

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 07/01/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ACTORS' EQUITY ASSOCIATION 165 WEST 46 STREET NEW YORK, NY 10036-2501	2b	Employer Identification Number (EIN) 13-0413995
		2c	Plan Sponsor's telephone number 212-869-8530
		2d	Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	REGINA MINCEY-GARLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	REGINA MINCEY-GARLIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 345
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		 6a(1) 113 6a(2) 96 6b 109 6c 112 6d 317 6e 7 6f 324 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023

▶ **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 <u>ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ACTORS' EQUITY ASSOCIATION</u>	D Employer Identification Number (EIN) <u>13-0413995</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>47431649</u>
b Actuarial value	2b <u>45660761</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>108</u> <u>26302006</u> <u>26302006</u>
b For terminated vested participants.....	<u>123</u> <u>8482378</u> <u>8482378</u>
c For active participants.....	<u>87</u> <u>7289744</u> <u>8495020</u>
d Total	<u>318</u> <u>42074128</u> <u>43279404</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 <u>5.49 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>888253</u>
b Expected plan-related expenses	6b <u>320000</u>
c Total (line 6a + line 6b)	6c <u>1208253</u>

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		<u>12/18/2023</u>
Signature of actuary		Date
<u>FRANK SANTASIERO, FSA, FCA, MAAA</u>		<u>23-06798</u>
Type or print name of actuary		Most recent enrollment number
<u>SEGAL</u>		<u>212-251-5000</u>
Firm name		Telephone number (including area code)
<u>333 WEST 34TH STREET</u> <u>NEW YORK, NY 10001-2402</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2022
v. 220413

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	5958016
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	295456
9 Amount remaining (line 7 minus line 8)		5662560
10 Interest on line 9 using prior year's actual return of <u>3.43</u> %		194226
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67</u> %.....		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	5856786

Part III Funding Percentages		
14 Funding target attainment percentage	14	91.96 %
15 Adjusted funding target attainment percentage	15	105.50 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 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
04/25/2022	191667		10/24/2022	191667	
05/24/2022	191666		11/23/2022	191666	
06/24/2022	191667		12/21/2022	191667	
07/28/2022	191667		01/24/2023	191667	
08/15/2022	191666		02/22/2023	191666	
09/27/2022	191667		03/27/2023	191667	
Totals ▶			18(b)	4063054	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date.	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	3855540
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%.....		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance.....		
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III	Funding Percentages	
14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/25/2023	75562				
08/24/2023	209373				
09/25/2023	209373				
10/25/2023	209373				
11/28/2023	209373				
12/12/2023	850000				
			Totals ►	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date.	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes	☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1208253	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3475429	334211	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1542464	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1542464	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3855540	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2313076	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACTORS' EQUITY ASSOCIATION	D Employer Identification Number (EIN) 13-0413995	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEUBERGER BERMAN INVESTMENT ADVISER	
02-0654486	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
WILLIAM BLAIR FUNDS	150 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SEGAL SELECT INSURANCE SERVICES	
46-0619194	

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

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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)

AMERICAN CORE REALTY

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 27 28	NONE	56072	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 27 28	NONE	36747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 27 28	NONE	35636	Yes ☒ No ☐	Yes ☒ 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)

FIDELITY INSTITUTIONAL ASSET MANAGE

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 27 28	NONE	27976	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INVESCO

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 27 28	NONE	27330	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	PROVIDES SVRS FOR RELATED	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BUCHBINDER TUNICK & COMPANY

13-1578842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	PROVIDES SVRS FOR RELATED	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE GROUP, LLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	PROVIDES SVRS FOR RELATED	17200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP, INC

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	PROVIDES SVRS FOR RELATED	9532	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:	CALIBRE CPA GROUP PLLC	b EIN:	47-0900880
c Position:	ACCOUNTANT		
d Address:		e Telephone:	

Explanation: THE PLAN SPONSOR DECIDED ON THE TERMINATION IN THE APPOINTMENT OF THE ACCOUNTANT.

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.
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ACTORS' EQUITY ASSOCIATION	D Employer Identification Number (EIN) 13-0413995	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED-RISK ALLOCATION TR		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6537863
a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M CORE BOND FUND II, LLC		
b Name of sponsor of entity listed in (a): IR&M CORE BOND FUND II LLC		
c EIN-PN 27-1083513-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12432490
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA UNION LABOR RUSSELL 3000 INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
c EIN-PN 86-1959749-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10105270
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO DIVERSIFIED INTL EQUITY FUND		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC		
c EIN-PN 74-3178242-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4760158
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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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 04/01/2022 and ending 03/31/2023		
A Name of plan ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACTORS' EQUITY ASSOCIATION		D Employer Identification Number (EIN) 13-0413995

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	357860	64219
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	223385	329907
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	18653581	16463133
(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)	5045794	17192648
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5240774	4763051
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	17959219	4675568

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47480613	43488526

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	48964	45794
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	48964	45794

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47431649	43442732
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2300000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	136916	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		136916
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	371579	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		371579
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10385999	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4944956	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5441043
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-105855	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-105855

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-7082493
(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)		-821970
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-673246
c Other income	2c		-367381
d Total income. Add all income amounts in column (b) and enter total	2d		-801407
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2677341	
(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)		2677341
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)	68732	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	203758	
(4) Other	2i(4)	237679	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		510169
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3187510
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3988917
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BUCHBINDER TUNICK & COMPANY LLP**

(2) EIN: **13-0578842**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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 493271.

