

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan DIVISION A PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 05/29/1956
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 DIVISION A PENSION FUND 709 8TH AVENUE NEW YORK, NY 10036-7111	2b Employer Identification Number (EIN) 13-2569697
		2c Plan Sponsor's telephone number 212-492-2102
		2d Business code (see instructions) 721110

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.	06/26/2024	MARCIA AZEEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/26/2024	VIJAY DANDAPANI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1790
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) 680
a(2) Total number of active participants at the end of the plan year		6a(2) 759
b Retired or separated participants receiving benefits		6b 438
c Other retired or separated participants entitled to future benefits.....		6c 634
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1831
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 39
f Total. Add lines 6d and 6e		6f 1870
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 30
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

► 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 DIVISION A 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 DIVISION A PENSION FUND	D Employer Identification Number (EIN) 13-2569697

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

1a Enter the valuation date: Month 10 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 64359555
(2) Actuarial value of assets for funding standard account	1b(2) 72770769
c (1) Accrued liability for plan using immediate gain methods	1c(1) 76440775
(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) 73172846
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) 138796829
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4798468
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4155741
(3) Expected plan disbursements for the plan year	1d(3) 4780741

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	04/29/2024
Signature of actuary SUSAN L. BOYLE, FSA, FCA, MAAA	Date 23-06862
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	64359555
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	455	43629554
(2) For terminated vested participants	666	39282472
(3) For active participants:		
(a) Non-vested benefits		7144510
(b) Vested benefits		48740293
(c) Total active	679	55884803
(4) Total	1800	138796829
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.37 %

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
04/15/2023	4554791				
Totals ▶ 3(b)				4554791	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 323207

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.38 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	3.75 % ☐ 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	4.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-12.6 %
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)	604139
(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	2723325	271956
3	61687	6160
4	-76230	-7612

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2322305

c Amortization charges as of valuation date:

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

(2) Funding waivers.....

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

	Outstanding balance	
9c(1)	17546965	2886784
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 338591**e** Total charges. Add lines 9a through 9d.....**9e** 5547680**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 7253359**g** Employer contributions. Total from column (b) of line 3.....**9g** 4554791**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	6623600	1005177

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 672500**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit.....

9j(1)	23064581	
9j(2)	55967791	
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** 13485827**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 7938147**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

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

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

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

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

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A Name of plan DIVISION A 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 DIVISION A PENSION FUND	D Employer Identification Number (EIN) 13-2569697

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO, LLC
03-0417540

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

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

MARCIA AZEEZ

13-2569697

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

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	103941	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	87588	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RBC GLOBAL ASSET MANAGEMENT INC.

04-3405915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	76353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PITTA, LLP

26-3852082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	54056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-2614959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	50014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL MARCO ADVISORS, INC.

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLENOFF, GROSSMAN & SCHOLE, LLP

13-3643185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK

13-3408600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	15213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NY HOTEL AND GAMING TRADES COUNCIL

13-1098484

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50	AFFILIATE	11388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan DIVISION A 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 DIVISION A PENSION FUND		D Employer Identification Number (EIN) 13-2569697

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	389991	518884
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	264580	282709
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1970475	2402324
(2) U.S. Government securities	1c(2)	10582130	9518684
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	18742863	20298769
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	255380	680063
(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)	32242520	38325634
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	33387	25555
f Total assets (add all amounts in lines 1a through 1e)	1f	64481326	72052622

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	121771	104972
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	121771	104972

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	64359555	71947650
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4554791	
(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)		4554791
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64904	
(B) U.S. Government securities	2b(1)(B)	225550	
(C) Corporate debt instruments	2b(1)(C)	702208	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		992662
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	842065	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		842065
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5740309	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6147458	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-407149
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	439486	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		439486

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13917
(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)		5241048
c Other income	2c		811
d Total income. Add all income amounts in column (b) and enter total	2d		11677631
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3387719	
(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)		3387719
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)	269585	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	156366	
(4) Other	2i(4)	275866	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		701817
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4089536
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7588095
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 505998.

