50%	08/20/2051	822,088		864,733	714,698
GNMA GTD REMIC P/T 21-156 AI	3.00%	09/20/2051	1,400,353		211,585	207,882
GNMA GTD REMIC P/T 21-160 TI	3.00%	09/20/2051	1,388,206		215,606	203,636
GNMA GTD REMIC P/T 21-209 MI	3.00%	11/20/2051	1,278,901		193,034	187,704
GNMA GTD REMIC P/T 22-83 IO	2.50%	11/20/2051	1,798,768		241,428	235,711
GNMA II POOL #0785764	2.50%	11/20/2051	355,403		368,064	306,869
FNMA POOL #0CB3120	3.00%	03/01/2052	4,799,999		4,328,999	4,256,447
FHLMC POOL #RA-7673	4.50%	07/01/2052	617,988		592,689	597,755
FHLMC POOL #RA-7773	4.00%	08/01/2052	1,059,790		1,019,716	1,001,660
FNMA POOL #0MA4733	4.50%	08/01/2052	956,838		947,457	925,043
U S TREASURY BOND	3.00%	08/15/2052	400,000		349,309	338,876
U S TREASURY BOND	4.00%	11/15/2052	1,300,000		1,397,835	1,332,292
FHLMC POOL #SD-8286	4.00%	01/01/2053	1,715,061		1,654,498	1,620,201
U S TREASURY BOND	3.63%	02/15/2053	3,850,000		3,684,152	3,686,375
U S TREASURY BOND	3.63%	05/15/2053	3,850,000		3,686,977	3,692,381
COMMIT TO PUR FNMA SF MTG	3.00%	06/01/2053	8,800,000		7,936,500	7,801,112
COMMIT TO PUR FNMA SF MTG	4.00%	07/01/2053	1,500,000		1,438,594	1,417,905

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
GNMA GTD REMIC P/T 21-20 IO	1.15%	08/16/2062	1,514,868	147,936	113,782
GNMA GTD REMIC P/T 21-52 IO	0.72%	04/16/2063	1,768,162	145,321	94,667
GNMA GTD REMIC P/T 21-70 IO	0.71%	04/16/2063	2,131,566	157,203	120,455
GNMA GTD REMIC P/T 21-22 IO	0.98%	05/16/2063	1,803,813	163,964	123,146
GNMA GTD REMIC P/T 21-129 IO	0.98%	06/16/2063	1,926,170	171,249	136,161
GNMA REMIC STRIP P/T 79 IO	0.88%	08/16/2063	1,819,578	158,076	120,856
GNMA GTD REMIC P/T 22-82 IO	0.54%	02/16/2064	3,028,615	162,788	149,341
GNMA GTD REMIC P/T 22-49 IO	0.76%	03/16/2064	2,327,086	169,805	140,745
			$ 95,654,573	$ 64,714,005	$ 60,743,152