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 04/01/2022 and ending 03/31/2023		
A Name of plan ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACTORS' EQUITY ASSOCIATION		D Employer Identification Number (EIN) 13-0413995
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN

**Financial Statements
and
Supplemental Schedules**

For the Years Ended March 31, 2023 and 2022

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Financial Statements and Supplemental Schedules
For the Years Ended March 31, 2023 and 2022

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Actors' Equity Association Staff Pension Plan

Opinion

We have audited the accompanying financial statements of the Actors' Equity Association Staff 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 March 31, 2023, and the related statements of changes in net assets available for benefits for the year then ended, 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 Actors' Equity Association Staff Pension Plan as of March 31, 2023, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 Actors' Equity Association Staff Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 Actors' Equity Association Staff Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, 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 Actors' Equity Association Staff Pension 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 Actors' Equity Association Staff Pension 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 audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 19 and 20 represent 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 audit 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.

Other Matter

Auditor's Report on the 2022 Financial Statements

The 2022 financial statements of the Actors' Equity Staff Pension Plan were audited by the predecessor auditors whose report, dated August 3, 2022, expressed an unmodified opinion on those financial statements and included an other-matter paragraph that provided an opinion that the information in the 2022 supplemental schedule was fairly stated in all material respects in relation to the financial statements as a whole.

Buchbinder Tunick & Company LLP

BUCHBINDER TUNICK & COMPANY LLP

Bethesda, MD
November 21, 2023

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Statements of Net Assets Available for Benefits
March 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets:		
Investments, at fair value:		
Common collective trusts	\$ 16,463,133	\$ 18,653,581
Commingled pension trust funds	17,108,058	17,959,219
Limited partnership	4,760,158	5,045,794
Mutual funds	<u>4,763,051</u>	<u>5,240,774</u>
Total investments	<u>43,094,400</u>	<u>46,899,368</u>
Receivables:		
Advance to benefit disbursement agent	233,444	222,134
Due from broker	<u>95,192</u>	<u>-</u>
Total receivables	<u>328,636</u>	<u>222,134</u>
Cash	<u>64,219</u>	<u>357,860</u>
Prepaid expenses	<u>1,271</u>	<u>1,251</u>
Total assets	<u>43,488,526</u>	<u>47,480,613</u>
Liabilities:		
Account payable	<u>45,794</u>	<u>48,964</u>
Total liabilities	<u>45,794</u>	<u>48,964</u>
Net assets available for benefits	<u>\$ 43,442,732</u>	<u>\$ 47,431,649</u>

See notes to financial statements.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
For the years ended March 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
(Reductions) additions to net assets attributed to:		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (3,609,902)	\$ 1,528,425
Interest and dividends	<u>508,495</u>	<u>289,431</u>
	(3,101,407)	1,817,856
Less: investment expenses	<u>203,758</u>	<u>219,706</u>
Net investment (loss) income	<u>(3,305,165)</u>	<u>1,598,150</u>
Employer contributions	<u>2,300,000</u>	<u>1,100,000</u>
Total (reductions) additions	<u>(1,005,165)</u>	<u>2,698,150</u>
Deductions from net assets attributable to:		
Benefits paid to participants and beneficiaries	2,677,341	2,414,654
Administrative expenses:		
Professional fees	68,732	58,576
Insurance	235,876	230,052
Miscellaneous expenses	<u>1,803</u>	<u>1,553</u>
Total administrative expenses	<u>306,411</u>	<u>290,181</u>
Total deductions	<u>2,983,752</u>	<u>2,704,835</u>
Net change	(3,988,917)	(6,685)
Net assets available for benefits:		
Beginning of year	<u>47,431,649</u>	<u>47,438,334</u>
End of year	<u>\$ 43,442,732</u>	<u>\$ 47,431,649</u>

See notes to financial statements.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements
March 31, 2023 and 2022

Note 1 - Description of the Plan

The following brief description of the Actors' Equity Association Staff Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions.

General

Actors' Equity Association Staff Pension Plan, established in 1962, is a single employer defined benefit pension plan covering substantially all employees of Actors' Equity Association (the "Association"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Plan is funded entirely from contributions made by the Association. The amounts contributed are actuarially determined. No contributions are made to the Plan by employees.

Benefits

The Plan provides for payments of normal, service, early retirement, and disability pensions to eligible Plan participants. Under certain circumstances, the Plan provides terminal illness, death, and survivor benefits.

Vesting

A minimum of five years of vesting service is required in order to qualify for pension provided by this Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

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.

Payment of Benefits

Benefit payments to participants or beneficiaries of participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the plan provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries; (b) inactive participants with right to immediate or deferred pensions or their beneficiaries; and (c) active participants or their beneficiaries.

Benefits under the Plan vary in amount depending on the pension for which the participant qualifies, the number of service years or credited service years attained, the participant's age at retirement and the pension option selected.