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 10/01/2022 and ending 09/30/2023		
A Name of plan DIVISION A 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 DIVISION A PENSION FUND		D Employer Identification Number (EIN) 13-2569697
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-2569697		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ON THE AVE**

b EIN **30-0429712**

c Dollar amount contributed by employer **361653**

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 **06** Day **30** Year **2024**

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): **7.5% OF MONTHLY GROSS**

a Name of contributing employer **VICEROY NEW YORK**

b EIN **90-1018588**

c Dollar amount contributed by employer **481776**

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 **06** Day **30** Year **2024**

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): **7.5% OF MONTHLY GROSS**

a Name of contributing employer **HOTEL AND GAMING TRADES COUNCIL, AF**

b EIN **13-1098484**

c Dollar amount contributed by employer **947534**

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 **06** Day **30** Year **2024**

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): **15% OF MONTHLY GROSS**

a Name of contributing employer **HOLIDAY INN DOWN TOWN**

b EIN **47-5412767**

c Dollar amount contributed by employer **359363**

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 **06** Day **30** Year **2024**

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): **7.5% OF MONTHLY GROSS**

a Name of contributing employer **SHOREHAM HOTEL**

b EIN **20-0929597**

c Dollar amount contributed by employer **224349**

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 **06** Day **30** Year **2024**

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): **7.5% OF MONTHLY GROSS**

a Name of contributing employer **BELLECLAIRE HOTEL LLC**

b EIN **13-4028308**

c Dollar amount contributed by employer **176950**

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 **06** Day **30** Year **2024**

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): **7.5% OF MONTHLY GROSS**

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 FITZPATRICK GRAND CENTRAL HOTEL LLC

b EIN 13-3935138 **c** Dollar amount contributed by employer 134613

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 06 Day 30 Year 2024

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): 7.5% OF MONTHLY GROSS

a Name of contributing employer SAN CARLOS HOTEL

b EIN 61-1944265 **c** Dollar amount contributed by employer 175165

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 06 Day 30 Year 2024

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): 7.5% OF MONTHLY GROSS

a Name of contributing employer THE CACHET BOUTIQUE HOTEL

b EIN 52-2101817 **c** Dollar amount contributed by employer 140155

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 06 Day 30 Year 2024

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): 7.5% OF MONTHLY GROSS

a Name of contributing employer THE HIGHLINE / 10TH AVE. HOTEL MGMT

b EIN 32-0380995 **c** Dollar amount contributed by employer 109079

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 06 Day 30 Year 2024

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): 7.5% OF MONTHLY GROSS

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.00
b	The corresponding number for the second preceding plan year.....	15b	0.98
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 41.0 % Investment-Grade Debt: 55.5 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 3.5 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

DIVISION A PENSION FUND

FINANCIAL STATEMENTS

SEPTEMBER 30, 2023

DIVISION A PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Division A Pension Fund

Opinion

We have audited the financial statements of the Division A Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of September 30, 2023, 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 Plan as of September 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 September 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan’s 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

New York, New York
July 11, 2024

DIVISION A PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS - at fair value		
Corporate obligations	\$ 20,298,769	\$ 18,742,863
Mutual funds	38,325,634	32,242,520
United States Government and Government Agency obligations	9,518,684	10,582,130
Short-term investments	<u>3,082,387</u>	<u>2,225,855</u>
Total investments	<u>71,225,474</u>	<u>63,793,368</u>
RECEIVABLES		
Employer contributions	518,884	389,991
Due from affiliates	-	51,408
Interest and dividends	<u>250,145</u>	<u>193,085</u>
Total receivables	<u>769,029</u>	<u>634,484</u>
OTHER ASSETS		
Property and equipment - net	25,555	33,387
Prepaid expenses and other assets	<u>32,564</u>	<u>20,087</u>
Total other assets	<u>58,119</u>	<u>53,474</u>
 Total assets	 <u>72,052,622</u>	 <u>64,481,326</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	<u>104,972</u>	<u>121,771</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 71,947,650</u></u>	 <u><u>\$ 64,359,555</u></u>

See accompanying notes to financial statements.

DIVISION A PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investment \$	5,273,386	\$ (10,556,712)
Interest and dividends	1,848,643	1,502,927
	<u>7,122,029</u>	<u>(9,053,785)</u>
Less investment expenses	(126,366)	(142,427)
Net investment income (loss)	<u>6,995,663</u>	<u>(9,196,212)</u>
Employer contributions	4,231,584	3,946,968
Withdrawal liability	323,207	119,404
Other income	<u>811</u>	<u>38,294</u>
Total additions	<u>11,551,265</u>	<u>(5,091,546)</u>
DEDUCTIONS		
Benefits paid to participants	3,387,719	3,315,401
Administrative expenses	575,451	596,568
Total deductions	<u>3,963,170</u>	<u>3,911,969</u>
NET INCREASE (DECREASE)	7,588,095	(9,003,515)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>64,359,555</u>	<u>73,363,070</u>
End of year	<u><u>\$ 71,947,650</u></u>	<u><u>\$ 64,359,555</u></u>

See accompanying notes to financial statements.