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CRESTLINE DENALI C 1A AR2 144A	6.41%	10/23/2031	$ 249,110	$ 249,110	$ 244,633
BX 2022-MVRK MORTG MVRK C 144A	7.37%	03/15/2039	100,000	96,000	96,184
UNIV OF MICHIGAN MI	2.44%	04/01/2040	200,000	200,000	147,728
SOFI PROFESSIONAL LOA A B 144A	3.61%	02/25/2042	500,000	499,673	452,075
CSMC 2021-B33 B33 A1 144A	3.05%	10/10/2043	100,000	103,000	83,588
TOWD POINT MORTGA A13A A1 144A	5.69%	07/20/2045	146,915	179,647	181,860
COMM 2014-CCRE16 MORTGA CR16 C	5.08%	04/10/2047	100,000	107,535	90,839
JP MORGAN CHASE COMMERC C20 XA	0.87%	07/15/2047	2,319,236	103,698	5,613
MORGAN STANLEY BANK OF C19 XA	1.10%	12/15/2047	2,445,860	153,526	22,844
CITIGROUP COMMERCIAL MO GC27 C	4.57%	02/10/2048	100,000	105,500	90,778
COMM 2015-CCRE23 MORTGA CR23 C	4.44%	05/10/2048	100,000	104,043	86,472
COMM 2015-LC21 MORTGAG LC21 XA	0.79%	07/10/2048	3,234,130	152,548	34,249
WELLS FARGO COMMERCIAL M C35 B	3.44%	07/15/2048	200,000	208,875	170,344
COMM 2015-CCRE25 MORTG CR25 XA	0.95%	08/10/2048	2,780,704	162,345	39,486
GS MORTGAGE SECURITIES GC34 B	4.47%	10/10/2048	91,000	95,870	83,021
MORGAN STANLEY CAPITAL UB11 XA	1.58%	08/15/2049	2,063,262	223,938	74,566
MORGAN STANLEY BANK OF A C31 C	4.41%	11/15/2049	124,000	125,022	95,336
CD 2017-CD4 MORTGAGE TR CD4 XA	1.38%	05/10/2050	2,343,798	222,942	85,619
GS MORTGAGE SECURITIES GS6 XA	1.16%	05/10/2050	2,543,331	218,016	82,836
MORGAN STANLEY CAPITAL I H1 XA	1.48%	06/15/2050	2,526,631	261,707	84,794
UBS COMMERCIAL MORTGAGE C1 XA	1.69%	06/15/2050	1,468,569	165,764	67,466
GS MORTGAGE SECURITIES T GS9 C	4.50%	03/10/2051	100,000	102,180	82,965
TOWD POINT MORTGA GR4A A1 144A	5.49%	10/20/2051	86,948	114,946	107,859
WELLS FARGO COMMERCIAL C48 XA	1.11%	01/15/2052	1,408,969	83,437	55,274
CSAIL 2019-C17 COMMERCI C17 XA	1.49%	09/15/2052	1,029,655	92,393	59,318
MORGAN STANLEY CAPITAL I L3 XA	0.76%	11/15/2052	1,681,227	91,195	52,236
WELLS FARGO COMMERCIAL C54 XA	0.95%	12/15/2052	1,443,786	98,407	58,849
MORGAN STANLEY CAPITAL I L4 B	3.08%	02/15/2053	70,000	72,098	54,918
JPMDB COMMERCIAL MORTG COR7 XA	1.77%	05/13/2053	768,747	89,434	51,252
BENCHMARK 2020-B19 MORT B19 A4	1.55%	09/15/2053	125,000	102,378	100,626
TOWD POINT MORTGAGE V2A A 144A	6.24%	02/20/2054	168,557	215,928	208,914
BENCHMARK 2021-B24 MORT B24 XA	1.27%	03/15/2054	1,127,355	99,676	67,303
BMO 2022-C1 MORTGAGE TRU C1 XA	0.61%	02/17/2055	2,470,657	95,173	75,256
BANK 2019-BNK20 BN20 AS	3.24%	09/15/2062	105,000	111,542	89,409
BANK 2020-BNK25 BN25 AS	2.84%	01/15/2063	105,000	108,145	87,477
GCAT 2019-RPL1 TR RPL1 A1 144A	2.65%	10/25/2068	78,527	77,225	73,768
UNIV OF VIRGINIA VA UNIV REVEN	3.23%	09/01/2119	100,000	100,000	62,653
			$ 34,605,974	$ 5,392,916	$ 3,608,408

