Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUILDING SERVICE 32BJ PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND

25 WEST 18TH STREET
NEW YORK, NY 10011

2b Employer Identification Number (EIN) 13-1879376

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

2d Business code (see instructions) 561790

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/14/2024	MANNY PASTREICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/14/2024	HOWARD ROTHSCHILD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	116253
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)**	54120
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	55540
b	Retired or separated participants receiving benefits	**6b**	32875
c	Other retired or separated participants entitled to future benefits	**6c**	19571
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	107986
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12377
f	Total. Add lines **6d** and **6e**.	**6f**	120363
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	3977

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

▶ **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
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

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

1a	Enter the valuation date: Month 07 Day 01 Year 2022		
b	Assets		
	(1) Current value of assets	**1b(1)**	3219405071
	(2) Actuarial value of assets for funding standard account	**1b(2)**	3409762692
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	4569122449
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	**1c(2)(a)**	
	(b) Accrued liability under entry age normal method	**1c(2)(b)**	
	(c) Normal cost under entry age normal method	**1c(2)(c)**	
	(3) Accrued liability under unit credit cost method	**1c(3)**	4569122449
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
	(2) "RPA '94" information:		
	(a) Current liability	**1d(2)(a)**	9111191150
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	240291925
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	328311134
	(3) Expected plan disbursements for the plan year	**1d(3)**	344811134

Statement by Enrolled Actuary

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

SIGN HERE

	01/22/2024
Signature of actuary	Date
SUSAN L. BOYLE, FSA, FCA, MAAA	23-06862
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	3222470168
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		40724	3598243622
(2) For terminated vested participants		19052	1225074064
(3) For active participants:			
(a) Non-vested benefits			531072574
(b) Vested benefits			3756800890
(c) Total active		49237	4287873464
(4) Total		109013	9111191150
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	35.37 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/15/2023	319394095				

	Totals ►	**3(b)**	319394095	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	1060506

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	74.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	E

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

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [ ] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [ ] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] Accrued benefit (unit credit) **d** [ ] Aggregate

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

i [ ] Other (specify):

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

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.27 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-8.1 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	15869565	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	20146803	2123140

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	17858547
b Employer's normal cost for plan year as of valuation date	**9b**	89202890

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1189543271		179276172
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	21475321
e Total charges. Add lines 9a through 9d			**9e**	307812930
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	0
g Employer contributions. Total from column (b) of line 3			**9g**	319394095
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	48042061		5264399
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	11374002
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1546839288		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	5001486035		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	336032496
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	28219566
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

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

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ADAMS STREET PARTNERS LLC

92-0339021

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

AFL-CIO BUILDING INVESTMENT TRUST

22-1146430

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

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

IFM GLOBAL INFRASTRUCTURE L.P.

114 WEST 47TH STREET
19TH FLOOR
NEW YORK, NY 10036

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

LEXINGTON PARTNERS VII

399 PARK AVENUE
20TH FLOOR
NEW YORK, NY 10022

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

POMONA ASSOCIATES VIII, LP

46-0715295

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

RELIANCE TRUST COMPANY

58-1428634

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

STEPSTONE GROUP

85-1138271

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

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

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

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

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1445275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

I SQUARED CAPITAL

98-1043772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	978994	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PARNASSUS

87-2269073

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	825003	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

VITECH SYSTEMS GROUP INC

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	792813	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRAIN MANAGEMENT LLC

27-2066237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	561678	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	415219	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

MEKETA INVESTMENT GROUP INC.

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	346000	Yes [X] No [ ]	Yes [ ] No [X]	49	Yes [ ] No [X]

(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 17 50	NONE	337601	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAAB STURM & GANCHROW LLP

13-1566077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	321303	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	320634	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	312235	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

H&H GRAPHIC PRINTING COMMUNICATIONS

27-0771521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	286814	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GLOBAL INFRASTRUCTURE PARTNERS IV-B

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	255200	Yes [ ] No [X]	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?
28 51	NONE	248351	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRETON, REGINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	243482	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BREDHOFF & KAISER PLLC

52-0969534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	223564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

APONTE, KERRI ANN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	209441	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	206786	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ZENITH AMERICAN SOLUTIONS, INC.

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	183762	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HILBERT, LUCINDA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	176052	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	174522	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

HEALTH MANAGEMENT SYSTEMS, INC.

13-2770433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	165912	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONSTITUTION CAPITAL EQUITY PARTNER

300 BRICKSTONE SQUARE
ANDOVER, MA 01810

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	155317	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TERRELL, NINA L

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	144581	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRIMUS HIGH YIELD BOND FUND, L.P.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	140510	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	136874	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ENG, NINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	136148	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CINIGLIO, MICHELE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	132138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TORIBIO, YANET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	128753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROOM, JANICE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	124018	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	120000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAKRAVORTY, ISHITA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118809	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAJAN, JAISY SUSAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118294	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FERNANDEZ, DAMARIS E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	113575	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACOSTA, NANCY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	113328	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CASILLA DE LEON, JUNI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	113201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ELCIK, JANINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	110629	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IOVINE, JAMES

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	110300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NYAMEKYE, STEPHANIE A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	109754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SANCHEZ, SILVIA L

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101647	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONTRERAS, CARLOS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	99761	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RODRIGUEZ, ALEJANDRA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	97235	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	95023	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEORGE, ALVIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93061	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JONES, SAMERE R

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DASILVA, DANIELLE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92229	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCLAUGHLIN, MARGARET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHONG, CRISTINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90601	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MARTE, NOBEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87101	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FAULKNER, GILLAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86582	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GIGLIOTTI, MILENA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	85279	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NAPIER, MARGARET EMANUELE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	84078	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONVERGED TECHNOLOGY GROUP

20-4185989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAN, KAR LAP

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79711	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RUIZ, LIZZETTE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78866	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

POVEROMO, DANIELA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76259	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FARBER, RANDI S.

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75609	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GRANADA, CLARENCIO TAMPOS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	74828	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HERNANDEZ, VICTOR ENRIQUE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	72673	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOSADO, LUIS ANTONIO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71454	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ROBBINS, RICHARD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69980	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TONG, CALVIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69471	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GAPINSKA, MALGORZATA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69412	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HUSSAIN, SAFRAZ

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	66983	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GALDRI, ALBERTA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	66560	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REYES, MIGUEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64011	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE BACHRACH GROUP LTD

03-0408733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	63604	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORHOUS, MICHELLE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60399	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BIKOFF, DANIEL R

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59895	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HENDIN, ERIK

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHAMMAH, ANA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57080	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHACK, SUSAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHEN, QINAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZHDANOV, OLEG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ILLIDGE, EDOUARD A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53045	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

XU, FEI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52644	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALEXANDROVSKY, EUGENE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHIHA, ELIE CHENG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50456	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WANG, JHY-YEUAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50152	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAW, MAN YEUNG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	49856	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAVERTY JR, ROY H

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48887	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MULLESSERRIL, SANJOY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48248	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SZAIFF, AKOS E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47116	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACCOUNTING PRINCIPALS INC

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	46952	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GOLDBERGER, PETER

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45898	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOHAMMAD, MATHEEN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45877	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVERN, KAREN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45871	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RODRIGUEZ, PHILLIP D

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44422	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLNER, KERREN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44141	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCLAUGHLIN, CHRISTINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43107	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CANNIZZARO, NICOLA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEISMAN, MARC

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42459	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SYNTONIC SYSTEMS INC.

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	42419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SINGH, NAVIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42228	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KUANG, TIELIANG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42156	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TONER, CAROL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42101	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ADAMES, KEILA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40793	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RODRIGUEZ, JOHN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40407	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUNTE JR., CLINTON

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39689	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RODNEY, DEANNE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39380	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORD, SAKINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENKINS, STEVE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39305	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ZAYATS, SOFIYA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39218	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHROEDER JR, ROBERT H

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38680	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADP INC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	38511	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CRUZ, EVARISTO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38303	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERMA, VISHAL AMIT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37944	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FENNELL, LORRAINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37676	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SIMONIAN, SHANT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37079	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

POMMELLS, ELAINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36294	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KANG, MIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36273	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ORMSBY, TOM

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35982	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEISNER, BONNIE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YANG, YANG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FAIZAN, RAYAAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34057	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENTILE, DOMENICK JIACOMO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33973	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORAN, ARNOLD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33665	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CAPELLAN, ROSAURA M

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33544	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PELLEGRINO, LESLIE A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32980	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ESPINAL, RONALD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KALLY, ANDRIA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32180	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MURCHISON, PAULETTA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31483	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTERNATIONAL INTEGRATED SOLUTIONS

11-3006645

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29723	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KRUGER, GABRIEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29343	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JEFFERY, TEKESHA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29203	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOE, MARCO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29046	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MUNOZ, ELIAS JOSE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28866	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOSADO, LUIS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCCULLOUGH, CAROLYN V

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28686	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CARDOZA, EDDIE S

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28609	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIMPSON, LYNDA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28370	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BEACON HILL STAFFING GROUP, LLC

04-3496741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28224	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MERCADO, IRIS DELIA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27489	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FANG, XIAO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26807	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NUNEZ, JANIE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26236	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PHILOGENE, WINNIE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26067	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEN, LI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25795	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ESPINAL, DELMYS YADIRA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25746	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

VALENZUELA, ROBERT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INFANTE, LUIS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25385	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COLLINS, IRALMA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25299	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BAEZ, JULY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25137	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOFTART SOLUTIONS INC

20-0067615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	23825	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RETIREMENT CLEARINGHOUSE LLC

26-0008851

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23815	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CORE BTS INC.

20-3873764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23345	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ORACLE AMERICA INC

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22266	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED PARCEL SERVICE INC (UPS)

58-2480149

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21607	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BARKERGILMORE LLC

43-2097173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21027	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INSIGHT DIRECT USA, INC.

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18057	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUNGARD AVAILABILITY SERVICES

13-2106195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	14850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FRANK RECRUITMENT GROUP INC

80-0558330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14337	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CASE INTERACTIVE LLC

20-3964087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12978	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CORPORATE TRANSLATION SERVICES LLC

91-1506430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE PHOENIX GROUP ADVISORS INC.

11-3799960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11124	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LINKEDIN CORPORATION

47-0912023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10017	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEAF TALK INC

47-1336444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9083	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

METASOURCE, LLC

26-0771758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8686	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELL MARKETING L P

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8469	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HORIZON TEK INC

11-3448259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	8139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STAGWELL TECHNOLOGIES INC.

45-2199672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7794	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GWP INC.

20-8217385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7769	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DOCUFREE CORPORATION

58-2483016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7726	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MICHELE OCCHIOGROSSO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7537	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PKF O'CONNOR DAVIES, LLP

27-1728945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	7416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MSEPF

04-6344921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	AFFILIATE	7350	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AMERICAN REALTY ADVISORS

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?
17 50	NONE	6983	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEX IMAGING

04-2896127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	5957	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RANDSTAD TECHNOLOGIES LLC.

58-2426357

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	5562	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALTRINSIC GLOBAL ADVISORS, LLC

30-0016268

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	210723	Yes [ ] No [X]

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

SEGAL SELECT INSURANCE SERVICES, IN

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	66011	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC	22 53	29532

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC	22 53	20003

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC	22 53	8334

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC	22 53	6095

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC	22 53	2047

(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.
AMERICAN INTERNATIONAL GROUP, INC. 13-2592361	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NORTHERN TRUST COMPANY	17 50 68	0

(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.
VARIOUS 50 SOUTH LASALLE STREET CHICAGO, IL 60603	COMMISSION RATES ON EQUITY TRADES PLACED IN 2022 FOR WHICH NORTHERN TRUST RECEIVED RESEARCH SERVICES RANGED FROM $0.007 TO $0.03 PER SHARE.

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
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	33329

(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.
MERRILL LYNCH 13-5674085	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	30623

(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.
GOLDMAN, SACHS & CO. 13-5108880	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	24911

(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.
SANFORD C. BERNSTEIN & CO., LLC 13-4132953	SOFT-DOLLAR COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	23179

(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.
JP MORGAN CHASE & CO. 13-3299429	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	14510

(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.
ALLEN & COMPANY LLC 13-4193615	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	12021

(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.
JEFFERIES & COMPANY, INC. 13-2615557	SOFT-DOLLAR COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	11715

(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.
REDBURN ATLANTIC 20-4658558	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	11351

(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.
MORGAN STANLEY & CO. LLC 13-2655998	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	9860

(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.
UBS SECURITIES LLC 13-3873456	SOFT-DOLLAR COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	9021

(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.
EXANE INC. 13-3901039	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	8575

(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.
BARCLAYS CAPITAL INC. 06-1031656	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	8452

(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.
CLSA 13-2602298	SOFT-DOLLAR COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	7702

(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.
NOMURA SECURITIES NORTH AMERICA, LL 13-2642206	SOFT-DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALTRINSIC GLOBAL ADVISORS, LLC	28 52 68	5475

(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.
ITAU BBA USA SECURITIES, INC. 13-4197122	SOFT-DOLLAR COMMISSIONS

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-009	C	507001109

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-088	C	280172269

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6253445-011	C	241463523

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7634097-001	C	240057335

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET DAILY MSCI EMRG MKT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-192	C	202867264

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-455	C	150500426

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG U.S. TREASURY IDX

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-479	C	131694511

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL 1000 (R) VALUE

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

c EIN-PN 90-0337987-123	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122990640

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

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

c EIN-PN 45-6138589-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81625287

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

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

c EIN-PN 45-6138589-096	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66674631

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P GLOBAL LARGEMIDCAP

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

c EIN-PN 90-0337987-287	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61663717

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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 07/01/2022 and ending 06/30/2023

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	29618807	31029308
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24062499	25617399
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5408253	8170571
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26886753	17760424
(2) U.S. Government securities	1c(2)	5623076	8652404
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	42411537	42781074
(B) All other	1c(3)(B)	57902341	56522038
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	216922654	257687412
(5) Partnership/joint venture interests	1c(5)	627496288	722412291
(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)	1909022101	2086710712
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	275310763	253070886
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	4523821	6516105
f	Total assets (add all amounts in lines 1a through 1e)	1f	3225188893	3516930624
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1989489	1881042
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	729236	4405886
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2718725	6286928
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3222470168	3510643696

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)	317892116	
	(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)		317892116
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	494730	
	(B) U.S. Government securities	2b(1)(B)	127088	
	(C) Corporate debt instruments	2b(1)(C)	3532551	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	4222111	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8376480
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	2909189	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12356679	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		15265868
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	169554054	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	146661285	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		22892769
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	63677398	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		63677398

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		201296022
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-11556327
c Other income	2c		995218
d Total income. Add all **income** amounts in column (b) and enter total	2d		618839544
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	304927295	
(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)		304927295
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)	2102679	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6555096	
(4) Other	2i(4)	17080946	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25738721
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		330666016
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		288173528
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		2819264123
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 498635.