DIVISION A PENSION FUND

STATEMENT OF ACCUMULATED PLAN BENEFITS

SEPTEMBER 30, 2022

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits

Participants currently receiving benefits

\$ 30,086,421

Other participants

40,520,109

70,606,530

Nonvested benefits

2,566,316

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN
BENEFITS

\$ 73,172,846

See accompanying notes to financial statements.

DIVISION A PENSION FUND

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED SEPTEMBER 30, 2022

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 69,250,631</u>
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO:	
Benefits accumulated, net experience gain or loss, change in data	2,844,464
Benefits paid	(3,315,401)
Changes in actuarial assumptions	8,591
Interest	<u>4,384,561</u>
Net Increase	<u>3,922,215</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u><u>\$ 73,172,846</u></u>

See accompanying notes to financial statements.

DIVISION A PENSION FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2023 AND 2022

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Division A Pension Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension plan and it was established under an agreement and declaration of trust dated May 29, 1956, pursuant to collective bargaining agreements between The New York Hotel & Motel Trades Council, AFL-CIO and various employers operating in the New York metropolitan area. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits - Effective for eligible employees covered by contributing employers who agreed to contribute to the Plan, benefits are calculated as follows:

Normal Retirement Benefits - Employees with at least 15 years of credited service as of their normal retirement date (no earlier than age 65) receive a normal retirement benefit. The monthly retirement benefit is calculated based on a formula which is the accrual rate in effect on the date the participant separates from covered employment times the number of pension credits earned up to the maximum monthly benefit in effect on the date separated from covered employment.

Early Retirement Benefits - Employees with 15 or more years of credited service may elect to retire at age 62 and receive the actuarial equivalent of accrued benefit payable at normal retirement date reduced by 5/9% for each month payments precedes the employee's attainment of age 65.

Disability Pension - Employees with 15 or more years of credited service, have become totally and permanently disabled, worked in covered employment for at least 435 hours within the twenty-four months of time before total and permanent disability, the total and permanent disability as continued for a period of six months, and an application for disability pension had been filed within eighteen months after the date the disability commenced are entitled to receive a disability pension. The monthly benefit is calculated in the same manner as the normal retirement benefit.

Disability Pension - Upon the death of employees whose Annuity Starting Date was prior to July 1, 2001, a \$2,000 death benefit shall be paid to the employee's designated beneficiary.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements were prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. The valuation for United States Treasuries, corporate obligations and mutual funds are generally based on quoted market prices or net asset value of the fund as of the last business day of the fiscal year as provided by the custodian. Government Agency obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. Short-term investments are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed over the estimated useful lives for software improvements, furniture and fixtures of five to ten years using the straight line method. Depreciation and amortization expense totaled \$7,832 and \$5,616 for the years ended September 30, 2023 and 2022, respectively.

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 service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries.

Employer Contributions - Employer contribution due and not paid prior to year end are recorded as contributions receivable.

Withdrawal Liability Income - Income is recognized when the withdrawal liability payments are received from the employer due to the uncertainty that the assessments will be paid in full. A withdrawal liability receivable will be recorded if an employer remits a required payment, due during the year, subsequent to the end of the year.

Payment of Benefits - Benefit payments are recorded when paid.

Expenses - The Plan and various related organizations share office space and the services of certain employees. Expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as a receivable from related organizations or liabilities to related organizations generally include balances for shared expenses.

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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING POLICY

Contributing employers are required to make contributions to the Plan on behalf of each participant based on a percentage of the participant's salary in accordance with a collective bargaining agreement between contributing employers and Division A Pension Fund. Participants are not required to contribute to the Plan. Employer contributions are accounted for as exchange transactions.