Subsequent Events

The Plan has evaluated subsequent events and transactions through November 21, 2023, the date that the financial statements were available to be issued.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 3 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. It defines fair value as an exit price, which is the price that would be received for an asset or paid to transfer a liability in the Plan's principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date.

The fair value hierarchy generally requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entity's own assumptions based on market data and the entity's judgments about the assumptions that market participants would use in pricing the asset or liability, and are to be developed based on the best information available in the circumstances.

The Plan determines the fair market value of its investment in securities based on the established fair value definition and hierarchy levels. The three levels within the hierarchy that may be used to measure fair value are:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.

Level 3: Unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities.

The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 3 - Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2023 and 2022.

Common collective trust funds:

Common collective trust funds are valued at the net asset value ("NAV") as determined by the custodians of the funds. The NAV, as provided by the custodians, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the investments in the common collective trust funds less any liabilities. Transactions may occur daily. If the Plan were to initiate a full redemption of the common collective trust funds, the investment advisors reserve the right to temporarily delay withdrawal from the common collective trust funds to ensure that securities liquidations will be carried out in an orderly business manner.

Commingled pension trust funds:

Valued at the NAV per share at year end as reported by the fund. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

Limited partnership:

Limited partnerships are valued at the NAV of the ownership units. The NAV, as provided by the limited partnerships, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the limited partnerships, less their liabilities. Were the Plan to initiate a full redemption of the limited partnerships, the investment advisor reserves the right to temporarily delay withdrawal from the limited partnerships in order to ensure that securities liquidations will be carried out in an orderly business manner. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

Mutual funds:

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 3 - Fair Value Measurements (Continued)

The preceding valuation 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.

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of March 31, 2023:

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value:				
Mutual funds	\$ 4,763,051	\$ 4,763,051	\$ -	\$ -
Investments measured at NAV*:				
Common collective trusts	16,463,133	-	-	-
Commingled pension trust funds	17,108,058	-	-	-
Limited partnership	4,760,158	-	-	-
Total investments in fair value hierarchy	<u>\$ 43,094,400</u>	<u>\$ 4,763,051</u>	<u>\$ -</u>	<u>\$ -</u>

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of March 31, 2022:

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value:				
Mutual funds	\$ 5,240,774	\$ 5,240,774	\$ -	\$ -
Investments measured at NAV*:				
Common collective trusts	18,653,581	-	-	-
Commingled pension trust funds	17,959,219	-	-	-
Limited partnership	5,045,794	-	-	-
Total investments in fair value hierarchy	<u>\$ 46,899,368</u>	<u>\$ 5,240,774</u>	<u>\$ -</u>	<u>\$ -</u>

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 3 - Fair Value Measurements (Continued)

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table 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 is a brief description of the investment objectives of the Plan's investments in the common collective trusts, commingled pension trust funds, and limited partnership:

Common collective trusts

Fidelity U.S. Total Market Equity Fund

The Fidelity U.S. Total Market Equity Fund investment objective is to seek to provide excess returns over the Dow Jones U.S. Total Stock Market Index while maintaining similar style characteristics and sector weights relative to the benchmark. The fund is invested primarily in publicly traded equities and is valued based on the underlying value of these investments. This investment was sold in the fiscal year 2023. The fair market value of the fund was \$-0- and \$11,100,793 as of March 31, 2023 and 2022, respectively.

Invesco Balanced-Risk Allocation Trust

The Invesco Balanced-Risk Allocation Trust investment objective is to provide total return with a low to moderate correlation to traditional financial market indices. The fund utilizes a risk premium capture strategy that seeks to generate returns by investing in equity, bond and commodity markets using a risk-balanced investment process. The fair market value of the fund was \$6,357,863 and \$7,552,788 as of March 31, 2023 and 2022, respectively.

State Street Global Advisors (SSGA) Union Labor Russell 3000 Index Fund

The State Street Global Advisors Union Labor Russell 3000 Index Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Russell 3000® Index over the long term. The fair market value of the fund was \$10,105,270 and \$-0- as of March 31, 2023 and 2022, respectively.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 3 - Fair Value Measurements (Continued)

Commingled pension trust funds

IR&M Core Bond Fund II, LLC

The IR&M Core Bond Fund II, LLC invests primarily in investment-grade fixed income securities. The fund seeks to outperform the Barclays U.S. Aggregate Index. The fund primarily utilizes independent pricing services to value the underlying securities daily. The fund then calculates a daily NAV based on the value of all assets held and the outstanding shares. Requests for redemption generally must be received two days prior to the trade date. The fair market value of the fund was \$12,432,490 and \$12,943,759 as of March 31, 2023 and 2022, respectively.

American Core Realty Fund, LLC

The American Core Realty Fund, LLC, is an open-end diversified core commingled real estate fund that invests in private real estate such as core institutional quality office, retail, industrial and multi-family properties located throughout the United States. The real estate held by the fund is valued quarterly through independent third party appraisals, primarily using the discounted cash flow method. Requests for redemptions of units in the fund may be made at any time and are effective at the end of the calendar quarter in which the request is received. Redemptions are subject to the availability of cash flow arising from investment transactions, sales and other fund operations occurring in the normal course of business. The fair market value of the fund was \$4,675,568 and \$5,015,460 as of March 31, 2023 and 2022, respectively.