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 07/01/2022 and ending 06/30/2023

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND

D Employer Identification Number (EIN)
13-1879376

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 15

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ABM JANITORIAL SERVICES, INC

b EIN 94-1369354 **c** Dollar amount contributed by employer 18072791

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

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

a Name of contributing employer COLLINS BUILDING SERVICES INC

b EIN 51-0312606 **c** Dollar amount contributed by employer 12290086

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

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

a Name of contributing employer GUARDIAN SERVICES INDUSTRIES INC.

b EIN 13-2878147 **c** Dollar amount contributed by employer 6193021

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

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

a Name of contributing employer HARVARD MAINTENANCE

b EIN 13-1954860 **c** Dollar amount contributed by employer 6191626

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

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

a Name of contributing employer PRITCHARD INDUSTRIES INC

b EIN 13-3353489 **c** Dollar amount contributed by employer 4430505

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

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

a Name of contributing employer QUALITY BUILDING SERVICES CORP

b EIN 13-4125850 **c** Dollar amount contributed by employer 3779426

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 130.75
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer FIRST QUALITY MAINTENANCE

b EIN 20-5708600 **c** Dollar amount contributed by employer 3771908

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

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

a Name of contributing employer VORNADO REALTY TRUST

b EIN 13-3940500 **c** Dollar amount contributed by employer 3063122

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 130.75
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer PBM, LLC

b EIN 26-3885918 **c** Dollar amount contributed by employer 3051193

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

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

a Name of contributing employer BUILDING MAINTENANCE SERVICES

b EIN 13-3870172 **c** Dollar amount contributed by employer 2336485

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 130.75
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	115
b The plan year immediately preceding the current plan year. [X] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	110
c The second preceding plan year. [X] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	108

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**	1.05
b The corresponding number for the second preceding plan year	**15b**	1.06

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**	7
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	5127665

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 60 % Investment-Grade Debt: 25 % High-Yield Debt: 1 % Real Estate: 0 % Other: 14 %

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

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation_____



BUILDING SERVICE 32BJ PENSION FUND
Financial Statements
June 30, 2023 and 2022
With Independent Auditor's Reports

withum
ADVISORY TAX AUDIT

Building Service 32BJ Pension Fund
Table of Contents
June 30, 2023 and 2022

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7-21
Supplementary Information	
Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974	22
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	23-33
Schedule H, Line 4j - Schedule of Reportable Transactions	34

withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Building Service 32BJ Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of June 30, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2022, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Building Service 32BJ Pension Fund as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2022, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Building Service 32BJ Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Building Service 32BJ Pension Fund's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

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

withum

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Building Service 32BJ Pension Fund'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 Building Service 32BJ Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Withum Smith + Brown, PC

February 29, 2024

27-B

Building Service 32BJ Pension Fund
Statements of Net Assets Available for Benefits
June 30, 2023 and 2022

	2023	2022
Assets		
Investments - at fair value	$ 3,445,597,241	$ 3,161,575,513
Cash and cash equivalents	31,029,308	29,618,807
Receivables		
Employers' contributions	25,617,399	24,062,499
Due from withdrawing employers	2,468,476	3,065,097
Accrued interest and dividends	1,704,763	1,709,279
Due from brokers for securities sold	3,162,376	-
Due from affiliates - net	834,956	633,877
Total receivables	33,787,970	29,470,752
Other assets		
Property and equipment - net	5,435,249	4,238,801
Other assets	1,080,856	285,020
Total other assets	6,516,105	4,523,821
Total assets	3,516,930,624	3,225,188,893
Liabilities		
Accounts payable and accrued expenses	1,881,042	1,989,489
Due to brokers for securities purchased	4,405,886	729,236
Total liabilities	6,286,928	2,718,725
Net assets available for benefits	$ 3,510,643,696	$ 3,222,470,168

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

Building Service 32BJ Pension Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2023 and 2022

	2023	2022
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 276,309,862	$ (301,740,418)
Interest and dividends	23,642,348	25,393,969
	299,952,210	(276,346,449)
Investment expenses	(6,555,096)	(6,519,463)
Net investment income (loss)	293,397,114	(282,865,912)
Employers' contributions	317,471,438	300,964,841
Withdrawal liability income	420,678	4,693,903
Interest income - employers	900,543	698,848
Liquidated damages - employers	4,815	6,220
Other income	89,860	48,349
Total additions	612,284,448	23,546,249
Deductions		
Benefits paid	304,927,295	300,325,572
Administrative expenses	19,183,625	16,288,198
Total deductions	324,110,920	316,613,770
Change in net assets available for benefits	288,173,528	(293,067,521)
Net assets available for benefits		
Beginning of year	3,222,470,168	3,515,537,689
End of year	$ 3,510,643,696	$ 3,222,470,168

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

Building Service 32BJ Pension Fund
Statement of Accumulated Plan Benefits
June 30, 2022

Vested benefits	
Participants currently receiving benefits	$ 2,375,844,654
Other vested benefits	2,029,545,204
Total vested benefits	4,405,389,858
Nonvested benefits	163,732,591
Total actuarial present value of accumulated plan benefits before administrative expenses	4,569,122,449
Actuarial present value of administrative expenses	247,800,000
Total actuarial present value of accumulated plan benefits	$ 4,816,922,449

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

Building Service 32BJ Pension Fund
Statement of Changes in Accumulated Plan Benefits
Year Ended June 30, 2022

Actuarial present value of accumulated plan benefits at the beginning of the year	$ 4,720,101,496
Increase (decrease) during the year attributable to	
Interest	322,906,886
Benefits accumulated, net experience gain or loss, changes in data	78,439,639
Benefits paid	(300,325,572)
Changes in present value of administrative expenses	(4,200,000)
Net increase	96,820,953
Actuarial present value of accumulated plan benefits at the end of the year	$ 4,816,922,449

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

1. PLAN DESCRIPTION AND FUNDING

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

General

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

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

Plan Benefits and Vesting

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

Plan Funding

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

Actuarial Certification of Funded Status
On September 28, 2021 and September 28, 2022, the Plan's independent actuary certified that for the Plan years beginning July 1, 2021 and 2022, the Plan was in "critical" status and "endangered" status, respectively, under the Pension Protection Act of 2006 ("PPA").

On March 25, 2009, the Trustees adopted a rehabilitation plan designed to improve the Plan's financial health consistent with requirements of the PPA and to allow it to emerge from critical status. Under the Rehabilitation Plan, one schedule (the Preferred Schedule) provides for an increase in employer contributions only, while another schedule (the Default Schedule) provides for an increase in employer contributions, reduces accrued benefits by eliminating the benefit improvement (increase in the accrual rate) that was implemented in 2008 and provides for a reduced accrual rate for future benefit accruals and reduces or eliminates the following benefits and benefit alternatives: (i) 36 months (or 12 months in Program B) payment guarantees, (ii) disability benefits (not yet in pay status), (iii) early retirement benefits, (iv) 12-month pre-retirement benefit guarantee for Program B and (v) 300 months or 25-year service credit pension payable at age 62.

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

On December 14, 2022, the Trustees adopted a funding improvement plan. The Funding Improvement Plan sets forth the actions to be taken by the Trustees, as well as the collective bargaining parties, to enable the Plan to achieve the applicable benchmarks by the end of the funding improvement period. After consulting with its actuary, the Trustees determined that, based on reasonably anticipated experience and reasonable actuarial assumptions, no changes to the current plan of benefits and/or increases in contributions were necessary in order for the Plan to achieve the "applicable benchmarks" by the end of its Funding Improvement Period. The schedule of contribution rates, which is both the default and alternate schedule, is set forth in the Funding Improvement Plan.

As of July 1, 2022 and 2021, the Plan's independent actuary certified that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan and funding improvement plan, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies followed by the Plan:

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

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

Cash Equivalents
Highly liquid investments with a maturity of three months or less, when acquired, are considered cash equivalents. Cash equivalents include shares in a money market fund.

Employers' Contributions Receivable
The Plan reports as employers' contributions receivable any contributions due that relate to work completed on or before June 30. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of June 30, 2023 and 2022, the allowance for uncollectible amounts was $0 and $0, respectively.

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

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

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

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

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

Recognition of Benefits
Benefits are recognized when paid.

Expenses
Expenses incurred in connection with the administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments and are not readily determinable. Benefits paid represent pension benefits paid to eligible participants or beneficiaries. Administrative expenses represent costs associated with the general operation of the Plan.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2023 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through February 29, 2024, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the valuations as of June 30, 2022 were as follows:

- Benefit Election: All participants are assumed to elect the 36-Month Benefit Guarantee form of payment (12-Month Guarantee for Program B and 60-Month Guarantee for Program D).
- Actuarial Cost Method - Unit credit actuarial cost method
- Net investment return – 7.50%
- Actuarial value of assets - Based on the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
- Postretirement mortality rates
    - Healthy - RP-2006 Blue-Collar Employee and Annuitant mortality tables (sex-specific) and projected forward generationally using scale MP-2017
    - Disabled - RP-2006 Disabled Annuitant mortality tables (sex-specific) and projected forward generationally using scale MP-2017
- Administrative expenses - $16,500,000 for the year beginning July 1, 2022
- Current liability interest rate - 2.27%

- Termination rates before retirement are as follows:

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

- Rates for retirement are as follows:

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

In developing the actuarial present value of accumulated plan benefits as of June 30, 2022, the following changes in actuarial assumptions were made from the assumptions used for the June 30, 2021 valuation:

- For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of Internal Revenue Code ("IRC") Section 431(c)(6)(E), and the mortality tables were changed in accordance with Internal Revenue Service ("IRS") Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of July 1, 2022. Had the valuation been performed as of June 30, 2022, there would be no material difference.

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

4. RISKS AND UNCERTAINTIES

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

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

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

Financial instruments that potentially subject the Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances regularly exceed the federally insured limit of $250,000 and $500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations and cash flows. The Plan has not experienced any losses on such federally insured accounts. Credit risk associated with accounts receivable is considered limited due to the historically high collection rate of receivables.

5. FAIR VALUE MEASUREMENTS

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. During the years ended June 30, 2023 and 2022, there were no transfers in or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodologies were not changed during the years ended June 30, 2023 and 2022.

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

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

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

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023 and 2022:

	2023			
	Level 1	**Level 2**	**Level 3**	**Total Fair Value**
Corporate stocks and REITs	$ 257,687,412	$ -	$ -	$ 257,687,412
U.S. government and agency obligations	4,357,671	4,294,733	-	8,652,404
Corporate and other bonds	-	99,303,112	-	99,303,112
Registered investment company	242,929,766	-	-	242,929,766
Short-term investments	-	17,760,424	-	17,760,424
Total investments in the fair value hierarchy	504,974,849	121,358,269	-	626,333,118
Investments measured at net asset value				2,819,264,123
Total recurring fair value measurements	$ 504,974,849	$ 121,358,269	$ -	$ 3,445,597,241

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

The following table sets forth a summary of the investments held by the Plan with a reported fair value based on net asset value as of June 30, 2023 and 2022:

	Fair Value		Unfunded Commitments		Redemption	Redemption
	2023	2022	2023	2022	Frequency	Notice Period
Collective investment funds						
Altrinsic International Equity Collective Fund CL D	$ 240,057,335	$ 208,631,724	$ -	$ -	Daily	None
CF Amalgamated Longview LargeCap 500 VEBA Index FD	507,001,109	461,487,615	-	-	Daily	1 day
MFB NT Collective S&P400 Index	81,625,287	69,407,374	-	-	Daily	None
MFB NT Collective Aggregate BD Index Fund Non Lending	280,172,269	277,363,849	-	-	Daily	None
MFB NT Collective Russell 2000 Index Fund Non Lending	66,674,631	59,370,667	-	-	Daily	None
SSGA Daily MSCI Emerging Markets Index Non Lending Fund	202,867,264	180,570,764	-	-	Daily	None
SSGA MSCI EAFE 100% Hedged to USD Index Non Lending Fund	150,500,426	123,660,214	-	-	Daily	None
SSGA Russell 1000 Value Index Non Lending Fund	122,990,640	110,243,389	-	-	Daily	None
SSGA Long U.S. Treasury Index	131,694,511	120,017,843	-	-	Daily	None
SSGA S&P Global LgeMidCap Natural Resources Index Non Lending Fund	61,663,717	81,280,486	-	-	Daily	None
GQG Partners International Equity CIT	241,463,523	216,988,176	-	-	Daily	15 days
Limited partnerships						
LSV Emerging Markets Equity Fund LP (a)	204,742,109	162,883,350	-	-	Monthly	1 week
IFM Global Infrastructure (US), LP (b)	128,690,478	117,430,175	35,000,000	-	Quarterly	90 days
ISQ Global Infrastructure Fund I (c)	34,731,618	36,321,968	3,065,827	3,492,900	*	*
ISQ Global Infrastructure Fund II (c)	52,247,258	52,623,121	7,943,922	12,134,868	*	*
ISQ Global Infrastructure Fund III (c)	14,663,399	3,170,275	35,842,206	46,066,475		
Hamilton Lane Capital Opportunities Fund LP (d)	-	77,548	-	5,530,540	*	*
Ironsides Direct Investment Fund IV LP (e)	15,530,843	27,364,567	2,846,922	4,944,412	*	*
Ironsides Partnership Fund IV LP (f)	71,467,540	79,818,738	28,691,715	29,241,956	*	*
Lexington Capital Partners VII LP (g)	5,664,633	8,010,169	7,692,233	7,783,235	*	*
Pomona Capital VIII (h)	4,674,735	6,280,938	10,020,152	10,020,152	*	*
Grain Communications Opportunity Fund II LP (i)	43,522,734	34,207,925	5,343,410	8,097,021	*	*
Grain Communications Opportunity Fund III LP (i)	15,225,622	9,460,141	7,294,244	13,597,791	*	*
Global Renewable Power Infrastructure Fund III (B), L.P. (j)	22,069,448	8,341,857	15,394,687	26,487,935	*	*
StepStone VC Global Partners X, L.P.(k)	32,451,881	29,243,885	18,500,000	23,500,000	*	*
KKR European V ASP Fund (l)	671,770	588,587	120,900	191,550	*	*
Primus High Yield Bond Fund LP (m)	35,473,512	32,403,701	-	-	Monthly	10 days
Global Infrastructure Partners IV-B Feeder Fund LP (n)	28,388,019	18,837,988	10,093,528	18,134,021	*	*
Strategic Partners VII ASP Fund (o)	375,706	431,355	229,903	269,053	*	*
Adams Street Partners (p)	7,901,265	-	241,375,000	-	*	*
Global Infrastructure Fund IV B, SCSP (q)	3,919,721	-	30,744,809	-	*	*
Registered investment companies						
AFL-CIO Housing Investment Trust (r)	10,141,120	10,372,410	-	-	Monthly	15 days
AFL-CIO Building Investment Trust (s)	-	997,235	-	-	Daily	1 Year
	$ 2,819,264,123	$ 2,547,888,034	$ 460,199,458	$ 209,491,909		

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

The objectives of the limited partnerships and registered investment companies are as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

p. This fund's strategy is to provide globally diversified primary partnerships with consistent investment sized to help mitigate blind pool risk by investing in a mix of established and spin-out funds, overweight in U.S. small and mid-sized buyout funds, and to co-invest exposure designed to capitalize on market dislocation.

q. This fund's objective is to achieve current income and long-term capital appreciation by investing substantially all of its investments in BlackRock Global Infrastructure Fund IV, which invests primarily in five infrastructure sectors that are essential to society and align to the structural trends of decarbonization, decentralization and digitalization.

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

s. The fund's primary objective is to generate competitive risk-adjusted returns by investing in real estate investments that have the potential to offer the Trust current cash return, long-term capital appreciation, or both.

6. DUE FROM WITHDRAWING EMPLOYERS

During the years ended June 30, 2023 and 2022, the Plan had receivables from withdrawing employers, which represent their share of the Plan's unfunded vested benefits as determined by the Plan's independent consulting actuary. At June 30, 2023 and 2022, management has deemed that all withdrawal liability amounts are fully collectible.

7. PROPERTY AND EQUIPMENT

At June 30, 2023 and 2022, property and equipment consisted of the following:

	2023	2022
Computer equipment and software	$ 10,772,952	$ 8,741,763
Building improvements	851,036	788,645
Office furniture and equipment	351,354	345,856
	11,975,342	9,876,264
Accumulated depreciation and amortization	(6,540,093)	(5,637,463)
Total property and equipment - net	$ 5,435,249	$ 4,238,801

Depreciation and amortization expense for the years ended June 30, 2023 and 2022, totaled $908,933 and $822,714, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office, payroll, certain computer equipment and software, and certain administrative expenses with affiliated funds and the Union. Shared expenses are allocated in proportion to the benefit derived by each entity based on an analysis of the related expenses. The Plan's share of allocated expenses totaled $15,479,736 and $13,492,917 for the years ended June 30, 2023 and 2022, respectively. The Plan pays building operating expenses under a space sharing arrangement with the Building Service 32BJ Health Fund (the "Health Fund"). The Plan's share of these expenses totaled $1,458,029 and $1,405,047 for the years ended June 30, 2023 and 2022, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

At June 30, 2023 and 2022, the Plan had the following amounts due from and due to affiliated entities:

	2023	2022
Due from affiliates		
Building Service 32BJ Health Fund	$ 775,805	$ 613,156
32BJ School Workers Pension Fund	16,142	619
32BJ North Benefit Funds	27,429	19,791
32BJ/Broadway League Pension Fund	3,031	78
32BJ Connecticut Pension Fund	5,442	-
Building Service 32BJ Supplemental Retirement Savings Plan	81	
Massachusetts Service Employees Pension Fund	11,185	233
	839,115	633,877
Due to affiliates		
Thomas Shortman Training, Scholarship and Safety Fund	4,159	-
	4,159	-
Due from affiliates - net	$ 834,956	$ 633,877

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

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

9. EMPLOYEE BENEFIT PLANS

Defined Benefit Plans

Certain employees of the Health Fund who are represented by the Office & Professional Employees International Union ("Local 153") under a collective bargaining agreement are covered under the Local 153 Pension Fund upon meeting the eligibility requirements. The pension benefit is based on age and years of service. Non-represented employees of the Health Fund are covered under the Plan upon meeting the eligibility requirements. Pension benefits are based on age and years of service. The Plan shares in the contributions to these defined benefit plans in proportion to the benefit derived by the Plan based on an analysis of the related expenses.