Under the provisions of ERISA, the Plan is subject to minimum funding requirements. At September 30, 2022, the minimum funding standard account had a credit balance of \$7,300,000. The existence of a credit balance indicates that employer contributions have been more than sufficient to meet the minimum funding requirements.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan in whole or in part at any time is reserved to the Trustees, subject to the provisions of ERISA. In the event of a termination of this Plan, the rights of all affected Participants to benefits then accrued, to the extent then funded, shall thereupon become 100% vested and nonforfeitable. Upon termination of the Plan, the Trustees shall take such steps as they deem necessary or desirable to comply with Sections 4041A and 4281 of ERISA.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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 and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on November 18, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under IRC Section 401(a) and was, therefore, exempt from Federal income taxes under the provisions of IRC Section 501(a). The Plan has been amended since receiving the determination letter, however, the Plan's Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Plan's management evaluate tax positions taken by the Plan and recognizes a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. 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:

Basis of Fair Value Measurement:

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 inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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 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. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended September 30, 2023 and 2022, there were no transfers in or out of levels 1, 2 or 3.

The following tables set forth by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value at September 30, 2023 and 2022.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at September 2023			
	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 20,298,769	\$ -	\$ 20,298,769	\$ -
Mutual funds	38,325,634	38,325,634	-	-
U.S. Government and Government Agency obligations	9,518,684	8,639,674	879,010	-
Short term investment	3,082,387	3,082,387	-	-
Investments measured at fair value	<u>\$ 71,225,474</u>	<u>\$ 50,047,695</u>	<u>\$ 21,177,779</u>	<u>\$ -</u>

- One mutual fund account for 44% of net assets available for benefits as of September 30, 2023.

	Fair Value Measurements at September 2022			
	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 18,742,863	\$ -	\$ 18,742,863	\$ -
Mutual funds	32,242,520	32,242,520	-	-
U.S. Government and Government Agency obligations	10,582,130	9,689,990	892,140	-
Short term investment	2,225,855	2,225,855	-	-
Investments measured at fair value	<u>\$ 63,793,368</u>	<u>\$ 44,158,365</u>	<u>\$ 19,635,003</u>	<u>\$ -</u>

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**Identification of Related Organizations**

The Plan has the following related entities with which it has transactions:

- New York Hotel and Motel Trades Council
- Hotel, Restaurant & Club Employees and Bartenders Union Local 6
- Division A Education and Scholarship Fund
- Division A Annuity Fund

These entities share common Trustees or officers with this Plan.

Certain plan investments are managed by The Bank of New York Mellon. The Bank of New York Mellon is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year.

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (continued)**Administrative Expenses**

The Plan reimburses the Hotel, Restaurant & Club Employees and Bartenders Union Local 6 (Local 6) and New York Hotel and Motel Trades Council (Council) for the Plan's share of salaries, related taxes and employee benefits and various general and administrative expenses. During the year ended September 30, 2023 and 2022, the Plan reimbursed \$3,063 and \$1,349, respectively to Local 6, and \$11,388 and \$56,704, respectively to the Council.

Division A Annuity Fund and Division A Education and Scholarship Fund reimburse the Plan for its share of salaries, related taxes and employee benefits and various general and administrative expenses. During the year ended September 30, 2023 and 2022, the Plan received reimbursements of \$3,394 and \$2,032 from Division A Annuity Fund, respectively.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of September 30, 2023 and 2022:

	2023	2022
Software improvements	\$ 104,902	\$ 104,902
Furniture and fixtures	3,808	3,808
	108,710	108,710
Less: accumulated depreciation	(83,155)	(75,323)
Property and equipment - net	<u>\$ 25,555</u>	<u>\$ 33,387</u>

NOTE 9. ACTUARIAL INFORMATION

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

NOTE 9. ACTUARIAL INFORMATION (continued)

The actuarial cost method used in the valuations is the entry age normal method. Some of the more significant actuarial assumptions used in the October 1, 2022 valuations were:

- Mortality rates:

Healthy annuitant: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021.

Disabled participants: Pri-2012 Disabled Retiree Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021.

- Retirement age assumption - 65 years
- Net investment rate of return - 6.5%
- Administrative expenses - \$625,000

Assumption changes with the valuation: The administrative expenses increased from \$550,000 to \$625,000. The mortality assumptions were revised from the RP-2006 Blue Collar and Disabled Retiree Mortality Tables projected generationally from 2006 using scale MP-2017 to the Blue Collar and Disabled Retiree Mortality Tables projected generationally from 2012 using scale MP-2021.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of September 30, 2023 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2023 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended September 30, 2023. The complete financial status is presented as of September 30, 2022.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sector, and credit risks. Due to the level of risk associated with certain 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 in the statement of net assets available for benefits.