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CREDIT SUISSE AG 144A	6.50%	08/08/2023	$ 300,000	$ 325,875	$ 292,500
LLOYDS BANKING GROUP PLC REGS	3.50%	04/01/2026	100,000	134,210	105,187
EMPRESA DE TRANSPORTE DE 144A	3.65%	05/07/2030	200,000	199,518	183,148
PERRIGO FINANCE UNLIMITED CO	4.65%	06/15/2030	200,000	198,340	173,938
MSBAM COMMERCIAL CKSV CK 144A	4.30%	10/15/2030	219,644	196,804	139,691
GS MORTGAGE SECURIT TWR D 144A	7.04%	07/15/2031	65,000	65,000	44,200
CBAM 2019-10 LTD 10A A1R 144A	6.37%	04/20/2032	500,000	500,000	492,291
THUNDERBOLT AIRCRAFT A A 144A	4.21%	05/17/2032	944,270	944,230	849,938
ALLEGRO CLO X LTD 1A AR 144A	6.40%	07/20/2032	500,000	500,000	491,681
ABFC 2005-WF1 TRUST WF1 M5	5.78%	07/25/2034	108,615	106,375	106,765
TRTX 2019-FL3 ISSU FL3 AS 144A	6.67%	10/15/2034	31,123	31,123	31,223
LONG BEACH MORTGAGE LOAN 4 M2	6.13%	10/25/2034	107,330	107,129	104,607
BEAR STEARNS ASSET BAC HE10 M1	6.13%	12/25/2034	127,894	127,814	126,131
CENTEX HOME EQUITY LOAN T D M5	6.11%	10/25/2035	200,000	198,000	195,308
GE-WMC ASSET-BACKED PASS 1 M1	5.81%	10/25/2035	89,616	88,831	85,718
SOUNDVIEW HOME LOAN TR CTX1 M4	6.08%	11/25/2035	179,001	178,777	176,744
NOVASTAR MORTGAGE FUNDING 3 M2	5.86%	01/25/2036	79,435	77,846	78,197
BSPRT 2021-FL6 ISSU FL6 A 144A	6.29%	03/15/2036	100,000	100,000	97,523
LOANCORE 2019-CRE CRE2 AS 144A	6.69%	05/15/2036	57,252	57,252	56,069
J.P. MORGAN CHASE C MFP D 144A	6.85%	07/15/2036	100,000	94,906	96,974
GS MORTGAGE SECURITI IP D 144A	7.29%	10/15/2036	100,000	100,000	89,158
GREAT WOLF TRUST 2 WOLF D 144A	7.19%	12/15/2036	100,000	99,188	97,604
MORGAN STANLEY CAP NUGS C 144A	6.69%	12/15/2036	100,000	100,031	77,625
J.P. MORGAN CHASE C NLP A 144A	5.74%	04/15/2037	99,537	95,772	94,436
ACRE COMMERCIAL MOR FL4 B 144A	6.61%	12/18/2037	100,000	100,000	93,439
FS RIALTO FL2 A 144A	6.44%	05/16/2038	100,000	100,000	97,554
MED TRUST 2021-MDL MDLN D 144A	7.19%	11/15/2038	99,522	99,522	95,020
GREYSTONE CRE NOTES FL3 B 144A	6.91%	07/15/2039	100,000	100,000	95,533
SAPPHIRE AVIATION FI 1A A 144A	4.25%	03/15/2040	129,079	129,019	107,461
MARYLAND ST HLTH & HGR EDUCTNL	3.05%	07/01/2040	100,000	100,000	74,666
SLG OFFICE TRUST 20 OVA E 144A	2.85%	07/15/2041	100,000	96,473	72,126
CITIGROUP COMMERCIA 555 E 144A	3.62%	12/10/2041	106,000	108,464	79,041
METAL 2017-1 LLC 1 A 144A	4.58%	10/15/2042	157,586	157,525	93,764
KDAC AVIATION FINANC 1A A 144A	4.21%	12/15/2042	151,517	151,512	125,962
EUROSAIL-UK 2007-1 1X A3A REGS	3.63%	03/13/2045	19,365	22,720	20,575
VAULT DI ISSUER LLC 1A A2 144A	2.80%	07/15/2046	350,000	350,000	298,249
ALIGNED DATA CENTER 1A A2 144A	1.94%	08/15/2046	300,000	300,000	264,375
ALIGNED DATA CENTERS 1A B 144A	2.48%	08/15/2046	200,000	200,000	171,740
JPMBB COMMERCIAL MORTGAG C27 C	4.44%	02/15/2048	239,000	227,890	213,876
HSBC HOLDINGS PLC	5.88%	12/31/2049	200,000	265,060	219,994
SERVICEMASTER FUND 1 A2II 144A	3.34%	01/30/2051	323,987	323,987	256,889
TACO BELL FUNDING 1A A2I 144A	1.95%	08/25/2051	295,500	295,500	256,133
TACO BELL FUNDING 1A A23 144A	2.54%	08/25/2051	197,000	197,000	153,725
CSAIL 2020-C19 COMMERCI C19 XA	1.22%	03/15/2053	1,125,257	92,749	61,101
JPMDB COMMERCIAL MORTGA COR7 B	3.29%	05/13/2053	100,000	103,000	78,777
TOWD POINT MORTGAG HY2 A1 144A	6.15%	05/25/2058	46,197	46,291	46,001
NAVIENT PRIVATE EDUCA A B 144A	3.91%	12/16/2058	500,000	499,964	472,015
BANK 2019-BNK19 BN19 C	4.16%	08/15/2061	100,000	107,762	72,055
			$ 9,748,727	$ 8,801,459	$ 7,806,727