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

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

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

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

The Plan's allocable portion of contributions to these multiemployer pension plans for the years ended June 30, 2023 and 2022 is outlined in the table below: The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three digit plan number. The 2022 and 2021 Pension Protection Act ("PPA") zone status, for the years beginning July 1, 2022 and 2021 for the Building Service 32BJ Pension Fund and January 1, 2022 and 2021 for the Local 153 Pension Fund, is based on information reported on the Form 5500 for that year. Among other factors, plans in the red zone are generally less than 65% funded or projected to have a deficit in their funding standard account within four years, plans in the yellow zone are less than 80% funded and plans in the green zone are at least 80% funded. The "RP Implemented" column indicates whether a rehabilitation plan ("RP") has been implemented. The last column lists the expiration date of the collective bargaining agreement to which Plan contributions are subject.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status 2022	Pension Protection Act Zone Status 2021	RP Implemented	Contributions 2023	Contributions 2022	Surcharge Imposed	Expiration Date of Collective-Bargaining Agreement
Building Service 32BJ Pension Fund	13-1879376 #001	Yellow	Red	Yes	$ 278,020	$ 246,907	None	N/A
Local 153 Pension Fund	13-2864289 #001	Red	Red	Yes	199,602	175,119	None	2/20/2025
					$ 477,622	$ 422,026		

There were no changes that affect the comparability of the Plan's allocable portion of contributions for the years ended June 30, 2023 and 2022. The Plan's allocable portion of contributions was less than 5% of total Plan contributions to the Local 153 Pension Fund for the years ended December 31, 2022 and 2021 and the Plan for the years ended June 30, 2023 and 2022.

The Plan's allocable portion of contributions to the Health Fund totaled $1,823,165 and $1,578,685 in 2023 and 2022, respectively. The Health Fund provides health benefits to its participants.

Defined Contribution Plan

Employees of the Health Fund who meet eligibility requirements participate in the Building Service 32BJ Supplemental Retirement Savings Plan ("SRSP"), a defined contribution plan. Under the SRSP, employees may elect to have a portion of their compensation directed into the SRSP on a pre-tax basis. Contributions to SRSP are based on a fixed rate per week or a percentage of compensation in accordance with the employees' respective collective bargaining agreement or participation agreement. Employees are immediately vested in both their voluntary and employer contributions plus actual earnings and losses thereon.

The Plan's allocable portion of contributions to SRSP totaled $258,979 and $218,430 for the years ended June 30, 2023 and 2022, respectively, on behalf of covered employees of the Health Fund.

10. TAX STATUS

The Plan obtained its latest determination letter dated February 19, 2016, in which the IRS stated that the Plan, as then designed, was qualified under Section 401(a) of the IRC, and, therefore, the underlying trust was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan was qualified, and the underlying trust was exempt from income tax, as of the financial statement date. The Plan is subject to unrelated business income tax on earnings from its limited partnership investments. Management has determined that any income tax liability is insignificant for the years ended June 30, 2023 and 2022.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of June 30, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

11. PLAN TERMINATION

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

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

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

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

SUPPLEMENTARY INFORMATION

withum
ADVISORY TAX AUDIT

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

INDEPENDENT AUDITOR'S REPORT

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. We have audited the financial statements of the Building Service 32BJ Pension Fund as of and for the years ended June 30, 2023 and 2022, and our report thereon, dated February 29, 2024 contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule H, line 4i - schedule of assets (held at end of year) as of June 30, 2023 and schedule H, line 4j - schedule of reportable transactions for the year ended June 30, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing principles generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

February 29, 2024

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	U.S. GOVERNMENT AND AGENCY OBLIGATIONS							
	FHLMC POOL #G0-1823	BONDS	N/A	6.0000%	5/1/2035	1	$ -	$ 1
	FRESB 2019-SB61 MORTG SB61 A5H	BONDS	N/A	VAR RT	2/25/2039	198,555	203,449	194,691
	FHLMC POOL #G1-6597	BONDS	N/A	2.5000%	9/1/2028	38,178	38,432	36,212
	FHLMC POOL #G1-8472	BONDS	N/A	2.5000%	7/1/2028	83,404	88,942	78,924
	FHLMC POOL #E0-9010	BONDS	N/A	2.5000%	9/1/2027	9,020	9,083	8,595
	FHLMC POOL #E0-9012	BONDS	N/A	2.5000%	10/1/2027	35,133	36,618	33,457
	FHLMC MULTICLASS MTG K071 A2	BONDS	N/A	3.2860%	11/25/2027	305,000	310,909	288,455
	FNMA POOL #0AP7534	BONDS	N/A	2.5000%	9/1/2027	8,595	8,601	8,180
	FNMA POOL #0AQ8719	BONDS	N/A	2.5000%	12/1/2027	12,409	12,394	11,790
	FNMA POOL #0AT5836	BONDS	N/A	2.5000%	5/1/2028	30,975	30,811	29,329
	GNMA POOL #0780817	BONDS	N/A	7.5000%	6/15/2028	1,907	5,756	1,935
	GNMA GTD REMIC P/T 13-50 A	BONDS	N/A	1.5690%	5/16/2043	3,157	2,964	3,113
	GNMA GTD REMIC P/T 18-117 AB	BONDS	N/A	2.5000%	7/16/2046	6,147	6,177	6,061
	SBA GTD PARTN CTFS 2023-10A 1	BONDS	N/A	5.1680%	3/10/2033	710,000	710,000	703,319
	SBA GTD PARTN CTFS 2023-25E 1	BONDS	N/A	4.6200%	5/1/2048	463,000	463,000	457,244
	SBA GTD PARTN CTFS 2014-20K 1	BONDS	N/A	2.8000%	11/1/2034	78,637	78,637	72,064
	SBA GTD PARTN CTFS 2015-20J 1	BONDS	N/A	2.7200%	10/1/2035	284,577	284,569	260,094
	U S TREASURY NOTE	BONDS	N/A	2.7500%	8/15/2032	2,700,000	2,499,998	2,475,246
	U S TREASURY NOTE	BONDS	N/A	3.5000%	1/31/2028	591,000	586,774	573,893
	U S TREASURY NOTE	BONDS	N/A	3.3750%	5/15/2033	797,000	766,988	768,607
	U S TREASURY NOTE	BONDS	N/A	3.6250%	5/31/2028	552,000	544,654	539,925
	CHICAGO IL O'HARE INTERNATIONA	OTHER	N/A	2.1660%	01/01/2028	255,000	255,000	226,797
	CHICAGO IL TRANSIT AUTH SALES	OTHER	N/A	2.0640%	12/01/2024	295,000	295,000	280,610
	HOUSTON TX ARPT SYS REVENUE	OTHER	N/A	2.0850%	07/01/2028	280,000	280,000	245,960
	MICHIGAN ST FIN AUTH REVENUE	OTHER	N/A	3.0840%	12/01/2034	265,000	268,541	228,160
	NEW YORK ST URBAN DEV CORP REV	OTHER	N/A	5.7700%	03/15/2039	400,000	482,828	418,460
	OREGON ST SCH BRDS ASSN SHORT-	OTHER	N/A	5.5500%	06/30/2028	695,000	843,495	701,282
							20,506,830	8,652,404
	CORPORATE BONDS - PREFERRED							
	ADVENTIST HEALTH SYSTEM/WEST	CORPORATE BONDS	N/A	2.4330%	9/1/2024	250,000	254,288	240,361
	AIRCASTLE LTD	CORPORATE BONDS	N/A	4.4000%	9/25/2023	239,000	238,596	237,780
	ALIGNED DATA CENTER 1A A2 144A	CORPORATE BONDS	N/A	1.9370%	8/15/2046	352,000	352,000	307,782
	AMERICAN EXPRESS CO	CORPORATE BONDS	N/A	VAR RT	5/1/2034	369,000	369,000	360,927
	ANGLO AMERICAN CAPITAL PL 144A	CORPORATE BONDS	N/A	4.7500%	4/10/2027	415,000	476,930	401,072
	ANHEUSER-BUSCH INBEV WORLDWIDE	CORPORATE BONDS	N/A	4.7500%	1/23/2029	908,000	1,062,226	904,056
	APOLLO MANAGEMENT HOLDING 144A	CORPORATE BONDS	N/A	4.0000%	5/30/2024	463,000	462,126	452,609

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	ASCENSION HEALTH	CORPORATE BONDS	N/A	2.5320%	11/15/2029	580,000	578,905	498,789
	AT&T INC	CORPORATE BONDS	N/A	2.3000%	6/1/2027	501,000	500,259	450,580
	BANK 2018-BNK10 BN10 A5	CORPORATE BONDS	N/A	3.6880%	2/15/2061	562,000	541,869	518,284
	BANK 2020-BNK26 BN26 A2	CORPORATE BONDS	N/A	2.0410%	3/15/2063	270,000	272,688	236,812
	BANK 2020-BNK30 BN30 A4	CORPORATE BONDS	N/A	1.9250%	12/15/2053	269,000	277,065	207,052
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	1/23/2026	90,000	89,803	86,230
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	12/20/2028	351,000	394,132	321,875
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	7/23/2029	600,000	600,000	569,276
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	4/23/2027	164,000	180,308	155,484
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	7/22/2027	417,000	417,000	372,283
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	10/20/2032	733,000	733,000	597,029
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	7/22/2028	338,000	338,000	331,928
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	11/10/2028	452,000	452,000	464,588
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	4/25/2034	295,000	295,000	292,258
	BANK OF MONTREAL	CORPORATE BONDS	N/A	1.2500%	9/15/2026	331,000	330,441	291,804
	BANK OF NEW YORK MELLON CORP/T	CORPORATE BONDS	N/A	VAR RT	4/26/2034	206,000	206,000	201,175
	BENCHMARK 2020-B17 MORT B17 A2	CORPORATE BONDS	N/A	2.2110%	3/15/2053	235,000	242,050	218,507
	BENCHMARK 2020-B20 MORT B20 A2	CORPORATE BONDS	N/A	1.7500%	10/15/2053	313,000	322,390	284,935
	BENCHMARK 2020-IG3 IG3 A4 144A	CORPORATE BONDS	N/A	2.4370%	9/15/2048	500,000	522,383	411,769
	BERKSHIRE HATHAWAY ENERGY CO	CORPORATE BONDS	N/A	3.7500%	11/15/2023	95,000	97,296	94,251
	BHP BILLITON FINANCE USA LTD	CORPORATE BONDS	N/A	6.4200%	3/1/2026	60,000	68,106	61,543
	BLACKSTONE HOLDINGS FINAN 144A	CORPORATE BONDS	N/A	2.5000%	1/10/2030	400,000	394,936	330,107
	BMW US CAPITAL LLC 144A	CORPORATE BONDS	N/A	3.4500%	4/1/2027	388,000	387,593	367,975
	BP CAPITAL MARKETS AMERICA INC	CORPORATE BONDS	N/A	2.7210%	1/12/2032	417,000	417,000	354,056
	BROOKFIELD FINANCE INC	CORPORATE BONDS	N/A	2.7240%	4/15/2031	200,000	200,000	163,780
	BX COMMERCIAL MORTGA XL A 144A	CORPORATE BONDS	N/A	VAR RT	10/15/2036	740,279	740,510	735,674
	CAMERON LNG LLC 144A	CORPORATE BONDS	N/A	2.9020%	7/15/2031	192,000	192,000	165,336
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	3.1250%	6/1/2026	230,000	218,790	215,174
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	3.9000%	1/29/2024	441,000	440,047	435,584
	CBRE SERVICES INC	CORPORATE BONDS	N/A	5.9500%	8/15/2034	292,000	286,668	288,328
	CF HIPPOLYTA ISSUER 1 A1 144A	CORPORATE BONDS	N/A	1.6900%	7/15/2060	166,399	168,290	149,325
	CF HIPPOLYTA ISSUER 1A A1 144A	CORPORATE BONDS	N/A	1.5300%	3/15/2061	146,079	146,052	126,558
	CIGNA GROUP/THE	CORPORATE BONDS	N/A	4.1250%	11/15/2025	193,000	192,840	187,886
	CIGNA GROUP/THE	CORPORATE BONDS	N/A	3.4000%	3/1/2027	363,000	374,645	341,957
	CITIGROUP INC	CORPORATE BONDS	N/A	3.4000%	5/1/2026	764,000	741,983	726,575
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	4/24/2025	120,000	120,000	117,308
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	1/25/2026	808,000	808,000	759,030
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	5/25/2034	436,000	436,000	439,799

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	COMM 2015-CCRE26 MORTG CR26 A4	CORPORATE BONDS	N/A	3.6300%	10/10/2048	350,000	390,018	330,283
	COMM 2015-CCRE27 MORTG CR27 A4	CORPORATE BONDS	N/A	3.6120%	10/10/2048	293,000	328,068	276,169
	COMMONSPIRIT HEALTH	CORPORATE BONDS	N/A	3.3470%	10/1/2029	305,000	270,187	268,324
	DELTA AIR LINES 2019-1 CLASS A	CORPORATE BONDS	N/A	3.4040%	10/25/2025	230,000	240,076	224,060
	DELTA AIR LINES 2020-1 CLASS A	CORPORATE BONDS	N/A	2.0000%	12/10/2029	365,996	365,815	322,197
	DLLAA 2021-1 LLC 1A A3 144A	CORPORATE BONDS	N/A	0.6700%	4/17/2026	244,222	244,186	234,474
	DTE ENERGY CO	CORPORATE BONDS	N/A	4.8750%	6/1/2028	226,000	225,882	221,058
	EXXON MOBIL CORP	CORPORATE BONDS	N/A	2.6100%	10/15/2030	481,000	481,000	422,287
	F&G GLOBAL FUNDING 144A	CORPORATE BONDS	N/A	2.3000%	4/11/2027	352,000	351,602	310,976
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.6500%	4/20/2032	305,000	303,411	287,626
	FORD CREDIT FLOORPLAN MAST 4 A	CORPORATE BONDS	N/A	2.4400%	9/15/2026	245,000	246,416	235,184
	FOUNDRY JV HOLDCO LLC 144A	CORPORATE BONDS	N/A	5.8750%	1/25/2034	213,000	210,365	212,158
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	2.4000%	10/15/2028	370,000	302,394	313,278
	GENPACT LUXEMBOURG SARL/GENPAC	CORPORATE BONDS	N/A	1.7500%	4/10/2026	406,000	405,472	363,644
	GLOBAL ATLANTIC FIN CO 144A	CORPORATE BONDS	N/A	3.1250%	6/15/2031	162,000	161,697	121,960
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	5/1/2029	347,000	345,891	327,738
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	12/9/2026	787,000	787,000	701,324
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	2/24/2033	586,000	586,000	495,025
	GS MORTGAGE SECURITIES GC14 A5	CORPORATE BONDS	N/A	4.2430%	8/10/2046	775,818	805,608	774,476
	GS MORTGAGE-BACKED PJ4 A2 144A	CORPORATE BONDS	N/A	VAR RT	1/25/2051	95,345	98,250	80,683
	GS MORTGAGE-BACKED PJ4 A8 144A	CORPORATE BONDS	N/A	VAR RT	9/25/2051	408,377	419,735	349,341
	HOME PARTNERS OF AMER 1 A 144A	CORPORATE BONDS	N/A	3.9300%	4/17/2039	863,838	835,512	807,400
	ITE RAIL FUND LEVERE 3A A 144A	CORPORATE BONDS	N/A	2.2100%	6/28/2051	378,365	378,218	325,991
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	1/23/2029	1,751,000	1,703,604	1,618,584
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	1/25/2033	731,000	731,000	615,804
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	7/25/2033	322,000	322,000	314,650
	KKR GROUP FINANCE CO VI L 144A	CORPORATE BONDS	N/A	3.7500%	7/1/2029	512,000	510,879	455,681
	LOWE'S COS INC	CORPORATE BONDS	N/A	3.1000%	5/3/2027	267,000	268,290	249,280
	LUBRIZOL CORP/THE	CORPORATE BONDS	N/A	7.2500%	6/15/2025	60,000	75,669	61,776
	LUBRIZOL CORP/THE	CORPORATE BONDS	N/A	6.5000%	10/1/2034	227,000	319,791	264,535
	METROPOLITAN LIFE INSURAN 144A	CORPORATE BONDS	N/A	7.8000%	11/1/2025	435,000	520,138	447,928
	MITSUBISHI UFJ FINANCIAL GROUP	CORPORATE BONDS	N/A	VAR RT	1/19/2028	700,000	700,000	626,078
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	7/21/2032	689,000	547,648	547,608
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	1/21/2033	259,000	259,000	215,288
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	5/4/2027	1,889,000	1,889,000	1,691,067
	MORGAN STANLEY BANK OF C22 A4	CORPORATE BONDS	N/A	3.3060%	4/15/2048	404,000	442,506	383,165
	MORGAN STANLEY BANK OF C24 A4	CORPORATE BONDS	N/A	3.7320%	5/15/2048	257,000	286,635	243,920
	MORGAN STANLEY CAPITAL HR8 A4	CORPORATE BONDS	N/A	2.0410%	7/15/2053	212,000	218,346	169,604
	NATIONAL RURAL UTILITIES COOPE	CORPORATE BONDS	N/A	VAR RT	4/30/2043	147,000	147,000	142,531