Limited partnership

ULLICO Diversified International Equity Fund, LP

ULLICO Diversified International Equity Fund, a 103-12 investment entity, seeks to achieve long-term growth of capital consistent with risk reduction through diversification. The limited partnership seeks to achieve its investment objective by investing primarily in equity securities traded in equity markets of, or issued by, companies located in countries represented in the Morgan Stanley Capital International Europe, Australasia and Far East (EAFE) index. The limited partnership seeks an allocation of 40% international large cap growth equity, 40% international large cap value equity and 20% international small cap equity. The fair value of the limited partnership is based on the underlying value of these investments. The fair market value of the fund was \$4,760,158 and \$ 5,045,794 as of March 31, 2023 and 2022, respectively.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on eligible employees' years of credited service and age.

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

The significant actuarial assumptions used in the valuation as of April 1, 2022 were as follows:

Mortality rates:	The assumed mortality rates are the RP-2006 employee and annuitant mortality tables projected generationally using MP-2021.
Discount rate:	6.00%.
Salary increases:	Salary for the coming year is the participant's annualized weekly pay rate at the valuation date. After that date, salaries are projected to increase 3.00% per year.
Net investment return:	6.00% (5.94% was for April 1, 2021).
Retirement age:	Age 65 for regular pension; age 55 for early pension; no age requirement for disability pension; age 60 for service pension; weighted average retirement age of 61.
Administrative expenses:	\$320,000 per year.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Asset Valuation Method: Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date.

Funding Method: Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

Vesting: 100% vested after 5 years of service.

Termination rates:

<u>Age</u>	<u>Rates</u>
20	14.19%
25	17.14
30	9.68
35	10.04
40	8.30
45	7.46
50	6.98
55	1.76
60	0.40

Disability rates:

<u>Age</u>	<u>Rates</u>
20	0.03%
25	0.03
30	0.03
35	0.03
40	0.05
45	0.09
50	0.20
55	0.43
60	0.87

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Since the previous valuation, the following assumption has been updated:

- Assumption of retirement age for active participants:
Current assumption: 100% if eligible for service pension, no later than age 65
Prior assumption: Age 65 for all employees whose age at entry is 35 or over, or completion of service requirement if later, age 62 for all others
Reason for change: Plan amendment

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefit was made as of April 1, 2022.

The actuarial present value of accumulated plan benefits as of April 1, 2022, was as follows:

Vested benefits:

Pensioners and beneficiaries receiving payments	\$ 24,727,877
Other vested benefits	<u>14,829,670</u>
	39,557,547

Non-vested benefits	<u>1,122,159</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 40,679,706</u>
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The changes in accumulated plan benefits from April 1, 2021 to April 1, 2022 were as follows:

Total actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 38,704,264</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	1,269,344
Increase for interest due to decrease in discount period	2,243,780
Benefits paid	(2,414,654)
Plan amendment	<u>876,972</u>
Net increase	<u>1,975,442</u>
Total actuarial present value of accumulated plan benefits at end of year	<u>\$ 40,679,706</u>

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 5 - Funding Policy

The Plan, which is non-contributory for employees, is funded by contributions from the employer, Actors' Equity Association Staff Pension Plan. The Association's funding policy is to make annual contributions to the Plan equal to or greater than the value of the benefit accruals earned during the year plus administrative expenses so that all employees' benefits will be fully provided for by the time they retire. The Association's contributions for 2023 and 2022 exceeded the minimum funding standards of ERISA.

Although it has not expressed any intention to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 6 - Procedures Upon Termination of the Plan

In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated after providing for any administrative expenses:

- A. To all pensioners (or beneficiaries) whose benefits began three years prior to the termination date of the Plan and to all participants (or beneficiaries) who were eligible for benefits at least three years prior to the termination date;
- B. To all other participants whose benefits are insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency;
- C. To all other vested benefits under the Plan; and
- D. To all non-vested benefits.

Benefits under this Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 7 - Related Party Transactions

The Association, as Plan sponsor, provides certain administrative services to the Plan. The costs of the administrative services are not readily determinable. The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

The Plan receives contributions from the Association. During the years ended March 31, 2023 and 2022, contributions recognized were \$2,300,000 and \$1,100,000, respectively. During the years ended March 31, 2023 and 2022, amount due from the Association was \$-0-.

Note 8 - Tax Status

The Internal Revenue Service has determined and informed the Plan sponsor by a letter, dated July 13, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax exempt as of the financial statements date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Employee benefit plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress for the Plan. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
Notes to Financial Statements (Continued)
March 31, 2023 and 2022

Note 9 - Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash. The Plan maintains cash accounts at a high quality financial institution. While the Plan attempts to limit any financial exposure, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

As of March 31, 2022, the Plan owned 100% of the Fidelity U.S. Total Market Equity Fund, a part of the Fidelity Institutional Asset Management for Employee Benefit Plans Domestic Risk Controlled Equity Commingled Pools. This investment was sold in fiscal year 2023.