NOTE 10. RISKS AND UNCERTAINTIES (continued)

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

NOTE 11. CONCENTRATIONS OF CREDIT RISK

Financial instruments that subject the Plan to concentrations of credit risk include cash, short-term investments, and employer contributions. The Plan maintains an account at a high quality financial institution. The Plan's deposit balance may, at times, exceed federally insured limits. The Plan has not experienced any losses on this account.

NOTE 12. WITHDRAWAL LIABILITY

During the year ended September 30, 2019 a participating employer withdrew from the Plan. The estimated withdrawal liability for this employer was determined by the Plan's actuary to total \$729,036 at present value. The employer is required to make thirty quarterly payments of \$29,851, which includes interest calculated at 7% and one final payment of \$5,313. The Plan received withdrawal liability payments of \$119,404 during the years ended September 30, 2023 and 2022. Due to the uncertainty of future collections, the Plan has set an allowance for uncollectible accounts of the remaining balance. The allowance for withdrawal liability receivable as of September 30, 2023 and 2022 was \$190,298 and \$309,702, respectively.

Additionally, one employer withdrew from the Plan during the year ended September 30, 2023. The employer fully settled and the Plan received withdrawal liability settlement payments totaling \$203,803 during the year ended September 30, 2023.

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 11, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

DIVISION A PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	2023	2022
Actuarial fees	\$ 133,941	\$ 96,956
Auditing fees	28,000	28,000
Computer expenses	1,641	1,350
Depreciation expense	7,832	5,616
Dues and subscriptions	429	550
Employee benefits	19,757	39,164
Insurance	94,850	83,344
Legal fees	78,056	71,506
Miscellaneous expenses	15,282	14,824
Office expense	905	980
Payroll audit fees	59,588	71,440
Payroll taxes	9,729	13,606
Postage	3,463	4,304
Printing and stationary	851	-
Salaries	121,127	164,722
Telephone	-	206
Total administrative expenses	<u>\$ 575,451</u>	<u>\$ 596,568</u>

DIVISION A PENSION FUND
SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2023

Form 5500, Schedule H, Item 4i

E.I.N. 13-2569697
Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(1) Short-term investments:</u>							
	Chase Commercial Checking	MMA	Demand	Var %	2,402,324	\$ 2,402,324	\$ 2,402,324
*	EB Temporary Investment Fund	MMA	Demand	Var	680,063	680,063	680,063
	Total short-term investments					<u>3,082,387</u>	<u>3,082,387</u>
<u>Item 1c(2) U.S. Government and Government Agency obligations:</u>							
	Federal National Mortgage Association	Pool	04/01/24	3.110	100,000	101,375	98,203
	Federal National Mortgage Association	Pool	09/24/26	1.875	110,000	109,304	101,033
	Federal National Mortgage Association	Pool	10/01/26	2.370	112,137	113,311	103,223
	Federal National Mortgage Association	Pool	11/01/26	2.250	90,818	84,673	83,134
	Federal National Mortgage Association	Pool	03/01/27	3.090	310,000	307,651	288,808
	Federal National Mortgage Association	Pool	06/25/27	2.898	223,331	223,331	204,609
	U.S. Treasury	Note	01/31/24	0.875	575,000	563,718	566,444
	U.S. Treasury	Note	02/15/24	2.750	1,315,000	1,361,645	1,301,745
	U.S. Treasury	Note	03/15/24	0.250	625,000	624,431	610,694
	U.S. Treasury	Note	08/15/24	0.375	500,000	499,631	478,420
	U.S. Treasury	Note	01/15/25	1.125	225,000	223,401	213,311
	U.S. Treasury	Note	02/15/25	2.000	2,275,000	2,373,296	2,176,083
	U.S. Treasury	Note	02/15/27	4.125	750,000	753,987	734,003
	U.S. Treasury	Note	02/15/28	2.750	1,050,000	1,089,244	971,208
	U.S. Treasury	Note	10/31/28	1.375	400,000	399,798	341,360
	U.S. Treasury	Note	02/15/29	2.625	225,000	227,435	203,573
	U.S. Treasury	Note	05/15/29	2.375	315,000	332,066	279,981
	U.S. Treasury	Note	11/15/29	1.750	240,000	254,287	204,178
	U.S. Treasury	Note	02/15/30	1.500	275,000	296,070	228,003
	U.S. Treasury	Note	11/15/30	0.875	425,000	412,491	330,671
	Total U.S. Government and Government Agency obligations					<u>10,351,145</u>	<u>9,518,684</u>
<u>Item 1c(3) Corporate obligations:</u>							
	AT&T Inc	Bond	02/15/27	3.800	60,000	63,668	56,387
	AT&T Inc	Bond	02/01/28	1.650	70,000	69,912	59,100
	American Electric Power Co Inc	Bond	11/13/27	3.200	45,000	44,924	41,072
	American Honda Finance Corp	Bond	03/24/28	2.000	100,000	99,831	86,537
	American Honda Finance Corp	Bond	04/17/30	4.600	225,000	224,708	213,451
	American Tower Corp	Bond	03/15/25	2.400	75,000	74,929	71,113
	AmeriCredit Automobile	Bond	04/18/25	2.740	3,796	3,795	3,790
	AmeriCredit Automobile	Bond	12/18/26	1.210	130,000	129,958	119,167
	Amgen Inc	Bond	03/02/33	5.250	245,000	244,228	234,252
	Analog Devices Inc	Bond	10/01/28	1.700	120,000	119,286	101,212
	Anheuser-Bush	Bond	01/23/29	4.750	65,000	76,444	63,060
	AON Corp	Bond	12/15/28	4.500	95,000	111,179	90,551
	Apple Inc	Bond	05/06/24	3.450	425,000	461,018	419,488
	Apple Inc	Bond	02/09/27	3.350	85,000	85,000	80,387
	Apple Inc	Bond	05/10/33	4.300	225,000	224,800	212,461
	AstraZeneca Finance LLC	Bond	05/28/28	1.750	80,000	79,864	68,487