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	OAK STREET INVESTME 1A A1 144A	CORPORATE BONDS	N/A	1.8500%	11/20/2050	519,492	522,870	461,098
	OAK STREET INVESTME 1A A2 144A	CORPORATE BONDS	N/A	1.9300%	1/20/2051	494,689	505,355	404,365
	OAKTREE SPECIALTY LENDING CORP	CORPORATE BONDS	N/A	2.7000%	1/15/2027	137,000	136,616	118,194
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	3.9500%	3/10/2025	294,000	292,859	282,563
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.0000%	7/15/2025	248,000	247,196	237,223
	PHILLIPS 66	CORPORATE BONDS	N/A	3.8500%	4/9/2025	480,000	535,843	466,652
	PNC FINANCIAL SERVICES GROUP I	CORPORATE BONDS	N/A	2.5500%	1/22/2030	60,000	60,254	50,405
	PRINCIPAL FINANCIAL GROUP INC	CORPORATE BONDS	N/A	3.7000%	5/15/2029	245,000	244,025	224,804
	PROGRESS RESIDENTI SFR6 A 144A	CORPORATE BONDS	N/A	1.5240%	7/17/2038	472,951	472,943	415,145
	PROGRESS RESIDENTI SFR9 A 144A	CORPORATE BONDS	N/A	2.0130%	11/17/2040	131,367	131,365	109,795
	PROVIDENCE ST JOSEPH HEALTH OB	CORPORATE BONDS	N/A	2.5320%	10/1/2029	412,000	411,801	346,859
	PRUDENTIAL FUNDING ASIA PLC	CORPORATE BONDS	N/A	3.1250%	4/14/2030	172,000	170,380	150,965
	PSMC 2021-2 TRUST 2 A3 144A	CORPORATE BONDS	N/A	VAR RT	5/25/2051	240,258	247,315	207,728
	RELX CAPITAL INC	CORPORATE BONDS	N/A	4.0000%	3/18/2029	287,000	283,668	273,636
	ROGERS COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	3.8000%	3/15/2032	374,000	373,166	326,922
	SCENTRE GROUP TRUST 1 / S 144A	CORPORATE BONDS	N/A	3.6250%	1/28/2026	126,000	125,233	119,458
	SOUTHERN CO/THE	CORPORATE BONDS	N/A	5.2000%	6/15/2033	441,000	438,738	437,410
	STATE STREET CORP	CORPORATE BONDS	N/A	VAR RT	2/7/2028	355,000	355,000	320,206
	TOYOTA MOTOR CREDIT CORP	CORPORATE BONDS	N/A	3.3750%	4/1/2030	436,000	435,708	401,009
	TRANSURBAN FINANCE CO PTY 144A	CORPORATE BONDS	N/A	3.3750%	3/22/2027	285,000	282,931	264,129
	TRICON AMERICAN HO SFR1 A 144A	CORPORATE BONDS	N/A	1.4990%	7/17/2038	735,282	735,281	649,214
	TRICON AMERICAN HO SFR2 A 144A	CORPORATE BONDS	N/A	1.4820%	11/17/2039	292,393	292,385	246,421
	TRP 2021 LLC 1 A 144A	CORPORATE BONDS	N/A	2.0700%	6/19/2051	114,161	114,137	97,624
	TRUIST FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	10/28/2033	308,000	313,156	312,566
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	VAR RT	8/10/2027	370,000	370,000	317,768
	UNITED AIRLINES 2014-1 CLASS A	CORPORATE BONDS	N/A	4.0000%	10/11/2027	140,452	140,452	132,073
	UNITED AIRLINES 2016-1 CLASS A	CORPORATE BONDS	N/A	3.1000%	1/7/2030	78,077	79,096	70,562
	US BANCORP	CORPORATE BONDS	N/A	VAR RT	10/21/2033	170,000	168,581	170,226
	US BANCORP	CORPORATE BONDS	N/A	VAR RT	2/1/2034	445,000	435,544	415,642
	VENTAS REALTY LP	CORPORATE BONDS	N/A	N/A	N/A	278,000	301,007	254,520
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	2.8500%	9/26/2024	300,000	302,172	289,214
	WALMART INC	CORPORATE BONDS	N/A	4.1000%	4/15/2033	438,000	438,000	425,271
	WELLS FARGO & CO	CORPORATE BONDS	N/A	3.0000%	10/23/2026	1,048,000	1,040,494	972,820
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	4/24/2034	328,000	328,000	325,905
	WESTINGHOUSE AIR BRAKE TECHNOL	CORPORATE BONDS	N/A	3.2000%	6/15/2025	370,000	379,753	351,182
	WFRBS COMMERCIAL MORTG LC14 A5	CORPORATE BONDS	N/A	4.0450%	3/15/2047	271,000	265,866	267,052
	WORKDAY INC	CORPORATE BONDS	N/A	3.8000%	4/1/2032	373,000	372,261	335,802
							47,012,975	42,781,074

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	CORPORATE BONDS - ALL OTHER							
	ABBVIE INC	CORPORATE BONDS	N/A	4.2500%	11/14/2028	387,000	383,691	375,375
	AERCAP IRELAND CAPITAL DAC / A	CORPORATE BONDS	N/A	1.6500%	10/29/2024	511,000	510,377	480,191
	AGREE LP	CORPORATE BONDS	N/A	2.9000%	10/1/2030	270,000	269,803	224,946
	AIA GROUP LTD 144A	CORPORATE BONDS	N/A	5.6250%	10/25/2027	448,000	445,939	458,975
	AIR LEASE CORP	CORPORATE BONDS	N/A	3.0000%	9/15/2023	154,000	144,842	153,068
	AKER BP ASA 144A	CORPORATE BONDS	N/A	2.0000%	7/15/2026	236,000	235,592	211,949
	AMCOR FLEXIBLES NORTH AMERICA	CORPORATE BONDS	N/A	4.0000%	5/17/2025	367,000	366,908	354,553
	AMEREN CORP	CORPORATE BONDS	N/A	2.5000%	9/15/2024	300,000	299,901	287,475
	AMERICAN ELECTRIC POWER CO INC	CORPORATE BONDS	N/A	5.6990%	8/15/2025	436,000	434,047	433,053
	AMPHENOL CORP	CORPORATE BONDS	N/A	2.8000%	2/15/2030	255,000	245,323	223,296
	AMSR 2021-SFR3 TRU SFR3 A 144A	CORPORATE BONDS	N/A	1.4760%	10/17/2038	293,000	292,998	255,529
	ANTARES HOLDINGS LP 144A	CORPORATE BONDS	N/A	3.7500%	7/15/2027	363,000	359,392	303,697
	APTIV PLC / APTIV CORP	CORPORATE BONDS	N/A	3.2500%	3/1/2032	290,000	288,840	248,286
	ASHTEAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.5500%	5/30/2033	200,000	199,534	194,957
	ASHTEAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.5000%	8/11/2032	200,000	198,018	193,373
	AT&T INC	CORPORATE BONDS	N/A	2.2500%	2/1/2032	483,000	482,126	383,647
	AUTOZONE INC	CORPORATE BONDS	N/A	3.7500%	6/1/2027	399,000	398,980	379,701
	BAE SYSTEMS FINANCE INC 144A	CORPORATE BONDS	N/A	7.5000%	7/1/2027	300,000	378,261	320,572
	BAE SYSTEMS HOLDINGS INC 144A	CORPORATE BONDS	N/A	3.8000%	10/7/2024	395,000	391,904	384,498
	BAE SYSTEMS PLC 144A	CORPORATE BONDS	N/A	1.9000%	2/15/2031	208,000	206,403	167,005
	BARINGS BDC INC	CORPORATE BONDS	N/A	3.3000%	11/23/2026	337,000	334,301	293,574
	BLACKROCK TCP CAPITAL CORP	CORPORATE BONDS	N/A	2.8500%	2/9/2026	215,000	214,127	193,248
	BLUE CROSS AND BLUE SHIEL 144A	CORPORATE BONDS	N/A	3.7900%	5/1/2025	269,000	268,976	255,177
	BLUE OWL CAPITAL CORP	CORPORATE BONDS	N/A	2.8750%	6/11/2028	323,000	319,783	263,184
	BLUE OWL CREDIT INCOME CORP	CORPORATE BONDS	N/A	4.7000%	2/8/2027	339,000	338,461	307,616
	BLUE OWL FINANCE LLC 144A	CORPORATE BONDS	N/A	3.1250%	6/10/2031	380,000	375,174	289,137
	BOEING CO/THE	CORPORATE BONDS	N/A	5.1500%	5/1/2030	364,000	364,000	360,487
	BOEING CO/THE	CORPORATE BONDS	N/A	2.1960%	2/4/2026	331,000	301,581	303,795
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	2.7500%	10/1/2026	292,000	289,871	257,805
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	6.7500%	12/1/2027	214,000	225,349	216,420
	BROADCOM INC	CORPORATE BONDS	N/A	4.3000%	11/15/2032	485,000	454,526	444,881
	BROADCOM INC 144A	CORPORATE BONDS	N/A	4.0000%	4/15/2029	532,000	531,739	491,357
	BROWN & BROWN INC	CORPORATE BONDS	N/A	2.3750%	3/15/2031	304,000	303,666	245,044
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	2.0500%	3/5/2030	245,000	244,515	205,516
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	2.8750%	11/15/2029	177,000	159,496	156,261
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	3.3000%	10/30/2024	175,000	174,491	168,144
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	5/10/2028	37,000	36,744	35,106
	CARLISLE COS INC	CORPORATE BONDS	N/A	2.7500%	3/1/2030	516,000	445,071	439,848

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	CHARLES SCHWAB CORP/THE	CORPORATE BONDS	N/A	VAR RT	5/19/2034	380,000	380,000	385,657
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	4.9080%	7/23/2025	917,000	998,133	899,253
	CHENIERE CORPUS CHRISTI HOLDIN	CORPORATE BONDS	N/A	5.1250%	6/30/2027	190,000	207,769	186,781
	CITIGROUP INC	CORPORATE BONDS	N/A	4.6000%	3/9/2026	265,000	264,475	256,559
	CMS ENERGY CORP	CORPORATE BONDS	N/A	3.8750%	3/1/2024	160,000	172,550	157,720
	CMS ENERGY CORP	CORPORATE BONDS	N/A	3.4500%	8/15/2027	429,000	428,361	401,000
	CMS ENERGY CORP	CORPORATE BONDS	N/A	VAR RT	6/1/2050	250,000	216,250	214,933
	COOPERATIEVE RABOBANK UA	CORPORATE BONDS	N/A	3.7500%	7/21/2026	364,000	362,347	339,837
	COREBRIDGE FINANCIAL INC	CORPORATE BONDS	N/A	3.6500%	4/5/2027	332,000	331,535	309,947
	COX COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	5.7000%	6/15/2033	296,000	295,624	298,531
	CROWN CASTLE INC	CORPORATE BONDS	N/A	2.9000%	3/15/2027	321,000	320,223	293,733
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	5.8800%	1/10/2028	165,665	190,929	162,354
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	6.0360%	12/10/2028	132,654	152,147	131,561
	CVS PASS-THROUGH TRUST 144A	CORPORATE BONDS	N/A	5.7730%	1/10/2033	315,416	371,738	303,467
	DB MASTER FINANCE 1A A2II 144A	CORPORATE BONDS	N/A	4.0300%	11/20/2047	236,875	224,254	216,483
	DELTA AIR LINES 2015-1 CLASS A	CORPORATE BONDS	N/A	3.8750%	1/30/2029	119,862	119,862	108,161
	DIAMOND INFRASTRUCTU 1A A 144A	CORPORATE BONDS	N/A	1.7600%	4/15/2049	228,000	228,000	195,726
	DOMINO'S PIZZA MA 1A A2II 144A	CORPORATE BONDS	N/A	3.1510%	4/25/2051	183,260	185,434	150,754
	DOW CHEMICAL CO/THE	CORPORATE BONDS	N/A	4.5500%	11/30/2025	43,000	42,957	41,900
	DTE ENERGY CO	CORPORATE BONDS	N/A	STEP	10/01/2024	255,000	271,570	244,165
	DTE ENERGY CO	CORPORATE BONDS	N/A	1.0500%	6/1/2025	378,000	377,543	346,221
	DUKE ENERGY CORP	CORPORATE BONDS	N/A	4.5000%	8/15/2032	540,000	507,670	509,105
	DUKE ENERGY FLORIDA LLC	CORPORATE BONDS	N/A	3.8000%	7/15/2028	128,000	130,108	121,800
	EASTERN ENERGY GAS HOLDINGS LL	CORPORATE BONDS	N/A	2.5000%	11/15/2024	410,000	409,734	391,557
	ELEMENT FLEET MANAGEMENT 144A	CORPORATE BONDS	N/A	6.2710%	6/26/2026	330,000	330,000	328,845
	ENERGY TRANSFER LP	CORPORATE BONDS	N/A	4.5000%	4/15/2024	406,000	406,501	401,333
	ERAC USA FINANCE LLC 144A	CORPORATE BONDS	N/A	3.8500%	11/15/2024	243,000	241,433	236,666
	EVERSOURCE ENERGY	CORPORATE BONDS	N/A	0.8000%	8/15/2025	390,000	389,275	351,172
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.5000%	10/24/2028	292,000	290,978	279,790
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	3.2500%	6/2/2030	400,000	417,988	347,096
	FIRSTKEY HOMES 202 SFR1 A 144A	CORPORATE BONDS	N/A	1.3390%	8/17/2037	633,015	606,474	574,497
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	1.0500%	3/8/2024	474,000	473,782	458,363
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	4.3000%	4/6/2029	1,009,000	1,007,194	925,964
	GENPACT LUXEMBOURG SARL	CORPORATE BONDS	N/A	3.3750%	12/1/2024	410,000	409,902	395,167
	GENUINE PARTS CO	CORPORATE BONDS	N/A	2.7500%	2/1/2032	348,000	343,859	285,555
	GLENCORE FUNDING LLC 144A	CORPORATE BONDS	N/A	1.6250%	4/27/2026	509,000	508,466	458,921
	GOLDENTREE LOAN MAN 10A A 144A	CORPORATE BONDS	N/A	VAR RT	7/20/2034	366,000	366,000	357,531
	GOLUB CAPITAL BDC INC	CORPORATE BONDS	N/A	2.5000%	8/24/2026	180,000	179,458	155,664
	GS MORTGAGE SECURITIES GC30 A3	CORPORATE BONDS	N/A	3.1190%	5/10/2050	485,110	518,196	459,030
	GS MORTGAGE-BACK INV1 A14 144A	CORPORATE BONDS	N/A	VAR RT	10/25/2050	89,367	92,146	75,037