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
AERCAP HOLDINGS NV	24,590	$ 1,148,727	$ 1,403,597
ALIGN TECHNOLOGY INC	6,350	1,579,837	1,794,891
ALPHABET INC	52,313	3,000,302	6,453,855
ALPHABET INC	9,965	973,011	1,229,382
ALTERYX INC	32,810	3,578,657	1,277,621
AMAZON.COM INC	48,254	4,737,293	5,818,467
AON PLC	5,656	924,502	1,743,688
BAYER AG	96,061	1,527,262	1,334,960
BLACKROCK INC	3,095	2,054,915	2,035,117
BLOCK INC	68,401	4,957,031	4,130,736
CAPITAL ONE FINANCIAL CORP	19,545	1,637,033	2,036,784
CHARLES SCHWAB CORP/THE	51,375	3,707,624	2,706,949
CHARTER COMMUNICATIONS INC	2,923	963,563	953,336
CITIGROUP INC	56,121	3,071,237	2,487,283
COCA-COLA CO/THE	40,900	2,405,145	2,440,094
COMCAST CORP	72,697	2,715,574	2,860,627
CONOCOPHILLIPS	32,521	3,297,345	3,229,335
COSTAR GROUP INC	23,512	867,664	1,866,853
DIAGEO PLC	10,490	1,755,553	1,762,530
DICK'S SPORTING GOODS INC	16,850	1,753,716	2,148,544
DISH NETWORK CORP	44,853	1,407,287	288,405
ELEVANCE HEALTH INC	2,468	758,109	1,105,220
ESTEE LAUDER COS INC/THE	2,815	612,239	518,044
ETSY INC	28,136	2,769,130	2,280,423
GENERAL ELECTRIC CO	44,787	2,610,470	4,547,224
GOLDMAN SACHS GROUP INC/THE	9,778	2,141,209	3,167,094
HEINEKEN NV	20,850	984,362	1,050,069
HILTON WORLDWIDE HOLDINGS INC	11,302	883,704	1,538,428
HOME DEPOT INC/THE	3,575	1,035,251	1,013,334
IAC INC	6,726	870,053	375,580
INTERACTIVE BROKERS GROUP INC	29,114	1,294,849	2,248,474
LIBERTY BROADBAND CORP	22,050	2,393,994	1,633,905
LOCKHEED MARTIN CORP	5,415	2,429,939	2,404,314
MARRIOTT INTERNATIONAL INC/MD	11,724	1,140,952	1,967,170
MARRIOTT INTERNATIONAL INC/MD	10,050	1,556,159	1,686,290
MCDONALD'S CORP	6,635	1,584,912	1,891,705
META PLATFORMS INC	24,101	4,461,204	6,380,017
MICROSOFT CORP	17,972	1,972,252	5,901,825
MICROSOFT CORP	3,760	858,944	1,234,746
MONDELEZ INTERNATIONAL INC	36,675	2,273,297	2,692,312
MORGAN STANLEY	15,643	935,736	1,278,972
NESTLE SA	9,700	1,018,876	1,144,920
NETFLIX INC	13,401	4,090,240	5,296,477
NIKE INC	19,000	2,140,301	1,999,940
NOKIA OYJ	685	4,891	2,747
PEGASYSTEMS INC	66,342	4,248,847	3,208,299
PEPSICO INC	13,450	2,182,564	2,452,608
PLANET FITNESS INC	22,864	1,710,681	1,461,924
PROCTER & GAMBLE CO/THE	16,675	2,312,130	2,376,188
PROSUS NV	130,966	2,004,777	1,719,322
RALPH LAUREN CORP	19,750	2,154,207	2,099,623
REDFIN CORP	136,904	6,074,220	1,340,290
SAFRAN SA	82,497	2,467,943	2,977,977
SCHLUMBERGER LTD	60,625	2,591,621	2,596,569
SHELL PLC	40,619	2,249,039	2,274,664
STARBUCKS CORP	9,150	858,948	893,406