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(3) Corporate obligations (continued):</u>							
	Automatic Data Processing Inc	Bond	05/15/28	1.700 %	105,000	\$ 104,683	\$ 90,728
	Baker Hughes Holdings LLC	Bond	12/15/26	2.061	60,000	60,000	53,861
	Bank of America Corp	Bond	08/01/25	3.875	140,000	141,282	135,624
	Bank of America Corp	Bond	01/23/26	Var	170,000	169,295	163,438
	Bank of America Corp	Bond	04/23/27	Var	435,000	469,836	408,161
	Bank of America Corp	Bond	07/22/27	Var	140,000	140,000	124,085
	Bank of America Corp	Bond	06/14/29	Var	105,000	105,000	87,919
	Bank of America Corp	Bond	04/27/28	Var	570,000	570,000	538,291
	Bank of Montreal	Bond	01/22/27	Var	160,000	160,000	142,677
*	Bank of New York Mellon Corp	Bond	07/14/28	1.650	130,000	129,658	109,559
	Bank of Nova Scotia	Bond	06/11/25	1.300	100,000	99,778	92,512
	Bank of Nova Scotia	Bond	03/02/26	1.050	100,000	99,883	89,266
	Berkshire Hathaway Finance Corp	Bond	10/15/30	1.450	160,000	159,674	124,720
	Berkshire Hathaway Finance Corp	Bond	03/15/32	2.875	205,000	204,928	171,989
	Berkshire Hathaway Inc	Bond	03/15/26	3.125	100,000	103,112	95,419
	Bristol-Myers Squibb	Bond	03/15/32	2.950	300,000	298,911	250,533
	Broadcom Corp	Bond	04/15/29	4.750	60,000	67,678	56,591
	Broadcom Corp	Bond	11/15/30	4.150	100,000	114,706	88,658
	Brunswick Corp	Bond	09/15/32	4.400	285,000	284,578	231,942
	CVS Health Corp	Bond	03/25/28	4.300	13,000	12,817	12,306
	CVS Health Corp	Bond	08/21/30	1.750	110,000	109,820	84,711
	Canadian Imperial Bank of Comm	Bond	04/07/32	3.600	125,000	124,553	106,410
	CarMax Auto Owner Trust	Bond	09/15/25	2.600	150,000	149,967	148,910
	CarMax Auto Owner Trust	Bond	10/16/28	4.750	245,000	244,977	231,608
	Caterpillar Financial Services	Bond	09/14/27	1.100	95,000	94,815	81,285
	Charter Communications Operation	Bond	03/15/28	4.200	75,000	85,370	68,824
	Citigroup Inc	Bond	10/21/26	3.200	425,000	454,392	392,398
	Citigroup Inc	Bond	05/24/28	Var	250,000	250,000	238,988
	Comcast Corp	Bond	01/15/29	4.550	270,000	269,417	259,332
	Comcast Corp	Bond	05/15/33	4.800	335,000	333,968	314,411
	ConocoPhillips Holding Co	Bond	04/15/29	6.950	100,000	127,431	108,312
	Consumers Energy CO	Bond	05/15/33	4.625	235,000	233,710	218,933
	Costco Wholesale Group	Bond	04/20/30	1.600	80,000	79,860	64,258
	Cummins	Bond	09/01/30	1.500	115,000	114,575	89,835
	Deutsche Bank Agency	Bond	11/16/27	Var	150,000	150,000	130,638
	Dominion Energy Inc	Bond	03/15/27	3.600	100,000	109,609	93,121
	Duke Energy Corp	Bond	09/01/26	2.650	170,000	168,644	156,448
	Duke Energy Progress LLC	Bond	04/01/32	3.400	175,000	174,540	148,754
	EIDP Inc	Bond	05/15/26	4.500	200,000	199,744	194,848
	Entergy Arkansas LLC	Bond	01/15/33	5.150	75,000	74,755	72,102
	Enterprise Products Operating	Bond	10/16/28	4.150	100,000	108,105	93,771
	Enterprise Products Operating	Bond	01/31/30	2.800	25,000	26,803	21,221
	Equifax Inc	Bond	12/01/24	2.600	60,000	59,867	57,647
	Everygy Inc	Bond	09/15/24	2.450	40,000	39,930	38,640
	Exeter Automobile Receiva 5A B	Bond	03/15/27	5.970	145,000	144,638	144,375
	FMC Corp	Bond	10/01/26	3.200	90,000	89,909	82,291
	Fidelity National Information	Bond	03/01/28	1.650	75,000	74,567	63,473
	Fiserv Inc	Bond	07/01/29	3.500	80,000	90,006	71,383
	Florida Power & Light Co	Bond	04/01/33	5.100	215,000	214,652	208,053
	Fortune Brands Innovations Inc	Bond	03/25/32	4.000	140,000	139,863	119,384
	General Motors Financial Co	Bond	08/20/27	2.700	70,000	71,920	61,417
	Gilead Sciences Inc	Bond	10/01/27	1.200	130,000	129,887	110,582