Note 10 - 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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 would be material to the financial statements.

**Note 11 - Reconciliation of Financial Statements to Form 5500
Annual Return/Report of Employee Benefit Plan**

Investment advisory and custodian fees amounting to \$203,758 are shown as a reduction of investment income for financial statement purposes and are classified as investment advisory and management fees on Form 5500, Schedule H, Part II.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year)
March 31, 2023

Form 5500, Schedule H, Line 4(i)
E.I.N.: 13-0413995
Plan No.: 001

(a)	(b) Identity of Issue	(c) Description of Investment				(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	
	Common collective trusts:						
	INVESCO Balanced-Risk Allocation Trust	Common collective trust	N/A	N/A	N/A	240,010	\$ 4,511,163 \$ 6,357,863
	SSgA Union Labor Russell 3000 Index	Common collective trust	N/A	N/A	N/A	1,082,398	<u>9,776,084</u> <u>10,105,270</u>
	Total common collective trusts					\$ 14,287,247	\$ 16,463,133
	Commingled pension trust funds:						
	American Core Realty Fund, LLC	Real estate fund	N/A	N/A	N/A	32	\$ 2,491,406 \$ 4,675,568
	IR&M Core Bond Fund II, LLC	Fixed income fund	N/A	N/A	N/A	839,211	<u>10,782,846</u> <u>12,432,490</u>
	Total commingled pension trust funds					\$ 13,274,252	\$ 17,108,058
	Limited partnership:						
	ULLICO Diversified International Equity Fund, L.P.	Limited partnership	N/A	N/A	N/A	248,743	\$ 2,304,595 \$ 4,760,158
	Total limited partnerships					\$ 2,304,595	\$ 4,760,158
	Mutual funds:						
	Neuberger Berman High Income Bond Fund	Mutual fund	N/A	N/A	N/A	392,387	\$ 3,253,735 \$ 2,891,893
	William Blair Emerging Markets Growth Fund	Mutual fund	N/A	N/A	N/A	216,569	<u>1,463,563</u> <u>1,871,158</u>
	Total mutual funds					\$ 4,717,298	\$ 4,763,051

See independent auditor's report.

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
(Supplemental Schedules)
Schedule of Reportable Transactions
For the year ended March 31, 2023

Form 5500, Schedule H, Line 4(j)
E.I.N.: 13-0413995
Plan No.: 001

(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
<u>Single Transactions Exceeding 5% of Plan Assets</u>					
Fidelity FIAM US Total Mkt Equity	\$ -	\$ 5,000,000	\$ 2,323,306	\$ 5,000,000	\$ 2,676,694
Fidelity FIAM US Total Mkt Equity	-	4,787,053	2,225,185	4,787,053	2,561,868
SSgA Union Labor Russell 3000 Index	5,000,000	-	5,000,000	5,000,000	-
SSgA Union Labor Russell 3000 Index	4,776,084	-	4,776,084	4,776,084	-
<u>Series of Transactions Exceeding 5% of Plan Assets</u>					
Fidelity FIAM US Total Mkt Equity	-	5,000,000	2,323,306	5,000,000	2,676,694
Fidelity FIAM US Total Mkt Equity	-	4,787,053	2,225,185	4,787,053	2,561,868
SSgA Union Labor Russell 3000 Index	5,000,000	-	5,000,000	5,000,000	-
SSgA Union Labor Russell 3000 Index	4,776,084	-	4,776,084	4,776,084	-

See independent auditor's report.

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

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

Plan Status	ONGOING
Regular Pension	• <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> 5 years to service • <i>Amount:</i> 2.75% of employee's annual compensation for the calendar year 2003 times years of service prior to January 1, 2004 plus 2.75% of employee's annual compensation in each year of service on or after January 1, 2004. If service exceeds 35 years, only the most recent 35 years are used. Minimum pension of \$200 per month if the participant had at least 10 Years of Vesting Service.
Early Pension	• <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 5 years of service • <i>Amount:</i> Normal pension accrued, reduced by 6% for each year of age less than Normal Retirement Age
Disability	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 years of service and 5 years of vesting service • <i>Amount:</i> Normal pension based on service accrued, payable immediately
Service Pension	• <i>Age Requirement:</i> 60 • <i>Service Requirement:</i> Years of service which when added to attained age, total at least 85 • <i>Amount:</i> Normal Pension based on service accrued, payable immediately
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of service or 5 years of vesting service • <i>Amount:</i> Normal pension accrued, payable at age 65 or Early retirement pension payable at age 55 • <i>Vesting percentage:</i> 100% after 5 years of service
Spouse's Pre-Retirement Death Benefits	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of service or 5 years of vesting service • <i>Amount:</i> 50% of benefit employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. Commences immediately if employee was eligible for early retirement at time of death. Otherwise, commences no earlier than the participant's first eligibility for early retirement.