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	HEALTHPEAK OP LLC	CORPORATE BONDS	N/A	3.2500%	7/15/2026	222,000	228,746	206,748
	HERCULES CAPITAL INC	CORPORATE BONDS	N/A	3.3750%	1/20/2027	575,000	570,872	498,099
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR RT	11/22/2027	328,000	328,000	291,038
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR RT	11/3/2033	200,000	200,000	222,022
	HYUNDAI CAPITAL AMERICA 144A	CORPORATE BONDS	N/A	5.8750%	4/7/2025	356,000	355,712	355,804
	IDEX CORP	CORPORATE BONDS	N/A	3.0000%	5/1/2030	530,000	529,046	464,592
	INFOR INC 144A	CORPORATE BONDS	N/A	1.7500%	7/15/2025	106,000	105,875	96,783
	ING GROEP NV	CORPORATE BONDS	N/A	4.1000%	10/2/2023	353,000	352,922	351,374
	JETBLUE 2019-1 CLASS A PASS TH	CORPORATE BONDS	N/A	2.9500%	11/15/2029	210,373	210,373	178,539
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	11/8/2032	299,000	299,000	244,978
	KINDER MORGAN ENERGY PARTNERS	CORPORATE BONDS	N/A	4.1500%	2/1/2024	118,000	117,653	116,843
	KINDER MORGAN INC 144A	CORPORATE BONDS	N/A	5.6250%	11/15/2023	372,000	412,958	371,775
	LEIDOS INC	CORPORATE BONDS	N/A	5.7500%	3/15/2033	345,000	342,575	342,738
	LIBERTY MUTUAL GROUP INC 144A	CORPORATE BONDS	N/A	4.5690%	2/1/2029	735,000	815,063	693,154
	LINCOLN NATIONAL CORP	CORPORATE BONDS	N/A	3.4000%	1/15/2031	630,000	695,797	531,603
	LKQ CORP 144A	CORPORATE BONDS	N/A	5.7500%	6/15/2028	275,000	274,286	274,106
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	VAR RT	2/5/2026	300,000	300,874	282,440
	LOWE'S COS INC	CORPORATE BONDS	N/A	1.7000%	9/15/2028	270,000	269,398	228,851
	MACQUARIE GROUP LTD 144A	CORPORATE BONDS	N/A	VAR RT	1/12/2027	858,000	858,000	763,711
	MACQUARIE GROUP LTD 144A	CORPORATE BONDS	N/A	6.2070%	11/22/2024	367,000	367,000	366,547
	MACY'S RETAIL HOLDINGS LL 144A	CORPORATE BONDS	N/A	5.8750%	3/15/2030	332,000	336,480	295,849
	MCDONALD'S CORP	CORPORATE BONDS	N/A	3.6000%	7/1/2030	182,000	180,664	169,322
	MCKESSON CORP	CORPORATE BONDS	N/A	0.9000%	12/3/2025	328,000	327,872	293,934
	MICROCHIP TECHNOLOGY INC	CORPORATE BONDS	N/A	2.6700%	9/1/2023	285,000	285,000	283,825
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	4/21/2034	273,000	273,000	269,573
	NATIONAL GRID PLC	CORPORATE BONDS	N/A	5.8090%	6/12/2033	273,000	273,000	277,802
	NATIONAL RURAL UTILITIES COOPE	CORPORATE BONDS	N/A	VAR RT	9/15/2053	182,000	182,000	182,339
	NEW YORK AND PRESBYTERIAN HOSP	CORPORATE BONDS	N/A	1.6510%	8/1/2030	410,000	410,000	326,986
	NIAGARA MOHAWK POWER CORP 144A	CORPORATE BONDS	N/A	1.9600%	6/27/2030	420,000	429,593	335,594
	NISOURCE INC	CORPORATE BONDS	N/A	0.9500%	8/15/2025	629,000	627,440	573,607
	NORFOLK SOUTHERN CORP	CORPORATE BONDS	N/A	3.8000%	8/1/2028	280,000	289,237	264,776
	NXP BV / NXP FUNDING LLC	CORPORATE BONDS	N/A	4.8750%	3/1/2024	276,000	275,920	274,024
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	3.1500%	5/1/2027	143,000	142,715	131,298
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	5.0000%	1/15/2033	502,000	498,462	482,026
	OCCIDENTAL PETROLEUM CORP	CORPORATE BONDS	N/A	0.0000%	10/10/2036	1,000,000	553,720	530,994
	ORACLE CORP	CORPORATE BONDS	N/A	2.9500%	4/1/2030	183,000	163,618	159,734
	ORACLE CORP	CORPORATE BONDS	N/A	1.6500%	3/25/2026	411,000	410,803	373,004
	ORACLE CORP	CORPORATE BONDS	N/A	6.1500%	11/9/2029	484,000	483,540	504,119
	O'REILLY AUTOMOTIVE INC	CORPORATE BONDS	N/A	4.2000%	4/1/2030	122,000	121,950	115,188
	OVINTIV INC	CORPORATE BONDS	N/A	5.6500%	5/15/2028	384,000	383,896	376,386

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	PARAMOUNT GLOBAL	CORPORATE BONDS	N/A	4.0000%	1/15/2026	269,000	280,511	256,056
	PARKER-HANNIFIN CORP	CORPORATE BONDS	N/A	4.2500%	9/15/2027	509,000	507,921	493,515
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	3.4500%	7/1/2024	435,000	434,355	423,734
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.4000%	7/1/2027	325,000	324,100	306,752
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	5.7000%	2/1/2028	332,000	331,309	327,623
	PENTAIR FINANCE SARL	CORPORATE BONDS	N/A	5.9000%	7/15/2032	350,000	342,346	352,969
	PHILLIPS 66 CO	CORPORATE BONDS	N/A	3.6050%	2/15/2025	569,000	566,434	549,010
	PSMC 2020-2 TRUST 2 A2 144A	CORPORATE BONDS	N/A	VAR RT	5/25/2050	64,617	66,374	56,220
	PUBLIC SERVICE ENTERPRISE GROU	CORPORATE BONDS	N/A	0.8000%	8/15/2025	539,000	537,787	487,393
	REGAL REXNORD CORP 144A	CORPORATE BONDS	N/A	6.0500%	2/15/2026	698,000	697,016	698,886
	ROPER TECHNOLOGIES INC	CORPORATE BONDS	N/A	1.0000%	9/15/2025	470,000	469,380	427,339
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	3.8750%	12/1/2023	700,000	760,004	694,033
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	3.6500%	3/18/2024	320,000	319,699	314,670
	SABEY DATA CENTER IS 1 A2 144A	CORPORATE BONDS	N/A	3.8120%	4/20/2045	356,000	353,512	336,409
	SAN DIEGO GAS & ELECTRIC CO	CORPORATE BONDS	N/A	1.7000%	10/1/2030	300,000	299,478	239,942
	SBA TOWER TRUST 144A	CORPORATE BONDS	N/A	6.5990%	1/15/2028	283,000	283,000	287,569
	SBL HOLDINGS INC 144A	CORPORATE BONDS	N/A	5.0000%	2/18/2031	466,000	461,158	360,883
	SEALED AIR CORP 144A	CORPORATE BONDS	N/A	1.5730%	10/15/2026	295,000	295,000	256,640
	SEASONED CREDIT RISK TRAN 2 MA	CORPORATE BONDS	N/A	3.5000%	8/25/2058	171,696	187,523	160,332
	SEASONED CREDIT RISK TRAN 4 MA	CORPORATE BONDS	N/A	3.5000%	3/25/2058	540,455	558,101	506,800
	SEASONED CREDIT RISK TRAN 4 MA	CORPORATE BONDS	N/A	3.0000%	2/25/2059	241,095	257,330	219,966
	SERVPRO MASTER ISSU 1A A2 144A	CORPORATE BONDS	N/A	2.3940%	4/25/2051	225,400	225,400	185,057
	SILGAN HOLDINGS INC 144A	CORPORATE BONDS	N/A	1.4000%	4/1/2026	147,000	146,919	129,868
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	3.3000%	1/15/2026	355,000	381,717	337,729
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	3.3750%	6/15/2027	429,000	424,229	398,951
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	5.5000%	3/8/2033	493,000	487,631	489,489
	SPIRIT AIRLINES PASS THROUGH T	CORPORATE BONDS	N/A	4.4500%	10/1/2025	147,194	147,994	143,629
	STATE STREET CORP	CORPORATE BONDS	N/A	VAR RT	5/18/2034	282,000	282,000	280,313
	STORE MASTER FUNDIN 1A A2 144A	CORPORATE BONDS	N/A	4.1700%	4/20/2045	148,671	148,593	139,580
	TACO BELL FUNDING 1A A2II 144A	CORPORATE BONDS	N/A	2.2940%	8/25/2051	1,179,045	1,041,884	967,997
	TAKEDA PHARMACEUTICAL CO LTD	CORPORATE BONDS	N/A	2.0500%	3/31/2030	464,000	449,180	385,608
	TARGA RESOURCES CORP	CORPORATE BONDS	N/A	6.1250%	3/15/2033	285,000	284,595	291,210
	TEXAS EASTERN TRANSMISSIO 144A	CORPORATE BONDS	N/A	3.5000%	1/15/2028	549,000	546,151	507,702
	T-MOBILE USA INC	CORPORATE BONDS	N/A	3.8750%	4/15/2030	310,000	307,762	285,593
	T-MOBILE USA INC	CORPORATE BONDS	N/A	4.9500%	3/15/2028	245,000	244,488	241,095
	TRITON CONTAINER INTERNAT 144A	CORPORATE BONDS	N/A	3.1500%	6/15/2031	435,000	349,180	334,685
	TRITON CONTAINER INTERNATIONAL	CORPORATE BONDS	N/A	3.2500%	3/15/2032	377,000	375,492	295,085
	TTX CO 144A	CORPORATE BONDS	N/A	3.6000%	1/15/2025	282,000	293,844	272,944
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	4.1250%	9/24/2025	410,000	409,233	391,763

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	UNITED AIRLINES 2012-1 CLASS A	CORPORATE BONDS	N/A	4.1500%	10/11/2025	203,125	215,313	199,628
	UNIVERSAL HEALTH SERVICES INC	CORPORATE BONDS	N/A	2.6500%	10/15/2030	150,000	149,577	122,512
	VANTAGE DATA CENTER 1A A2 144A	CORPORATE BONDS	N/A	3.1880%	7/15/2044	711,633	714,570	685,716
	VENTAS REALTY LP	CORPORATE BONDS	N/A	4.1250%	1/15/2026	325,000	349,226	310,849
	VERISIGN INC	CORPORATE BONDS	N/A	2.7000%	6/15/2031	253,000	252,271	210,581
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.5000%	8/10/2033	355,000	449,760	334,997
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	3.8750%	2/8/2029	222,000	260,027	208,211
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.0160%	12/3/2029	101,000	101,907	94,565
	VERIZON MASTER TRUST 4 A	CORPORATE BONDS	N/A	3.4000%	11/20/2028	359,000	358,982	345,955
	VIATRIS INC	CORPORATE BONDS	N/A	1.6500%	6/22/2025	260,000	266,414	239,207
	VIRGINIA ELECTRIC AND POWER CO	CORPORATE BONDS	N/A	2.8750%	7/15/2029	292,000	291,898	259,109
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	3.2000%	9/26/2026	215,000	237,493	199,916
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	4.6000%	6/8/2029	310,000	309,597	296,997
	VORNADO REALTY LP	CORPORATE BONDS	N/A	3.5000%	1/15/2025	473,000	471,089	445,266
	WARNERMEDIA HOLDINGS INC	CORPORATE BONDS	N/A	4.2790%	3/15/2032	399,000	399,000	353,863
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	7/25/2028	279,000	279,000	272,701
	WELLTOWER OP LLC	CORPORATE BONDS	N/A	3.6250%	3/15/2024	470,000	494,359	462,129
	WENDY'S FUNDING LL 1A A2I 144A	CORPORATE BONDS	N/A	3.7830%	6/15/2049	217,200	224,641	201,090
	WILLIS NORTH AMERICA INC	CORPORATE BONDS	N/A	3.6000%	5/15/2024	263,000	262,774	256,609
	XCEL ENERGY INC	CORPORATE BONDS	N/A	4.6000%	6/1/2032	388,000	387,860	366,391
							61,323,063	56,522,038
	CORPORATE STOCKS AND REITS							
	ADOBE INC	COMMON STOCK	N/A	N/A	N/A	13,870	4,937,493	6,782,291
	ALPHABET INC	COMMON STOCK	N/A	N/A	N/A	105,657	8,812,033	12,647,143
	AMERICAN TOWER CORP	COMMON STOCK	N/A	N/A	N/A	17,105	3,809,315	3,317,344
	APPLE INC	COMMON STOCK	N/A	N/A	N/A	66,304	7,123,112	12,860,987
	APPLIED MATERIALS INC	COMMON STOCK	N/A	N/A	N/A	42,699	3,220,567	6,171,713
	AUTOZONE INC	COMMON STOCK	N/A	N/A	N/A	1,498	3,763,441	3,735,053
	BALL CORP	COMMON STOCK	N/A	N/A	N/A	114,169	8,796,974	6,645,777
	BANK OF AMERICA CORP	COMMON STOCK	N/A	N/A	N/A	266,785	8,157,466	7,654,062
	BECTON DICKINSON & CO	COMMON STOCK	N/A	N/A	N/A	23,369	5,957,720	6,169,650
	CANADIAN PACIFIC KANSAS CITY L	COMMON STOCK	N/A	N/A	N/A	45,223	2,988,178	3,652,662
	CME GROUP INC	COMMON STOCK	N/A	N/A	N/A	41,998	7,715,475	7,781,809
	COSTCO WHOLESALE CORP	COMMON STOCK	N/A	N/A	N/A	10,101	2,743,746	5,438,176
	DANAHER CORP	COMMON STOCK	N/A	N/A	N/A	23,414	2,026,901	5,619,360
	DEERE & CO	COMMON STOCK	N/A	N/A	N/A	22,880	4,592,994	9,270,747
	DR HORTON INC	COMMON STOCK	N/A	N/A	N/A	24,465	1,751,162	2,977,146