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
UNITED PARCEL SERVICE INC	11,005	1,906,783	1,837,835
UNITEDHEALTH GROUP INC	6,113	1,341,918	2,978,498
VISA INC	4,625	932,080	1,022,264
VISA INC	4,070	824,964	899,592
VISTRA CORP	9	-	216
WAYFAIR INC	21,154	2,322,330	852,929
WELLS FARGO & CO	75,437	2,807,694	3,003,147
WILLIAMS-SONOMA INC	10,615	1,356,818	1,204,909
WOODWARD INC	11,743	1,231,759	1,237,830
WORKDAY INC	16,737	2,407,138	3,548,077
YUM! BRANDS INC	18,475	2,087,417	2,377,545
OVERLOOK PARTNERS FUND LP	-	23,307,952	26,792,548
PZENA BEST IDEAS FUND LP	-	24,591,279	31,343,612
		$ 182,857,460	$ 203,862,156

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
400 CAPITAL ASSET BASED TERM FUND I AIV LP		$ 11,628,344	$ 11,697,937
400 CAPITAL ASSET BASED TERM OFFSHORE FUND II LP		25,934,107	25,888,211
400 CAPITAL ASSET BASED TERM OFFSHORE FUND III LP		12,173,344	12,198,248
AC CARBON CAYMAN LP		9,500,000	9,500,000
AETOS CAP OPP FD CAYMAN LP		11,967,574	11,967,574
ALINDA INFRASTRUCTURE FUND II LP		1,327,581	326,030
ARBOUR LANE CRT OPP FD LP		11,937,907	11,937,907
ASF VIII LP		2,609,694	4,935,811
ATALAYA ASSET INCOME FUND EVERGREEN LP		5,398,502	5,398,502
ATALAYA ASSET INCOME FUND V LP		17,565,186	17,405,280
BALANCE POINT CAPITAL PARTNERS III LP		13,155,331	14,453,440
BALANCE POINT CAPITAL PARTNERS V LP		10,239,346	10,751,384
BARINGS NORTH AMERICAN PRIVATE LOAN FUND (CAYMAN)-A LP		9,510,784	8,702,548
BERKSHIRE FUND X LP		5,563,929	6,302,901
BLUE TORCH CREDIT OPPORTUNITIES FUND I LP		8,107,928	7,909,731
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND II LP		16,120,735	16,240,054
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND III LP		1,759,836	1,759,855
BRIDGEWATER FUND LTD		8,417,651	7,849,274
CAMBER CAPITAL OFFSHORE FUND LTD		11,000,000	16,160,982
CAPITAL TODAY EVERGREEN FUND LP		11,759,490	16,816,886
CASTLELAKE V LP		15,252,442	18,987,840
CAT ROCK CAPITAL PARTNERS CAYMAN LTD		30,298,081	39,414,158
CEVIAN CAPITAL II LTD		15,334,409	22,509,881
CHARLES-LIM ASIA GLOBAL LIMITED		6,750,000	6,443,396
CONST BRAZIL US FUND LP		3,170,322	3,312,097
CRAYHILL PRINCIPAL STRATEGY II LP		10,130,368	9,997,681
DAVIDSON KEMPNER INTERNATIONAL BVI LTD		43,505,562	50,375,130
DOVER STREET X LP		7,933,386	11,493,815
ELLIOTT INTERNATIONAL LIMITED		18,750,000	26,290,018
ENCAP ENERGY CAPITAL FUND XI LP		5,143,539	8,619,449
ENCAP FLATROCK MIDSTREAM FUND IV LP		2,234,618	2,461,369
FIRST RESERVE FUND XIII LP		13,850,152	11,665,713
FORTRESS CREDIT OPPORTUNITIES FUND V EXP B LP		5,524,427	5,785,986
FORTRESS CREDIT OPPORTUNITIES FUND V LP		15,584,409	17,573,065
FORTRESS LENDING FD III A LP		15,104,731	14,145,157
GAOCHENG FUND I LP		10,376,480	9,579,334
GAOCHENG FUND II LP		756,447	756,447
GLENDON OPPORTUNITIES FUND II FEEDER B LP		17,000,000	17,000,000
GLENDON OPPORTUNITIES FUND III FEEDER B LP		2,500,000	2,500,000
GREAT HILL EQUITY PARTNERS VI LP		4,879,433	8,800,234
GREAT HILL EQUITY PARTNERS VII LP		4,860,396	5,681,398
GREAT HILL EQUITY PARTNERS VIII LP		3,124,344	3,124,344
HARBOURVEST PRTNS IX-BUYOUT FD LP		3,619,697	5,995,030
HBK MULTI-STRATEGY OFFSHORE FUND LTD		27,298,139	35,102,618
HILLHOUSE FUND IV FEEDER LP		9,988,566	9,975,503
INCA LATIN AMERICA FUND LP		2,306,830	2,848,105
INDABA CAPITAL PARTNERS (CAYMAN) LP		10,643,787	12,750,040
JACKSON SQUARE VENTURES III LP		5,096,838	7,173,347
JANCHOR PARTNERS OPPORTUNITIES OFFSHORE FUND II LP		12,187,349	12,187,349
JUNTO OFFSHORE FUND LTD		28,042,636	41,329,530
KABOUTER INTERNATIONAL OPPORTUNITIES OFFSHORE FUND II LTD		34,000,000	23,764,838
KENNEDY LEWIS CAPITAL PARTNERS ERISA FUND E2 (US) LP		20,934,491	21,248,215
KLCP COINV OPP DOM III LP		1,507,075	1,532,649
KLCP ERISA FUND E III LP		5,245,638	5,578,526
KPS SPECIAL SITUATIONS FUND V LP		9,983,166	10,280,390