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(3) Corporate obligations (continued):</u>							
	Goldman Sachs Group Inc	Bond	09/29/25	Var %	190,000	\$ 190,225	\$ 184,114
	Goldman Sachs Group Inc	Bond	10/21/27	Var	105,000	105,000	92,728
	HSBC Holdings PLC	Bond	06/04/26	Var	200,000	207,132	186,424
	HP INC	Bond	04/15/29	Var	120,000	119,720	109,676
	Trane Technologies Luxembourg	Bond	03/21/26	3.500	25,000	24,974	23,733
	Trane Technologies Luxembourg	Bond	03/21/29	3.800	35,000	34,965	32,253
	Interl Corp	Bond	02/10/30	5.125	135,000	134,961	132,540
	Intercontinental Exchange INC	Bond	09/15/27	4.000	200,000	199,470	189,255
	John Deere Capital Corp	Bond	10/11/29	4.850	160,000	159,859	157,058
	JP Morgan Chase & Co	Bond	03/01/25	Var	105,000	104,493	103,623
	JP Morgan Chase & Co	Bond	10/01/26	2.950	435,000	454,109	402,854
	JP Morgan Chase & Co	Bond	11/19/26	Var	90,000	89,171	80,893
	JP Morgan Chase & Co	Bond	04/26/28	Var	175,000	175,000	166,057
	JP Morgan Chase & Co	Bond	06/01/29	Var	105,000	105,000	88,602
	KLA Corp	Bond	07/15/32	4.650	235,000	234,861	222,726
	Kinder Morgan Energy Partners	Bond	11/15/26	1.750	85,000	84,854	75,629
	Lowe's Cos Inc	Bond	04/15/28	1.300	155,000	154,890	129,191
	Meta Platforms Inc	Bond	05/15/30	4.800	215,000	214,514	209,444
	Merick & Co Inc	Bond	05/17/33	4.500	225,000	224,802	210,629
	Microsoft Corp	Bond	02/06/24	2.875	35,000	34,745	34,668
	MidAmerican Energy Co	Bond	05/01/27	3.100	80,000	78,384	74,044
	Minneapolis-Saint Paul MN Met	Bond	01/01/24	3.093	80,000	80,000	79,444
	Morgan Stanley	Bond	07/17/26	Var	95,000	95,000	92,557
	Morgan Stanley	Bond	07/22/28	Var	500,000	567,590	456,230
	Morgan Stanley	Bond	02/01/29	Var	310,000	309,994	298,629
	NextEra Energy Capital Holding	Bond	05/01/27	3.550	310,000	342,880	288,712
	NiSource Inc	Bond	08/15/25	0.950	60,000	59,851	54,728
	Nutrien LTD	Bond	12/15/26	4.000	120,000	131,524	113,756
	Oracle Corp	Bond	05/15/25	2.950	75,000	73,814	71,715
	Paccar Financial Corp	Bond	01/10/28	4.600	235,000	234,605	229,226
	Pepsico Inc	Bond	07/29/29	2.625	170,000	182,762	149,437
	Pepsico Inc	Bond	07/18/32	3.900	380,000	379,407	346,279
	Port of Seattle WA Revenue	Bond	05/01/24	2.836	50,000	50,000	49,193