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	FISERV INC	COMMON STOCK	N/A	N/A	N/A	53,921	5,627,514	6,802,134
	GILEAD SCIENCES INC	COMMON STOCK	N/A	N/A	N/A	81,954	5,700,926	6,316,195
	INTEL CORP	COMMON STOCK	N/A	N/A	N/A	125,882	3,899,802	4,209,494
	INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	N/A	N/A	N/A	55,341	6,345,617	6,257,960
	LINDE PLC	COMMON STOCK	N/A	N/A	N/A	22,444	3,327,555	8,552,960
	MARSH & MCLENNAN COS INC	COMMON STOCK	N/A	N/A	N/A	34,177	5,787,762	6,428,010
	MASTERCARD INC	COMMON STOCK	N/A	N/A	N/A	22,075	4,579,796	8,682,098
	MICRON TECHNOLOGY INC	COMMON STOCK	N/A	N/A	N/A	48,486	2,649,611	3,059,951
	MICROSOFT CORP	COMMON STOCK	N/A	N/A	N/A	51,321	7,301,267	17,476,853
	MONDELEZ INTERNATIONAL INC	COMMON STOCK	N/A	N/A	N/A	73,727	4,067,211	5,377,647
	NUTRIEN LTD	COMMON STOCK	N/A	N/A	N/A	65,417	4,458,923	3,862,874
	NVIDIA CORP	COMMON STOCK	N/A	N/A	N/A	11,067	985,541	4,681,562
	ORACLE CORP	COMMON STOCK	N/A	N/A	N/A	88,824	6,749,140	10,578,050
	PROCTER & GAMBLE CO/THE	COMMON STOCK	N/A	N/A	N/A	41,527	4,826,442	6,301,307
	ROCHE HOLDING AG ADR	COMMON STOCK	N/A	N/A	N/A	161,620	6,075,855	6,175,985
	S&P GLOBAL INC	COMMON STOCK	N/A	N/A	N/A	17,439	6,070,759	6,991,121
	SALESFORCE INC	COMMON STOCK	N/A	N/A	N/A	47,814	7,203,402	10,101,186
	SHERWIN-WILLIAMS CO/THE	COMMON STOCK	N/A	N/A	N/A	17,479	4,778,136	4,641,024
	SYSCO CORP	COMMON STOCK	N/A	N/A	N/A	65,747	5,182,867	4,878,427
	TARGET CORP	COMMON STOCK	N/A	N/A	N/A	33,905	5,526,753	4,472,070
	TEXAS INSTRUMENTS INC	COMMON STOCK	N/A	N/A	N/A	24,146	3,722,524	4,346,763
	THERMO FISHER SCIENTIFIC INC	COMMON STOCK	N/A	N/A	N/A	10,047	5,708,102	5,242,022
	VERISK ANALYTICS INC	COMMON STOCK	N/A	N/A	N/A	21,615	4,241,227	4,885,638
	WASTE MANAGEMENT INC	COMMON STOCK	N/A	N/A	N/A	38,301	2,777,834	6,642,161
							193,991,143	257,687,412
	COMMON INVESTMENT FUNDS							
	ALTRINSIC INTERNATIONAL EQUITY COLLECTIVE FUND CL D	COLLECTIVE TRUST	N/A	N/A	N/A	18,956,335	210,069,272	240,057,335
	CF AMALGAMATED LONGVIEW LARGECAP 500 VEBA INDEX FD	COLLECTIVE TRUST	N/A	N/A	N/A	307,718	106,920,068	507,001,109
	DAILY MSCI EMG MKTS INDX NL FUND	COLLECTIVE TRUST	N/A	N/A	N/A	5,470,185	199,016,352	202,867,264
	GQG INTL EQUIT CIT	COLLECTIVE TRUST	N/A	N/A	N/A	16,304,087	212,899,690	241,463,523
	LONG U.S. TREASURY INDX NL FUND (CM1NNON) (SEIUBSPEN - CM)	COLLECTIVE TRUST	N/A	N/A	N/A	5,855,171	169,000,000	131,694,511
	MFB NT COLLECTIVE AGGREGATE BD INDEX FUND-NON LENDING	COLLECTIVE TRUST	N/A	N/A	N/A	1,952,012	253,495,277	280,172,269
	MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND NON LENDING	COLLECTIVE TRUST	N/A	N/A	N/A	1,305,989	66,866,403	66,674,631
	MFB NT COLLECTIVE S&P400 INDEX	COLLECTIVE TRUST	N/A	N/A	N/A	26,373	51,073,284	81,625,287
	MSCI EAFE INDX NL FUND (FD12) (SEIUBSPEN - FD12)	COLLECTIVE TRUST	N/A	N/A	N/A	1,220,524	149,825,476	150,500,426
	SSGA RUSSELL 1000 (R) INDEX NL FUND	COLLECTIVE TRUST	N/A	N/A	N/A	889,612	47,633,305	122,990,640
	SSGA S&P GLOBAL LARGEMIDCAP NAT	COLLECTIVE TRUST	N/A	N/A	N/A	3,720,509	38,403,380	61,663,717
							1,505,202,507	2,086,710,712

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

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2023

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value: Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	LIMITED PARTNERSHIPS							
	*ADAMS STREET PARTNERS	LIMITED PARTNERSHIP	N/A	N/A	N/A	6,500,000	6,500,000	7,901,265
	GIP IV-B FEEDER FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	27,070,579	27,398,976	28,388,019
	GLOBAL INFRA III-B FEEDER FUND	LIMITED PARTNERSHIP	N/A	N/A	N/A	17,376,987	17,699,754	22,069,448
	GLOBAL INFRASTRUCTURE FUND IV	LIMITED PARTNERSHIP	N/A	N/A	N/A	1,012,043	4,255,191	3,919,721
	GRAIN COMM OPP FUND III LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	13,843,589	15,321,466	15,225,622
	GRAIN COMMUNICATIONS OPP FD II	LIMITED PARTNERSHIP	N/A	N/A	N/A	41,933,806	26,107,908	43,522,734
	IFM GLOBAL INFRA US LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	123,326,768	65,407,496	128,690,478
	IRONSIDES DIR INVEST FD IV LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	19,886,586	13,302,840	15,530,843
	IRONSIDES PTNRSHP FUND IV LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	70,368,660	3,438,702	71,467,540
	ISQ GLOBAL INFRA FD III (USTE) LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	14,189,568	14,189,568	14,663,399
	ISQ GLOBAL INFRA FUND II USTE LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	47,601,825	30,514,890	52,247,258
	ISQ GLOBAL INFRA USTE LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	33,108,134	32,300,699	34,731,618
	KKR EUROPEAN V ASP FUND	LIMITED PARTNERSHIP	N/A	N/A	N/A	642,745	560,926	671,770
	LEXINGTON CAPITAL PTNRS VII	LIMITED PARTNERSHIP	N/A	N/A	N/A	5,921,417	3,384,365	5,664,633
	LSV EMERGING MARKETS EQUITY FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	572,999	176,416,028	204,742,109
	POMONA CAPITAL VIII LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	5,798,344	7,064,978	4,674,735
	PRIMUS HIGH YIELD BOND FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	34,913,076	26,763,464	35,473,512
	STEPSTONE VC GBL PARTNERS X LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	34,109,878	31,515,855	32,451,881
	STRATEGIC PARTNERS VII FUND	LIMITED PARTNERSHIP	N/A	N/A	N/A		404,992	375,706
							502,548,098	722,412,291
	REGISTERED INVESTMENT COMPANIES							
	AFL-CIO HOUSING INVESTMENT TR	REGISTERED INVESTMENT COMPANY	N/A	N/A	N/A	10,550	11,393,210	10,141,120
	VANGUARD S/T INFL PROT-INST	REGISTERED INVESTMENT COMPANY	N/A	N/A	N/A	10,284,918	265,321,052	242,929,766
							276,714,262	253,070,886
	CASH AND SHORT TERM INVESTMENTS							
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	SHORT TERM INVESTMENT	N/A	VAR	12/31/2049	17,759,476	17,760,499	17,760,424
	TOTAL INVESTMENTS							$ 3,445,597,241

(a) * A party-in-interest as defined by ERISA

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

Building Service 32BJ Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #13-1879376, Plan #001
Year Ended June 30, 2023

(a)	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	SINGLE REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS							
	NONE							
	SERIES OF REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS							
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	N/A	$ 215,569,944	N/A	-	$ 215,569,944	$ 215,569,944	-
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	$ 207,890,172	N/A	N/A	-	$ 207,890,172	$ 207,890,172	N/A

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	$23,131,556	$7,971,214	$296,779,967	$327,882,737
2023	38,691,092	12,333,104	285,334,393	336,358,589
2024	54,877,424	16,955,444	273,757,756	345,590,624
2025	69,066,523	21,108,429	262,106,811	352,281,763
2026	84,226,223	25,450,795	250,543,720	360,220,738
2027	98,858,025	30,013,291	238,917,609	367,788,925
2028	112,781,512	34,211,466	227,266,733	374,259,711
2029	125,750,761	38,425,031	215,613,562	379,789,354
2030	138,011,441	42,079,641	203,989,486	384,080,568
2031	149,431,103	45,356,665	192,404,985	387,192,753
2032	159,886,185	48,199,406	180,925,882	389,011,473
2033	169,347,469	50,855,131	169,579,921	389,782,521
2034	177,645,654	53,318,335	158,394,948	389,358,937
2035	184,827,280	55,306,451	147,405,227	387,538,958
2036	190,612,629	56,802,106	136,645,173	384,059,908
2037	195,382,084	57,952,356	126,149,215	379,483,655
2038	199,128,491	58,721,074	115,951,762	373,801,327
2039	201,765,162	59,182,454	106,086,829	367,034,445

This assumes the following:

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

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	$203,628,593	$59,574,903	$96,587,567	$359,791,063
2041	204,499,472	59,566,760	87,485,946	351,552,178
2042	204,432,550	59,249,664	78,812,235	342,494,449
2043	203,550,314	58,688,352	70,594,214	332,832,880
2044	201,791,386	57,861,486	62,856,555	322,509,427
2045	199,237,288	56,749,515	55,619,916	311,606,719
2046	196,086,959	55,510,399	48,900,163	300,497,521
2047	192,127,172	54,169,212	42,707,736	289,004,120
2048	187,588,298	52,609,068	37,047,166	277,244,532
2049	182,489,891	50,948,514	31,916,730	265,355,135
2050	176,775,474	49,213,735	27,307,518	253,296,727
2051	170,584,161	47,312,313	23,203,523	241,099,997
2052	164,150,125	45,346,868	19,582,342	229,079,335
2053	157,253,503	43,380,264	16,416,274	217,050,041
2054	150,188,056	41,332,759	13,673,418	205,194,233
2055	142,866,241	39,216,803	11,318,792	193,401,836
2056	135,445,775	37,119,367	9,316,201	181,881,343
2057	127,912,394	34,965,362	7,629,049	170,506,805

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	$120,420,449	$32,793,251	$6,220,891	$159,434,591
2059	112,973,230	30,685,046	5,056,059	148,714,335
2060	105,656,823	28,583,298	4,100,432	138,340,553
2061	98,490,077	26,493,181	3,322,278	128,305,536
2062	91,481,708	24,458,602	2,692,709	118,633,019
2063	84,693,605	22,498,752	2,185,941	109,378,298
2064	78,183,666	20,610,316	1,779,443	100,573,425
2065	71,950,484	18,833,433	1,453,969	92,237,886
2066	66,003,414	17,148,098	1,193,436	84,344,948
2067	60,351,148	15,569,203	984,613	76,904,964
2068	55,010,112	14,090,009	816,771	69,916,892
2069	49,989,246	12,714,996	681,322	63,385,564
2070	45,287,736	11,440,050	571,460	57,299,246
2071	40,897,570	10,261,193	481,820	51,640,583

This assumes the following:

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

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1993	$3,207,892	1	$3,207,892
Plan amendment	07/01/1996	34,927,726	4	9,700,729
Plan amendment	07/01/1997	14,486,964	5	3,330,852
Assumption change	07/01/1999	10,980,261	7	1,928,443
Plan amendment	07/01/1999	19,991,815	7	3,511,126
Plan amendment	07/01/1999	33,909,626	7	5,955,487
Plan amendment	07/01/2000	4,240,128	8	673,399
Plan amendment	07/01/2000	103,335,820	8	16,411,365
Assumption change	07/01/2002	8,033,878	10	1,088,766
Plan amendment	07/01/2002	13,500,977	10	1,829,677
Plan amendment	07/01/2002	18,753,017	10	2,541,442
Plan amendment	07/01/2003	29,337,719	11	3,730,597
Plan amendment	07/01/2004	1,298,616	12	156,170
Plan amendment	07/01/2005	1,698,824	13	194,479
Assumption change	07/01/2006	53,921,556	14	5,908,668
Actuarial loss	07/01/2008	5,168,153	1	5,168,153
Plan amendment	07/01/2009	121,612	2	63,004
Actuarial loss	07/01/2009	7,632,151	2	3,954,006
June 30, 2009 investment loss subject to relief	07/01/2009	170,931,214	16	17,393,826
Assumption change	07/01/2010	16,588,890	3	5,934,002
Actuarial loss	07/01/2011	4,522,533	4	1,256,076
Actuarial loss	07/01/2012	12,126,820	5	2,788,207
June 30, 2009 investment loss subject to relief	07/01/2012	36,239,926	16	3,687,746
Assumption change	07/01/2013	3,469,613	6	687,612

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
June 30, 2009 investment loss subject to relief	07/01/2013	57,275,760	16	5,828,336
June 30, 2009 investment loss subject to relief	07/01/2014	49,511,914	16	5,038,294
Assumption change	07/01/2014	122,313,673	7	21,481,730
Actuarial loss	07/01/2015	21,923,541	8	3,481,805
Actuarial loss	07/01/2016	70,570,203	9	10,291,247
Assumption change	07/01/2017	18,486,964	10	2,505,387
Actuarial loss	07/01/2017	63,840,533	10	8,651,783
Actuarial loss	07/01/2018	39,124,027	11	4,975,029
Actuarial loss	07/01/2019	51,545,749	12	6,198,812
Actuarial loss	07/01/2020	66,378,373	13	7,598,885
Actuarial loss	07/01/2022	20,146,803	15	2,123,140
Total		**$1,189,543,271**		**$179,276,172**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	07/01/2021	$48,042,061	14	$5,264,399
Total		**$48,042,061**		**$5,264,399**

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	$317,663,528	$532,012	$318,195,540
2023	$322,547,405	$470,779	$323,018,184
2024	$322,547,405	$368,177	$322,915,582
2025	$322,547,405	$368,177	$322,915,582
2026	$322,547,405	$368,177	$322,915,582
2027	$322,547,405	$362,245	$322,909,650
2028	$322,547,405	$339,343	$322,886,748
2029	$322,547,405	$322,269	$322,869,674
2030	$322,547,405	$147,491	$322,694,896
2031	$322,547,405	$110,594	$322,657,999

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

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations. The first calculation uses discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability is a final settlement of an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient, the first calculation is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second calculation: the interest rate used for plan funding calculations.
- Reductions in accrued benefits or contribution surcharges for a plan in critical status (Red Zone) are disregarded in determining an employer's allocation of the UVB. The Trustees have adopted a method for calculating the UVB effective for withdrawals that occur on and after July 1, 2011. The method is based on the PBGC's Technical Update 10-3, which describes how to account for the effect of benefit reductions that are implemented as part of a Rehabilitation Plan ("Affected Benefits") when a pension plan is in critical status. As of June 30, 2022, no benefits have been reduced or eliminated that would be considered Affected Benefits. Therefore, the Affected Benefits pool is zero.

Interest	For liabilities up to market value of assets, 2.40% for 20 years and 2.12% beyond (1.82% for 20 years and 1.68% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding.
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding
Retirement Rates	Same as used for plan funding

Actuarial Status Certification as of July 1, 2022 under IRC Section 432

September 28, 2022

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

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Building Service 32BJ Pension Fund as of July 1, 2022 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

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

This certification is based on the July 1, 2021 actuarial valuation, dated February 9, 2022. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 6.