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
LANDMARK REAL ESTATE PARTNERS IV LP		1,335	97,052
LCM PARTNERS COPS 4 (USD) SLP		10,494,065	9,907,968
LIGHTSPEED OPPORTUNITY FUND II LP		3,574,060	3,566,681
LIGHTSPEED OPPORTUNITY FUND LP		10,210,575	11,915,756
LIGHTSPEED VENTURE PARTNERS SELECT IV LP		8,263,771	11,527,317
LIGHTSPEED VENTURE PARTNERS SELECT V LP		955,822	930,507
LIGHTSPEED VENTURE PARTNERS XIV-A (INCEPTION) LP		1,204,989	1,216,941
LIGHTSPEED VENTURE PARTNERS XIV-B (IGNITE) LP		1,121,797	1,118,063
LSC SELECT II LP		1,139,631	1,228,635
LSC V LP		864,862	955,644
MALABAR INDIA FUND LP		3,000,000	6,250,955
MATRIX CAPITAL MANAGEMENT FUND (OFFSHORE) LTD		11,181,595	16,667,757
MCP PRIVATE CAPITAL FEEDER FUND III SCSP		20,070,423	25,148,565
MCP PRIVATE CAPITAL FEEDER FUND IV SCSP		13,226,435	13,917,314
MERITECH CAPITAL PARTNERS VI LP		8,273,761	7,769,274
MERITECH CAPITAL PARTNERS VII LP		3,642,558	4,499,067
MERITECH FRANCHISE FUND LP		960,540	1,037,741
OCP ASIA FUND III LP		21,081,445	20,085,227
OCP ASIA FUND IV LP		14,326,185	14,184,684
ORBIS INSTITUTIONAL GLOBAL EQUITY LP		28,430,882	39,409,851
PALMER SQUARE ULTRA-SHORT DURATION LLC		30,000,000	31,397,339
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD		11,251,200	15,358,853
PEMBERTON STRATEGIC CAPITAL FUND I LP		12,253,745	17,697,729
PROSPERITY FUNDAMENTAL VALUE FUND		2,122,483	2,559,714
QUAN VENTURE FUND II LP		9,255,157	9,258,432
QUAN VENTURES FUND III LP		4,546,781	4,546,781
RIVERSIDE STRATEGIC CAPITAL FUND I LP		32,157,746	27,602,492
SENATOR GLOBAL OPPORTUNITY OFFSHORE FUND LTD		11,729,431	17,548,863
SILVER LAKE PARTNERS V LP		5,501,779	8,647,307
SILVER LAKE PARTNERS VI LP		7,180,713	7,592,023
SOROBAN OPPORTUNITIES CAYMAN FUND LTD		9,741,990	15,682,853
TENZING PRIVATE EQUITY II LP		2,936,958	2,870,957
THE CHILDREN'S INVESTMENT FUND		25,557,645	44,961,453
THOMA BRAVO FUND X III-A LP		7,359,899	11,296,477
THOMA BRAVO FUND X IV-A LP		12,249,867	12,259,356
THOMA BRAVO FUND X V-A LP		7,235,787	7,236,104
THOMPSON ST CAPITAL PTNS VI LP		6,660,538	6,461,738
THOMPSON STREET CAPITAL PARTNERS V LP		2,806,281	4,338,837
TIGER GLOBAL LONG OPPORTUNITIES LTD		30,564,800	27,942,342
TRIDENT IX LP		4,370,524	4,557,517
TRIDENT VIII LP		7,914,543	11,388,964
TWO SIGMA CHINA CORE EQUITY CAYMAN FUND LTD		6,750,000	6,102,962
VENROCK ASSOCIATES IX LP		2,673,891	2,812,365
VENROCK ASSOCIATES VIII LP		4,849,968	8,521,142
VENROCK HEALTHCARE CAPITAL PARTNERS EG LP		9,039,880	10,853,058
VENROCK HEALTHCARE CAPITAL PARTNERS III LP		9,179,108	9,115,005
VENROCK OPPORTUNITIES FUND LP		3,945,273	4,039,844
VIKING GLOBAL EQUITIES III LTD		20,000,000	21,455,138
VITRUVIAN INVESTMENT PARTNERSHIP III FEEDER LP		4,181,338	8,552,958
VITRUVIAN INVESTMENT PARTNERSHIP IV LP		6,232,029	8,005,450
WCP REAL ESTATE FUND IV (ERISA) LP		13,243,272	7,406,085
XIANG HE CAPITAL FUND II LP		8,119,447	11,342,675
YUN QI PARTNERS IV LP		241,342	241,342
NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP		22,161,769	43,197,926
		$ 1,144,634,942	$ 1,328,772,287