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

Other Pre-Retirement Death Benefits (not available to vested terminated employees and to those eligible for the spouse's benefit):	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of service • <i>Amount:</i> Benefit employee would have receive had he or she retired the day before he or she died. Benefit payments commence at the time the employee would have first been eligible to retire under the plan and is payable for 60 months. • <i>Additional Lump Sum Death Benefit:</i> \$5,000
Post-retirement death benefits	• <i>Lump sum death benefit:</i> Equal to pre-retirement lump sum death benefit at date of retirement less monthly pension benefits paid. • <i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a 50% joint-and-survivor annuity unless this form is rejected by employee and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint-and-survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with 60 months guaranteed without reduction, or in any other available optional form elected by the employee in an actuarial equivalent amount. • <i>Additional Lump Sum Death Benefit:</i> \$5,000
Participation	• Earliest of January 1 or July 1 following completion of a 12-consecutive month period during which the employee completed at least 1,000 hours of service.
Service	• <i>Vesting Credit:</i> One year of vesting service for each calendar year during which the participant works at least 1,000 hours of service. • <i>Years of Service:</i> All services as an employee
Optional Forms of Benefit	• 50% Joint-and-Survivor for married participants • 75% Joint-and-Survivor for married participants • Single Life Annuity with 60 months guaranteed for single participants
Recent Plan Amendments	• <i>Plan Amendment:</i> Reduction of the service pension eligibility to age plus service at least 85 • <i>Effective Date:</i> December 2, 2021 • <i>Reflected in 2022 Actuarial Valuation:</i> Yes
Statutory Limits	• <i>Section 415 limit:</i> \$245,000 (previously \$230,000) • <i>Section 401(a)(17) limit:</i> \$305,000 (previously \$290,000)

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year)
March 31, 2023

Form 5500, Schedule H, Line 4(i)
E.I.N.: 13-0413995
Plan No.: 001

(a)	(b) Identity of Issue	(c) Description of Investment				(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	
	Common collective trusts:						
	INVESCO Balanced-Risk Allocation Trust	Common collective trust	N/A	N/A	N/A	240,010	\$ 4,511,163 \$ 6,357,863
	SSgA Union Labor Russell 3000 Index	Common collective trust	N/A	N/A	N/A	1,082,398	<u>9,776,084</u> <u>10,105,270</u>
	Total common collective trusts					\$ 14,287,247	\$ 16,463,133
	Commingled pension trust funds:						
	American Core Realty Fund, LLC	Real estate fund	N/A	N/A	N/A	32	\$ 2,491,406 \$ 4,675,568
	IR&M Core Bond Fund II, LLC	Fixed income fund	N/A	N/A	N/A	839,211	<u>10,782,846</u> <u>12,432,490</u>
	Total commingled pension trust funds					\$ 13,274,252	\$ 17,108,058
	Limited partnership:						
	ULLICO Diversified International Equity Fund, L.P.	Limited partnership	N/A	N/A	N/A	248,743	\$ 2,304,595 \$ 4,760,158
	Total limited partnerships					\$ 2,304,595	\$ 4,760,158
	Mutual funds:						
	Neuberger Berman High Income Bond Fund	Mutual fund	N/A	N/A	N/A	392,387	\$ 3,253,735 \$ 2,891,893
	William Blair Emerging Markets Growth Fund	Mutual fund	N/A	N/A	N/A	216,569	<u>1,463,563</u> <u>1,871,158</u>
	Total mutual funds					\$ 4,717,298	\$ 4,763,051

See independent auditor's report.

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Line 26a – Schedule of Active Participant Data
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

Participants in active service by age and years of service as of March 31, 2022

Age	Years of Credited Service							
	Total	Less than 5	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34
25 - 29	5	4	1	--	--	--	--	--
30 - 34	21	9	11	1	--	--	--	--
35 - 39	19	4	8	6	1	--	--	--
40 - 44	14	2	7	3	2	--	--	--
45 - 49	5	1	1	--	1	2	--	--
50 - 54	10	1	4	3	--	1	--	1
55 - 59	8	1	2	1	--	3	1	--
60 - 64	4	--	2	--	1	1	--	--
65 - 69	1	1	--	--	--	--	--	--
Total	87	23	36	14	5	7	1	1

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Interest:	The interest rates used for the 2022 plan year are the 24-month average corporate bond segment rates for February 2022 (a 2-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. Each of the three segments of the yield curve reflecting the 25-year average rates is constrained to be no less than 5%. For 2022, the stabilization corridor is 5%. It will remain at 5% through 2030 and then increase by 5% per year beginning in 2031 until it reaches 30% for 2035. The interest rate description above reflects that the plan sponsor elected to apply the ARPA provisions beginning with the 2021 plan year. The rates are as follows:				
		Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
	Current Year, reflecting stabilization (post-ARPA)	4.75%	5.18%	5.92%	5.49%
	Current Year, without stabilization	0.86%	2.61%	3.26%	2.93%
	Prior Year, reflecting stabilization (post-ARPA)	4.75%	5.36%	6.11%	5.67%
	Prior Year, without stabilization	1.64%	2.96%	3.59%	3.27%
	The interest rates used to determine the PBGC variable-rate premium are the same as those used for funding, without reflecting funding stabilization.				
Mortality Rates	RP-2006 separate employee and annuitant healthy mortality tables (sex-specific), projected generationally using Scale MP-2020. This assumption is one of the choices allowed by the regulations This reflects an update to the mandated mortality projection assumption.				