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

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

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

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

Certificate Contents

Exhibit 1	Status Determination as of July 1, 2022
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After July 1, 2021
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of July 1, 2022

Status	Condition	Component Result	Final Result
Critical Status:			
	1. Initial critical status tests:		
	C1. A funding deficiency is projected in four years?	No	No
	C2. a. A funding deficiency is projected in five years,	No	
	b. **and** the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. **and** the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
	C3. a. A funding deficiency is projected in five years,	No	
	b. **and** the funded percentage is less than 65%?	No	No
	C4. a. The funded percentage is less than 65%,	No	
	b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	In Critical Status?	No	**No**
	C6. a. Any of (C1) through (C5) are Yes?	No	No
	C7. a. Is not in critical status,	Yes	
	b. **and** is projected to be in critical status in any of the next five years?	No	No
	2. In Critical Status in any of the five succeeding plan years?		**No**

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

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan. The annual standard in the Rehabilitation Plan for the plan year beginning July 1, 2022 is that the projected end of year funding deficiency as of June 30, 2023 should be at most $20,000,000. Based upon the assumptions used in this certification, there is a projected credit balance as of June 30, 2023 of $28,431,078 that meets this standard.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of July 1, 2022 (based on projections from the July 1, 2021 valuation certificate):

1.	Financial Information			
	a. Market value of assets			$3,218,939,649
	b. Actuarial value of assets			3,409,328,971
	c. Reasonably anticipated contributions (including withdrawal liability payments from previously withdrawn employers)			
	1) Upcoming year (including $532,012 in withdrawal liability payments)			318,195,540
	2) Present value for the next five years (including $1,790,287 in withdrawal liability payments)			1,346,939,671
	3) Present value for the next seven years (including $2,244,648 in withdrawal liability payments)			1,764,676,770
	d. Projected benefit payments			327,718,397
	e. Projected administrative expenses (beginning of year)			16,186,956
2.	Liabilities			
	a. Present value of vested benefits for active participants			1,462,289,378
	b. Present value of vested benefits for non-active participants			2,947,798,909
	c. Total unit credit accrued liability			4,566,629,174
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$1,450,314,959	$73,066,068	$1,523,381,027
	2) Next seven years	1,943,862,626	97,326,543	2,041,189,169
	e. Unit credit normal cost plus expenses			87,682,511
	f. Ratio of inactive participants to active participants			1.2134
3.	Funded Percentage (1.b)/(2.c)			74.66%
4.	Funding Standard Account			
	a. Credit Balance/(Funding Deficiency) as of the end of prior year			($18,291,587)
	b. Years to projected funding deficiency			0
5.	Years to Projected Insolvency			N/A

Exhibit 3: Funding Standard Account Projections

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

		Year Beginning July 1,					
		2021	**2022**	**2023**	**2024**	**2025**	**2026**
1.	Credit balance (BOY)	($52,449,112)	($18,291,587)	$28,431,078	$85,616,683	$144,766,713	$211,260,942
2.	Interest on (1)	(3,933,683)	(1,371,869)	2,132,331	6,421,251	10,857,503	15,844,571
3.	Normal cost	70,647,782	71,495,555	72,353,502	73,221,744	74,100,405	74,989,610
4.	Administrative expenses	15,869,565	16,186,956	16,510,695	16,840,909	17,177,727	17,521,282
5.	Net amortization charges	172,950,282	173,749,097	170,734,557	171,599,697	167,679,151	169,050,067
6.	Interest on (3), (4) and (5)	19,460,072	19,607,371	19,469,907	19,624,676	19,421,796	19,617,072
7.	Expected contributions	306,483,537	318,195,540	323,018,184	322,915,582	322,915,582	322,915,582
8.	Interest on (7)	10,535,372	10,937,972	11,103,750	11,100,223	11,100,223	11,100,223
9.	**Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**($18,291,587)**	**$28,431,078**	**$85,616,683**	**$144,766,713**	**$211,260,942**	**$279,943,286**

		2027	**2028**	**2029**	**2030**	**2031**
1.	Credit balance (BOY)	$279,943,286	$359,004,587	$443,347,760	$567,958,910	$722,441,797
2.	Interest on (1)	20,995,746	26,925,344	33,251,082	42,596,918	54,183,135
3.	Normal cost	75,889,485	76,800,159	77,721,761	78,654,422	79,598,275
4.	Administrative expenses	17,871,708	18,229,142	18,593,725	18,965,600	19,344,912
5.	Net amortization charges	162,931,006	162,243,398	129,366,608	108,800,038	98,508,790
6.	Interest on (3), (4) and (5)	19,251,915	19,295,452	16,926,157	15,481,504	14,808,898
7.	Expected contributions	322,909,650	322,886,748	322,869,674	322,694,896	322,657,999
8.	Interest on (7)	11,100,019	11,099,232	11,098,645	11,092,637	11,091,369
9.	**Credit balance at end of year: (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**$359,004,587**	**$443,347,760**	**$567,958,910**	**$722,441,797**	**$898,113,425**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after July 1, 2021

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial loss	7/1/2022	$17,654,210	15	$1,860,462
Actuarial loss	7/1/2023	50,876,197	15	5,361,511
Actuarial loss	7/1/2024	46,327,422	15	4,882,145
Actuarial loss	7/1/2025	19,105,998	15	2,013,457
Actuarial loss	7/1/2026	116,979,649	15	12,327,722

Exhibit 5: Solvency Projections

The table below presents the projected Market Value of Assets for the Plan Years beginning July 1, 2021 through June 30, 2042.

		Year Beginning July 1,						
		2021	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**
1.	Market Value at beginning of year	$3,511,934,218	$3,218,939,649	$3,431,060,700	$3,654,396,583	$3,885,326,841	$4,123,195,157	$4,367,899,775
2.	Contributions	301,251,260	317,663,528	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405
3.	Withdrawal liability payments	5,232,277	532,012	470,779	368,177	368,177	368,177	362,245
4.	Benefit payments	300,325,572	327,718,397	336,688,631	345,043,905	354,672,380	364,891,719	374,625,057
5.	Administrative expenses and other income	16,239,890	16,830,000	17,166,600	17,509,932	17,860,131	18,217,334	18,581,681
6.	Interest earnings	(282,912,644)	238,473,908	254,172,930	270,568,513	287,485,245	304,898,089	322,842,954
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$3,218,939,649	$3,431,060,700	$3,654,396,583	$3,885,326,841	$4,123,195,157	$4,367,899,775	$4,620,445,641
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$3,519,265,221**	**$3,758,779,097**	**$3,991,085,214**	**$4,230,370,746**	**$4,477,867,537**	**$4,732,791,494**	**$4,995,070,698**

		2028	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**
1.	Market Value at beginning of year	$4,620,445,641	$4,881,631,397	$5,152,568,564	$5,434,557,671	$5,729,430,391	$6,039,195,008	$6,365,821,189
2.	Contributions	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405
3.	Withdrawal liability payments	339,343	322,269	147,491	110,594	110,594	110,594	110,594
4.	Benefit payments	384,131,958	393,191,834	401,540,467	409,054,839	415,596,716	421,311,117	425,787,748
5.	Administrative expenses	18,953,315	19,332,381	19,719,029	20,113,410	20,515,678	20,925,992	21,344,512
6.	Interest earnings	341,384,281	360,591,708	380,553,707	401,382,970	423,219,013	446,205,291	470,506,193
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$4,881,631,397	$5,152,568,564	$5,434,557,671	$5,729,430,391	$6,039,195,008	$6,365,821,189	$6,711,853,120
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$5,265,763,355**	**$5,545,760,398**	**$5,836,098,138**	**$6,138,485,230**	**$6,454,791,724**	**$6,787,132,306**	**$7,137,640,868**

		2035	2036	2037	2038	2039	2040	2041
1.	Market Value at beginning of year	$6,711,853,120	$7,080,114,959	$7,473,835,631	$7,896,252,362	$8,350,506,881	$8,840,035,249	$9,368,159,490
2.	Contributions	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405
3.	Withdrawal liability payments	92,317	54,629	54,629	27,314	0	0	0
4.	Benefit payments	428,922,604	430,528,967	430,888,161	430,260,485	428,616,502	426,340,412	423,143,401
5.	Administrative expenses	21,771,402	22,206,830	22,650,967	23,103,986	23,566,066	24,037,387	24,518,135
6.	Interest earnings	496,316,123	523,854,435	553,353,825	585,044,271	619,163,531	655,954,635	695,677,522
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$7,080,114,959	$7,473,835,631	$7,896,252,362	$8,350,506,881	$8,840,035,249	$9,368,159,490	$9,938,722,881
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$7,509,037,563**	**$7,904,364,598**	**$8,327,140,523**	**$8,780,767,366**	**$9,268,651,751**	**$9,794,499,902**	**$10,361,866,282**

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the July 1, 2021 actuarial valuation certificate, dated February 9, 2022, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Contribution Rates:	The certification reflects contribution rates negotiated through January 1, 2023. The average contribution rate is projected to increase from $125.56 per week for the plan year beginning July 1, 2022 to $127.49 per week for the plan year beginning July 1, 2023.
Asset Information:	The financial information as of June 30, 2022 was based on an unaudited financial statement provided by the Fund Administrator. For projections after that date, the assumed administrative expenses were increased by 2% per year and the benefit payments were projected based on the July 1, 2021 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2022 - 2041 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants is assumed to remain level and, on the average, contributions will be made for each full-time active for the equivalent of 52 weeks and each part-time active for the equivalent of 26 weeks each year.
Future Normal Costs:	Based on the assumed industry activity and the unit credit cost method and generational mortality assumptions, we have assumed that the Normal Cost will increase by 1.2% per year.
Future Withdrawal Liability Income:	In addition to projections of industry activity directly linked to the level of ongoing employment, these determinations also project the following contribution amounts derived from withdrawal liability assessments, based on information from the fund office as follows:

Plan Year Ending June 30	Amount	Plan Year Ending June 30	Amount
2023	$532,012	2032	$110,594
2024	470,779	2033	110,594
2025	368,177	2034	110,594
2026	368,177	2035	110,594
2027	368,177	2036	92,317
2028	362,245	2037	54,629
2029	339,343	2038	54,629
2030	322,269	2039	27,314
2031	147,491		

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

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

The participant data is for the year ended June 30, 2022

		Service Credits								
Age	**Total**	**Less than 5**	**5- 9**	**10 -14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 20	8	8	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
20 - 24	638	628	10	-	-	-	-	-	-	-
	$69	$67	-	-	-	-	-	-	-	-
25 - 29	2,081	1,536	538	7	-	-	-	-	-	-
	$135	$93	$252	-	-	-	-	-	-	-
30 - 34	3,698	1,826	1,452	404	16	-	-	-	-	-
	$213	$98	$278	$479	-	-	-	-	-	-
35 - 39	4,518	1,547	1,423	1,079	467	2	-	-	-	-
	$313	$100	$285	$504	$659	-	-	-	-	-
40 - 44	5,363	1,534	1,322	1,092	1,195	208	12	-	-	-
	$395	$98	$282	$507	$696	$933	-	-	-	-
45 - 49	6,008	1,373	1,201	1,066	1,358	704	296	10	-	-
	$508	$98	$281	$509	$702	$957	$1,333	-	-	-
50 - 54	7,304	1,349	1,238	1,124	1,464	910	763	437	19	-
	$626	$97	$281	$510	$695	$964	$1,332	$1,336	-	-
55 - 59	8,301	1,141	1,129	1,114	1,618	1,094	898	931	370	6
	$736	$100	$281	$503	$701	$952	$1,328	$1,334	$1,337	-
60 - 64	7,154	670	836	908	1,396	916	784	950	532	162
	$818	$102	$282	$505	$697	$955	$1,329	$1,335	$1,336	$1,334
65 - 69	3,123	199	370	441	584	423	320	329	258	199
	$837	$106	$283	$509	$689	$913	$1,327	$1,333	$1,337	$1,335
70 & over	1,033	43	45	83	168	166	115	137	92	184
	$988	$78	$283	$502	$653	$897	$1,333	$1,342	$1,331	$1,330
Unknown	8	7	1	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
Total	**49,237**	**11,861**	**9,565**	**7,318**	**8,266**	**4,423**	**3,188**	**2,794**	**1,271**	**551**
	$566	**$96**	**$280**	**$505**	**$695**	**$949**	**$1,330**	**$1,335**	**$1,336**	**$1,333**

Note: Excludes 3,534 participants with less than one service credit

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
07/2022	$37,965.45	$203,120.00	$241,085.45
08/2022	$36,445.59	$67,338.00	$103,783.59
09/2022	$43,745.67	$205,678.00	$249,423.67
10/2022	$26,205.67	$4,335.00	$30,540.67
11/2022	$34,895.77	$67,338.00	$102,233.77
12/2022	$128,224.70	$0.00	$128,224.70
01/2023	$36,697.58	$0.00	$36,697.58
02/2023	$26,078.90	$0.00	$26,078.90
03/2023	$33,377.91	$0.00	$33,377.91
04/2023	$30,243.28	$18,703.00	$48,946.28
05/2023	$18,045.65	$0.00	$18,045.65
06/2023	$42,068.01	$0.00	$42,068.01

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended JUNE 30, 2023

Form 5500, Schedule R, Line 14
Information on Inactive Participants Whose Contributing Employer is No Longer Making Contributions to the Plan

The inactive participant counts were changed from the previously reported for the plan years based on updated, current information available regarding participants' work history and eligibility status.

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended June 30, 2023

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

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

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy: RP-2006 Blue-Collar Employee and Annuitant mortality tables (sex-specific), and projected forward generationally using scale MP-2017

Disabled: RP-2006 Disabled Annuitant mortality tables (sex-specific), and projected forward generationally using scale MP-2017

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to deaths and the projected number and liability change based on the prior year's assumption over recent years.

Annuitant Mortality Rates

	Rate (%)[1]			
	Healthy		Disabled	
Age	Male	Female	Male	Female
55	0.64	0.42	2.49	1.50
60	0.89	0.66	2.81	1.95
65	1.45	1.06	3.63	2.53
70	2.38	1.70	4.88	3.43
75	3.89	2.75	6.70	4.91
80	6.38	4.54	9.43	7.26
85	10.51	7.80	13.71	10.85
90	17.31	13.38	20.46	15.86

[1] Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Termination Rates

	Rate (%)						
	Mortality[1]			Withdrawal[2] Years of Service			
Age	Male	Female	Disability	Less than 2 Years	2-4 Years	5-9 Years	10 years or More
20	0.07	0.02	0.00	9.00	7.10	- -	- -
25	0.07	0.02	0.00	10.87	8.57	6.48	- -
30	0.06	0.02	0.00	9.31	6.79	4.20	2.42
35	0.07	0.03	0.00	8.39	5.51	3.58	2.51
40	0.10	0.05	0.00	7.96	5.18	3.01	2.08
45	0.16	0.09	0.00	7.74	4.74	2.91	1.87
50	0.26	0.13	0.30	7.80	4.45	2.66	1.75
55	0.38	0.19	0.50	6.76	3.91	1.30	0.44
60	0.64	0.31	0.81	6.82	3.92	1.06	0.10

[1] Rates shown are for the base table and do not reflect any mortality projection.

[2] Withdrawal rates cut out at first eligibility for an immediate pension.

The termination rates and disability rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to terminations and disability retirements by age and the projected number and liability change based on the prior year's assumption over recent years.

Retirement Rates for Active Participants

Age	Annual Retirement Rates*
55 – 61	1%
62	16
63 – 64	10
65 – 66	20
67 – 70	15
71 and older	100

* *if eligible*

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

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 67, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2022 actuarial valuation.
Retirement Rates for Inactive Vested Participants	<table><tr><th>Age</th><th>Annual Retirement Rates[1]</th></tr><tr><td>55</td><td>10%</td></tr><tr><td>56 – 61</td><td>4</td></tr><tr><td>62</td><td>20</td></tr><tr><td>63 – 64</td><td>7</td></tr><tr><td>65</td><td>45</td></tr><tr><td>66 – 70</td><td>10</td></tr><tr><td>71 and older</td><td>100</td></tr></table> [1] *if eligible* The retirement rates for inactive vested participants was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to retirements and the projected number and liability change based on the prior year's assumption over recent years.
Future Benefit Accruals	One service credit per year except for Program B and C part-time employees who are expected to earn 0.5 service credit per year The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual benefit accruals over recent years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 3 months (or 13 weeks) worked during the year who have accumulated at least one year of service credit, and have not retired as of the valuation date. Program C active participants are defined as those who had at least one year of vesting service.
Exclusion of Inactive Vested Participants	Inactive participants over age 75 are excluded from the valuation. The exclusion of inactive vested participants over age 75 was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	80%
Age of Spouse	Females are three years younger than males.