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		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.

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)		(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER		NO. OF SHARES	COST	CURRENT VALUE
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON		24,886,935	$ 24,886,935	$ 24,886,935
				$ 24,886,935	$ 24,886,935

* PARTY-IN-INTEREST

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF 103-12 INVESTMENT ENTITIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADIAN EMERGING MARKETS EQUITY FUND	11,201	$ 49,734,671	$ 66,527,190
HARBOURVEST PRTNS IX-CAYMAN CR OPP	1,749,214	1,703,249	1,749,214
HARBOURVEST PRTNS IX-CAYMAN VENTURE	5,628,648	2,409,427	5,628,648
HIPEP VI-CAYMAN PRTNS FD L.P.	3,214,971	3,084,338	3,427,480
THE SILCHESTER INTERNATIONAL INVESTORS INTERNATIONAL VALUE EQUITY GROUP TRUST	584,018	76,246,933	94,544,717
TWO SIGMA INTERNATIONAL CORE FD LP	81,715,758	65,004,584	81,715,758
		$ 198,183,202	$ 253,593,007

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL-CIO HOUSING INVESTMENT TRUST	2,005,150	$ 2,170,312	$ 1,937,238
ARTISAN INTERNATIONAL VALUE FUND	1,374,583	49,124,646	57,691,234
DOUBLELINE SELECTIVE CREDIT FUND I	1,773,481	15,597,530	12,981,877
FIDELITY INVESTMENT MONEY MARKET TREASURY 680	46,346,720	46,346,720	46,346,720
PIMCO FDS	908,983	9,095,384	9,098,007
PIMCO FDS PAC INVT MGMT SER	100,974	773,383	823,948
PIMCO FDS PAC INVT MGMT SER	698,234	6,001,278	6,067,652
PIMCO FDS PAC INVT MGMT SER	645,812	7,790,001	7,504,331
		$ 136,899,254	$ 142,451,007

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2023

EIN 13-6696817, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	BNY MELLON CASH RESERVE	$ 130,029,084	$ -	$ -	$ -	$ -	$ 130,029,084	$ -
*	BNY MELLON CASH RESERVE	-	131,795,579	-	-	131,795,579	131,795,579	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	146,697,483	-	-	-	-	146,697,483	-
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	-	149,578,675	-	-	149,578,675	149,578,675	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	336,827,741	-	-	-	-	336,827,741	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	-	320,024,899	-	-	320,024,899	320,024,899	-