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

Salary Increases	Salary for the coming year is the participant’s annualized weekly pay rate at the valuation date. After that date, salaries are projected to increase 3.00% per year. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.	
Benefit Election	Participants are assumed to elect the single life annuity with a 60-month guarantee This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.	
Sample Termination Rates	Age	Rates
	20	14.19%
	25	17.14
	30	9.68
	35	10.04
	40	8.30
	45	7.46
	50	6.98
	55	1.76
	60	0.40
This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.		

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

Sample Disability Rates	Age	Rates
	20	0.03%
	25	0.03
	30	0.03
	35	0.03
	40	0.05
	45	0.09
	50	0.20
	55	0.43
	60	0.87
	Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.	
Retirement (From Active Status) Rates	100% if eligible for service pension, no later than age 65 This assumption is based on historical and current data, adjusted to reflect plan amendments, estimated future experience and professional judgment.	
Retirement age for Inactive Vested Participants:	65 The retirement ages 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 actual number of retirements by age and the projected number based on the prior years' assumption over the last several years.	
Description of Weighted Average Retirement Age	Age 61, determined as follows: The weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements. The overall weighted-average retirement age is the average of the individual weighted-average retirement ages based on all the active participants included in the actuarial valuation.	
Percent Married	45%	
Age Difference	Male spouses are assumed to be three years older than female spouses.	
Administrative Expenses	\$320,000, for the year beginning April 1, 2022. This assumption is based on recent historical data, estimated future experience and professional judgment.	

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

Asset Method	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 6.00% for 2020 and 2021, not to exceed the applicable third segment rate of 5.94% for 2020 and 6.11% for 2021.
Funding Method	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within 15 years. Once that is achieved, or for overfunded plans, the required contribution will generally equal the target normal cost reduced by any overfunding.
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 presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.
Non-Prescribed Assumption Changes Since Prior Valuation	• <i>Assumption Type:</i> Retirement age for active participants • <i>Current Assumption:</i> 100% if eligible for service pension, no later than age 65 • <i>Prior Assumption:</i> Age 65 for all employees whose age at entry is 35 or over, or completion of service requirement if later, age 62 for all others • <i>Reason for Change:</i> Plan amendment

Shortfall amortization bases

The unfunded funding target (funding target minus actuarial value of assets net of credit balances) is amortized over fifteen years. Because the plan sponsor elected to apply the amortization relief provisions of ARPA beginning with the 2021 plan year, there was a fresh-start of shortfall bases in the 2021 plan year, and all prior year bases were eliminated. In each year, the unfunded funding target minus the outstanding balance of the prior shortfall bases established is set up as another base and amortized over a new fifteen-year period. If the unfunded funding target falls below zero (i.e., net assets exceed the funding target), all existing bases are eliminated. Further, the Plan is exempt from establishing a shortfall amortization base if the funded percentage (with assets net of the prefunding balance, if any portion of the prefunding balance is used to offset the required contribution during the current year) is at least 100%.

Schedule of Shortfall Amortization Bases as of April 1, 2022

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2022	\$519,300	\$519,300	15	\$47,989
2021	3,069,669	<u>2,956,129</u>	14	<u>286,222</u>
Total		\$3,475,429		\$334,211

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Line 24 - Change in Actuarial Assumptions
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

**Non-Prescribed
Assumption
Changes Since
Prior Valuation**

- *Assumption Type:* Retirement age for active participants
- *Current Assumption:* 100% if eligible for service pension, no later than age 65
- *Prior Assumption:* Age 65 for all employees whose age at entry is 35 or over, or completion of service requirement if later, age 62 for all others
- *Reason for Change:* Plan amendment

Attachment to 2022 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Actors' Equity Association Staff Pension Plan
EIN 13-0413995 PN 001

Description of Weighted Average Retirement Age	Age 61, determined as follows: The weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements. The overall weighted-average retirement age is the average of the individual weighted-average retirement ages based on all the active participants included in the actuarial valuation.
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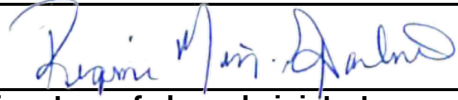
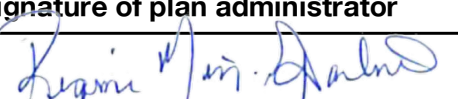
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
B	This return/report is: ☒ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ACTORS' EQUITY ASSOCIATION 165 WEST 46 STREET NEW YORK NY 10036-2501
2b	Employer Identification Number (EIN) 13-0413995
2c	Plan Sponsor's telephone number 212-869-8530
2d	Business code (see instructions) 813000

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		01/09/24	REGINA MINCEY-GARLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		01/09/24	REGINA MINCEY-GARLIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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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
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5 Total number of participants at the beginning of the plan year	5	345
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)	113
a (2) Total number of active participants at the end of the plan year	6a(2)	96
b Retired or separated participants receiving benefits	6b	109
c Other retired or separated participants entitled to future benefits	6c	112
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	317
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	7
f Total. Add lines 6d and 6e	6f	324
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	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules

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

b General Schedules

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

ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN
(Supplemental Schedules)
Schedule of Reportable Transactions
For the year ended March 31, 2023

Form 5500, Schedule H, Line 4(j)
E.I.N.: 13-0413995
Plan No.: 001

(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
<u>Single Transactions Exceeding 5% of Plan Assets</u>					
Fidelity FIAM US Total Mkt Equity	\$ -	\$ 5,000,000	\$ 2,323,306	\$ 5,000,000	\$ 2,676,694
Fidelity FIAM US Total Mkt Equity	-	4,787,053	2,225,185	4,787,053	2,561,868
SSgA Union Labor Russell 3000 Index	5,000,000	-	5,000,000	5,000,000	-
SSgA Union Labor Russell 3000 Index	4,776,084	-	4,776,084	4,776,084	-
<u>Series of Transactions Exceeding 5% of Plan Assets</u>					
Fidelity FIAM US Total Mkt Equity	-	5,000,000	2,323,306	5,000,000	2,676,694
Fidelity FIAM US Total Mkt Equity	-	4,787,053	2,225,185	4,787,053	2,561,868
SSgA Union Labor Russell 3000 Index	5,000,000	-	5,000,000	5,000,000	-
SSgA Union Labor Russell 3000 Index	4,776,084	-	4,776,084	4,776,084	-

See independent auditor's report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning	04/01/2022	and ending	03/31/2023
▶ 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 ACTORS' EQUITY ASSOCIATION STAFF PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ACTORS' EQUITY ASSOCIATION		D Employer Identification Number (EIN) 13-0413995	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I	Basic Information			
1	Enter the valuation date: Month 04 Day 01 Year 2022			
2	Assets:			
	a Market value	2a	47,431,649	
	b Actuarial value	2b	45,660,761	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	108	26,302,006	26,302,006
	b For terminated vested participants.....	123	8,482,378	8,482,378
	c For active participants	87	7,289,744	8,495,020
	d Total.....	318	42,074,128	43,279,404
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.49%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	888,253	
	b Expected plan-related expenses	6b	320,000	
	c Total (line 6a + line 6b)	6c	1,208,253	

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	Frank Santasiero FS Signature of actuary Frank Santasiero, FSA, FCA, MAAA Type or print name of actuary Segal Firm name 333 West 34th Street New York NY 10001-2402 Address of the firm	12/18/2023 Date 2306798 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,958,016
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	295,456
9 Amount remaining (line 7 minus line 8)	0	5,662,560
10 Interest on line 9 using prior year's actual return of <u>3.43</u> %	0	194,226
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5,856,786

Part III Funding Percentages		
14 Funding target attainment percentage	14	91.96 %
15 Adjusted funding target attainment percentage	15	105.50 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 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
04/25/2022	191,667	0	09/25/2023	209,373	0
05/24/2022	191,666	0	10/25/2023	209,373	0
06/24/2022	191,667	0	11/28/2023	209,373	0
07/28/2022	191,667	0	12/12/2023	850,000	0
08/15/2022	191,666	0			
09/27/2022	191,667	0			
10/24/2022	191,667	0			
11/23/2022	191,666	0			
12/21/2022	191,667	0			
01/24/2023	191,667	0			
02/22/2023	191,666	0			
03/27/2023	191,667	0			
07/25/2023	75,562	0			
08/24/2023	209,373	0			
			Totals ▶	18(b)	18(c)
				4,063,054	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years		19a	0
b Contributions made to avoid restrictions adjusted to valuation date		19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		19c	3,855,540
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a “funding shortfall” for the prior year? ☒ Yes ☐ No			
b If line 20a is “Yes,” were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If line 20a is “Yes,” see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V				Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:							
a Segment rates:		1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used		
b Applicable month (enter code)				21b	2		
22 Weighted average retirement age				22	61		
23 Mortality table(s) (see instructions)		☐ Prescribed - combined		☒ Prescribed - separate		☐ Substitute	
Part VI							
Miscellaneous Items							
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No							
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No							
26 Demographic and benefit information							
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.						☒ Yes ☐ No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...						☐ Yes ☒ No	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27			
Part VII							
Reconciliation of Unpaid Minimum Required Contributions For Prior Years							
28 Unpaid minimum required contributions for all prior years				28	0		
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29	0		
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30	0		
Part VIII							
Minimum Required Contribution For Current Year							
31 Target normal cost and excess assets (see instructions):							
a Target normal cost (line 6c)				31a	1,208,253		
b Excess assets, if applicable, but not greater than line 31a				31b	0		
32 Amortization installments:			Outstanding Balance		Installment		
a Net shortfall amortization installment			3,475,429		334,211		
b Waiver amortization installment.....			0		0		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33			
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34	1,542,464		
		Carryover balance	Prefunding balance		Total balance		
35 Balances elected for use to offset funding requirement		0	0		0		
36 Additional cash requirement (line 34 minus line 35)				36	1,542,464		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37	3,855,540		
38 Present value of excess contributions for current year (see instructions)							
a Total (excess, if any, of line 37 over line 36)				38a	2,313,076		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b	0		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0		
40 Unpaid minimum required contributions for all years				40	0		
Part IX							
Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)							
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021							