Section 3: Certificate of Actuarial Valuation

Benefit Election	All participants are assumed to elect the 36-Month Benefit Guarantee form of payment (12-Month Guarantee for Program B and 60-Month Guarantee for Program D). The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual option election patterns over recent years.
Net Investment Return	7.50% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$16,500,000 for the year beginning July 1, 2022 (equivalent to $15,869,565 payable at the beginning of the year) or 21.6% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	*Interest:* 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2020 (previously, MP-2019)
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 6.9%, for the Plan Year ending June 30, 2022 *On current (market) value of assets (Schedule MB, line 6h):* -8.1%, for the Plan Year ending June 30, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended June 30, 2023

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

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

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended June 30, 2023

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

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

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

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

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

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

Program C

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

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

Program D

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

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

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

Early Retirement

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

Disability

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

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

  Program B: Regular or Vested pension accrued

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

Section 3: Certificate of Actuarial Valuation

Vested / Basic Deferred (Program D)

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

Program A:

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

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

Program C:

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

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

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

Special Deferred Benefit (Program D)

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

Spouse's Pre-Retirement Death Benefit

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

Pre-Retirement One-Year Payment Certain (Program B)	• *Requirement:* Eligible for Regular, Vested or Early pension, and active at the time of death • *Amount:* Monthly benefit to which employee would have been entitled had he or she retired the day before he or she died, payable for one year. Not applicable if employee is covered under spouse's benefit
Post-Retirement Death Benefit	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with three years of payment (for Program B: one year of payment; for Program D: 5 years of payments) guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	75% Participant and Spouse Option 60 Certain Payment Option (Program D only) 120 Certain Payment Option (Program D only) 12 Month Guarantee (Program B only) 36 Month Guarantee (Program A only)
Participation	The earliest January 1 or July 1 following completion of a 12 consecutive month period during which the employee worked at least 22 weeks in Covered Employment (1,000 hours for Programs B and C; 750 hours for Program D)
Vesting Credit	22 weeks of covered employment or 1,000 hours equals one year of vesting service credit for Programs A, B, and C. 750 or more hours of service (excluding overtime) equals one year of vesting service for Program D

Service Credit

Program A:

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

Program B:

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

Program C:

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

Program D:

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

Section 3: Certificate of Actuarial Valuation

Contribution Rates

Program A:

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

Program B:

	Contribution Rates for Monthly Maximum Regular Pension		
Effective January 1	**$425.00**	**$1,000.00**	**$1,160.00**
2021	$0.55 per hour	$216.00 per month	$303.00 per month
2022	$0.57 per hour	$223.25 per month	$312.75 per month
2023	$0.58 per hour	$230.25 per month	$322.75 per month
2024	$0.60 per hour	$237.25 per month	$332.75 per month
2025	$0.62 per hour	$244.25 per month	$342.75 per month

The average equivalent monthly contribution rate for Program B participants is $241.99 for the plan year beginning July 1, 2022.

Program C:

Contribution rates range from $0.28 to $1.08 per hour, with an average contribution rate of $0.68 per hour.

Program D:

Contribution rates range from $0.28 to $4.50 per hour, with an average contribution rate of $3.40 per hour.

Changes in Plan Provisions

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

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended JUNE 30, 2023

Form 5500, Schedule R, Line 13e
Schedule of Employer Contribution Rates

Employer	Contribution Rate	Base Unit Measure
ABM JANITORIAL SERVICES, INC - PROGRAM A	$130.75	WEEKLY
ABM JANITORIAL SERVICES, INC - PROGRAM B AND C	$0.58	HOUR
COLLINS BUILDING SERVICES INC - PROGRAM A	$130.75	WEEKLY
COLLINS BUILDING SERVICES INC - PROGRAM B AND C	$0.58	HOUR
FIRST QUALITY MAINTENANCE - PROGRAM A	$130.75	WEEKLY
FIRST QUALITY MAINTENANCE - PROGRAM C	$0.58	HOUR
GUARDIAN SERVICES INDUSTRIES INC. - PROGRAM A	$130.75	WEEKLY
GUARDIAN SERVICES INDUSTRIES INC. - PROGRAM C	$0.58	HOUR
HARVARD MAINTENANCE - PROGRAM A	$130.75	WEEKLY
HARVARD MAINTENANCE - PROGRAM C	$0.58	HOUR
PBM, LLC - PROGRAM A	$130.75	WEEKLY
PBM, LLC - PROGRAM D	$0.58	HOUR
PRITCHARD INDUSTRIES INC - PROGRAM A	$130.75	WEEKLY
PRITCHARD INDUSTRIES INC - PROGRAM C	$0.58	HOUR

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUILDING SERVICE 32BJ PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF THE BUILDING
SERVICE 32BJ PENSION FUND

25 WEST 18TH STREET

NEW YORK NY 10011

2b Employer Identification Number (EIN) 13-1879376

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

2d Business code (see instructions) 561790

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

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

SIGN HERE			Manny Pastreich
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Howard Rothschild
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
		3c Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a	Sponsor's name	**4d** PN	
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	116,253
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)**	54,120
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	55,540
b	Retired or separated participants receiving benefits	**6b**	32,875
c	Other retired or separated participants entitled to future benefits	**6c**	19,571
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	107,986
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12,377
f	Total. Add lines **6d** and **6e**	**6f**	120,363
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	3,977

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

1A

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

▶ **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
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PEN

D Employer Identification Number (EIN)
13-1879376

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

1a Enter the valuation date: Month 07 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	1b(1)	3,219,405,071
(2)	Actuarial value of assets for funding standard account	1b(2)	3,409,762,692
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	4,569,122,449
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	
(b)	Accrued liability under entry age normal method	1c(2)(b)	
(c)	Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	4,569,122,449
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	9,111,191,150
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	240,291,925
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	328,311,134
(3)	Expected plan disbursements for the plan year	1d(3)	344,811,134

Statement by Enrolled Actuary

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

SIGN HERE SUSAN L. BOYLE SB — 01/22/2024

Signature of actuary — Date

SUSAN L. BOYLE, FSA, FCA, MAAA — 2306862

Type or print name of actuary — Most recent enrollment number

SEGAL — 212-251-5000

Firm name — Telephone number (including area code)

333 WEST 34TH STREET
NEW YORK NY 10001-2402

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	3,222,470,168
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		40,724	3,598,243,622
(2) For terminated vested participants		19,052	1,225,074,064
(3) For active participants:			
(a) Non-vested benefits			531,072,574
(b) Vested benefits			3,756,800,890
(c) Total active		49,237	4,287,873,464
(4) Total		109,013	9,111,191,150
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	35.37 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/15/2023	319,394,095				

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 2.27 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-8.1 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	15,869,565
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	20,146,803	2,123,140

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	17,858,547
b Employer's normal cost for plan year as of valuation date		**9b**	89,202,890
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1,189,543,271	179,276,172
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	21,475,321
e Total charges. Add lines 9a through 9d		**9e**	307,812,930
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	0
g Employer contributions. Total from column (b) of line 3		**9g**	319,394,095
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	48,042,061	5,264,399
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	11,374,002
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1,546,839,288	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	5,001,486,035	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	336,032,496
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	28,219,566
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Actuarial Status Certification as of July 1, 2022 under IRC Section 432

September 28, 2022

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

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Building Service 32BJ Pension Fund as of July 1, 2022 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

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

This certification is based on the July 1, 2021 actuarial valuation, dated February 9, 2022. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 6.

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

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

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

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

Certificate Contents

Exhibit 1	Status Determination as of July 1, 2022
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After July 1, 2021
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of July 1, 2022

Status	Condition	Component Result	Final Result
Critical Status:			
	1. Initial critical status tests:		
	C1. A funding deficiency is projected in four years?	No	No
	C2. a. A funding deficiency is projected in five years,	No	
	b. **and** the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. **and** the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
	C3. a. A funding deficiency is projected in five years,	No	
	b. **and** the funded percentage is less than 65%?	No	No
	C4. a. The funded percentage is less than 65%,	No	
	b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	In Critical Status?	No	**No**
	C6. a. Any of (C1) through (C5) are Yes?	No	No
	C7. a. Is not in critical status,	Yes	
	b. **and** is projected to be in critical status in any of the next five years?	No	No
	2. In Critical Status in any of the five succeeding plan years?		**No**

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

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan. The annual standard in the Rehabilitation Plan for the plan year beginning July 1, 2022 is that the projected end of year funding deficiency as of June 30, 2023 should be at most $20,000,000. Based upon the assumptions used in this certification, there is a projected credit balance as of June 30, 2023 of $28,431,078 that meets this standard.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of July 1, 2022 (based on projections from the July 1, 2021 valuation certificate):

1.	Financial Information			
	a. Market value of assets			$3,218,939,649
	b. Actuarial value of assets			3,409,328,971
	c. Reasonably anticipated contributions (including withdrawal liability payments from previously withdrawn employers)			
	1) Upcoming year (including $532,012 in withdrawal liability payments)			318,195,540
	2) Present value for the next five years (including $1,790,287 in withdrawal liability payments)			1,346,939,671
	3) Present value for the next seven years (including $2,244,648 in withdrawal liability payments)			1,764,676,770
	d. Projected benefit payments			327,718,397
	e. Projected administrative expenses (beginning of year)			16,186,956
2.	Liabilities			
	a. Present value of vested benefits for active participants			1,462,289,378
	b. Present value of vested benefits for non-active participants			2,947,798,909
	c. Total unit credit accrued liability			4,566,629,174
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$1,450,314,959	$73,066,068	$1,523,381,027
	2) Next seven years	1,943,862,626	97,326,543	2,041,189,169
	e. Unit credit normal cost plus expenses			87,682,511
	f. Ratio of inactive participants to active participants			1.2134
3.	Funded Percentage (1.b)/(2.c)			74.66%
4.	Funding Standard Account			
	a. Credit Balance/(Funding Deficiency) as of the end of prior year			($18,291,587)
	b. Years to projected funding deficiency			0
5.	Years to Projected Insolvency			N/A

Exhibit 3: Funding Standard Account Projections

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

		Year Beginning July 1,					
		2021	**2022**	**2023**	**2024**	**2025**	**2026**
1.	Credit balance (BOY)	($52,449,112)	($18,291,587)	$28,431,078	$85,616,683	$144,766,713	$211,260,942
2.	Interest on (1)	(3,933,683)	(1,371,869)	2,132,331	6,421,251	10,857,503	15,844,571
3.	Normal cost	70,647,782	71,495,555	72,353,502	73,221,744	74,100,405	74,989,610
4.	Administrative expenses	15,869,565	16,186,956	16,510,695	16,840,909	17,177,727	17,521,282
5.	Net amortization charges	172,950,282	173,749,097	170,734,557	171,599,697	167,679,151	169,050,067
6.	Interest on (3), (4) and (5)	19,460,072	19,607,371	19,469,907	19,624,676	19,421,796	19,617,072
7.	Expected contributions	306,483,537	318,195,540	323,018,184	322,915,582	322,915,582	322,915,582
8.	Interest on (7)	10,535,372	10,937,972	11,103,750	11,100,223	11,100,223	11,100,223
9.	**Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**($18,291,587)**	**$28,431,078**	**$85,616,683**	**$144,766,713**	**$211,260,942**	**$279,943,286**

		2027	**2028**	**2029**	**2030**	**2031**
1.	Credit balance (BOY)	$279,943,286	$359,004,587	$443,347,760	$567,958,910	$722,441,797
2.	Interest on (1)	20,995,746	26,925,344	33,251,082	42,596,918	54,183,135
3.	Normal cost	75,889,485	76,800,159	77,721,761	78,654,422	79,598,275
4.	Administrative expenses	17,871,708	18,229,142	18,593,725	18,965,600	19,344,912
5.	Net amortization charges	162,931,006	162,243,398	129,366,608	108,800,038	98,508,790
6.	Interest on (3), (4) and (5)	19,251,915	19,295,452	16,926,157	15,481,504	14,808,898
7.	Expected contributions	322,909,650	322,886,748	322,869,674	322,694,896	322,657,999
8.	Interest on (7)	11,100,019	11,099,232	11,098,645	11,092,637	11,091,369
9.	**Credit balance at end of year: (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**$359,004,587**	**$443,347,760**	**$567,958,910**	**$722,441,797**	**$898,113,425**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after July 1, 2021

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial loss	7/1/2022	$17,654,210	15	$1,860,462
Actuarial loss	7/1/2023	50,876,197	15	5,361,511
Actuarial loss	7/1/2024	46,327,422	15	4,882,145
Actuarial loss	7/1/2025	19,105,998	15	2,013,457
Actuarial loss	7/1/2026	116,979,649	15	12,327,722

Exhibit 5: Solvency Projections

The table below presents the projected Market Value of Assets for the Plan Years beginning July 1, 2021 through June 30, 2042.

		Year Beginning July 1,						
		2021	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**
1.	Market Value at beginning of year	$3,511,934,218	$3,218,939,649	$3,431,060,700	$3,654,396,583	$3,885,326,841	$4,123,195,157	$4,367,899,775
2.	Contributions	301,251,260	317,663,528	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405
3.	Withdrawal liability payments	5,232,277	532,012	470,779	368,177	368,177	368,177	362,245
4.	Benefit payments	300,325,572	327,718,397	336,688,631	345,043,905	354,672,380	364,891,719	374,625,057
5.	Administrative expenses and other income	16,239,890	16,830,000	17,166,600	17,509,932	17,860,131	18,217,334	18,581,681
6.	Interest earnings	(282,912,644)	238,473,908	254,172,930	270,568,513	287,485,245	304,898,089	322,842,954
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$3,218,939,649	$3,431,060,700	$3,654,396,583	$3,885,326,841	$4,123,195,157	$4,367,899,775	$4,620,445,641
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$3,519,265,221**	**$3,758,779,097**	**$3,991,085,214**	**$4,230,370,746**	**$4,477,867,537**	**$4,732,791,494**	**$4,995,070,698**

		2028	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**
1.	Market Value at beginning of year	$4,620,445,641	$4,881,631,397	$5,152,568,564	$5,434,557,671	$5,729,430,391	$6,039,195,008	$6,365,821,189
2.	Contributions	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405
3.	Withdrawal liability payments	339,343	322,269	147,491	110,594	110,594	110,594	110,594
4.	Benefit payments	384,131,958	393,191,834	401,540,467	409,054,839	415,596,716	421,311,117	425,787,748
5.	Administrative expenses	18,953,315	19,332,381	19,719,029	20,113,410	20,515,678	20,925,992	21,344,512
6.	Interest earnings	341,384,281	360,591,708	380,553,707	401,382,970	423,219,013	446,205,291	470,506,193
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$4,881,631,397	$5,152,568,564	$5,434,557,671	$5,729,430,391	$6,039,195,008	$6,365,821,189	$6,711,853,120
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$5,265,763,355**	**$5,545,760,398**	**$5,836,098,138**	**$6,138,485,230**	**$6,454,791,724**	**$6,787,132,306**	**$7,137,640,868**

		2035	2036	2037	2038	2039	2040	2041
1.	Market Value at beginning of year	$6,711,853,120	$7,080,114,959	$7,473,835,631	$7,896,252,362	$8,350,506,881	$8,840,035,249	$9,368,159,490
2.	Contributions	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405	322,547,405
3.	Withdrawal liability payments	92,317	54,629	54,629	27,314	0	0	0
4.	Benefit payments	428,922,604	430,528,967	430,888,161	430,260,485	428,616,502	426,340,412	423,143,401
5.	Administrative expenses	21,771,402	22,206,830	22,650,967	23,103,986	23,566,066	24,037,387	24,518,135
6.	Interest earnings	496,316,123	523,854,435	553,353,825	585,044,271	619,163,531	655,954,635	695,677,522
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$7,080,114,959	$7,473,835,631	$7,896,252,362	$8,350,506,881	$8,840,035,249	$9,368,159,490	$9,938,722,881
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$7,509,037,563**	**$7,904,364,598**	**$8,327,140,523**	**$8,780,767,366**	**$9,268,651,751**	**$9,794,499,902**	**$10,361,866,282**

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the July 1, 2021 actuarial valuation certificate, dated February 9, 2022, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Contribution Rates:	The certification reflects contribution rates negotiated through January 1, 2023. The average contribution rate is projected to increase from $125.56 per week for the plan year beginning July 1, 2022 to $127.49 per week for the plan year beginning July 1, 2023.
Asset Information:	The financial information as of June 30, 2022 was based on an unaudited financial statement provided by the Fund Administrator. For projections after that date, the assumed administrative expenses were increased by 2% per year and the benefit payments were projected based on the July 1, 2021 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2022 - 2041 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants is assumed to remain level and, on the average, contributions will be made for each full-time active for the equivalent of 52 weeks and each part-time active for the equivalent of 26 weeks each year.
Future Normal Costs:	Based on the assumed industry activity and the unit credit cost method and generational mortality assumptions, we have assumed that the Normal Cost will increase by 1.2% per year.
Future Withdrawal Liability Income:	In addition to projections of industry activity directly linked to the level of ongoing employment, these determinations also project the following contribution amounts derived from withdrawal liability assessments, based on information from the fund office as follows:

Plan Year Ending June 30	Amount	Plan Year Ending June 30	Amount
2023	$532,012	2032	$110,594
2024	470,779	2033	110,594
2025	368,177	2034	110,594
2026	368,177	2035	110,594
2027	368,177	2036	92,317
2028	362,245	2037	54,629
2029	339,343	2038	54,629
2030	322,269	2039	27,314
2031	147,491		

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.