	Pfizer Investment Enterprises	Bond	05/19/30	4.650	300,000	299,469	287,550
	Progressive Corp/The	Bond	01/15/27	2.450	100,000	93,234	91,178
	Prologis Lp	Bond	06/15/33	4.750	220,000	219,593	203,117
	Prologis Lp	Bond	6/15/28	4.875	130,000	129,206	126,685
	Public Service Electric And Ga	Bond	08/01/33	5.200	220,000	219,714	214,929
	Public Storage Operating Co	Bond	05/01/28	1.850	75,000	74,946	64,196
	Public Storage Operating Co	Bond	08/01/33	5.100	310,000	309,467	296,425
	RTX Corp	Bond	07/01/30	2.250	140,000	139,821	112,850
	Realty Income Corp	Bond	03/15/30	4.850	185,000	182,804	174,361
	Santander Drive Auto	Bond	10/15/27	1.670	200,000	199,937	185,472
	Santander Drive Auto	Bond	07/16/29	3.760	225,000	224,966	214,616
	Shire Acquisitions Investments	Bond	09/23/26	3.200	95,000	86,772	88,740
	Southern Gas Co Capital Corp	Bond	01/15/31	1.750	45,000	44,852	33,985
	Southwestern Electric Power Co	Bond	10/01/26	2.750	65,000	64,932	59,676
	TSMC Arizona Corp	Bond	10/25/26	1.750	200,000	199,952	179,458
	Take-Two Interactive Software	Bond	04/14/32	4.000	110,000	109,883	95,987
	Tapestry Inc	Bond	03/15/32	3.050	100,000	100,578	73,284
	Target Corp	Bond	09/15/32	4.500	245,000	244,569	227,627
	Texas Instruments Inc	Bond	02/15/28	4.600	110,000	112,644	107,825

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(3) Corporate obligations (continued):</u>							
	Texas Instruments Inc	Bond	08/16/32	3.650 %	120,000	\$ 119,651	\$ 105,620
	Thermo Fisher Scientific Inc	Bond	10/15/28	1.750	95,000	94,954	80,409
	The Toronto-Dominion Bank	Bond	06/12/24	2.650	60,000	59,992	58,626
	The Toronto-Dominion Bank	Bond	06/12/25	1.150	70,000	69,997	64,832
	The Toronto-Dominion Bank	Bond	06/03/26	1.200	115,000	114,994	101,990
	The Toronto-Dominion Bank	Bond	03/10/32	3.200	195,000	194,620	159,670
	Toyota Motor Corp	Bond	03/25/26	1.339	200,000	199,961	181,588
	Toyota Motor Credit Corp	Bond	08/13/27	1.150	50,000	49,977	42,850
	Toyota Motor Credit Corp	Bond	06/29/29	4.450	280,000	279,966	269,043
	Truist Financial Corp	Bond	01/26/29	Var	215,000	215,000	201,848
	US Bankcorp	Bond	07/22/28	Var	225,000	225,000	211,370
	Verizon Communications Inc	Bond	03/16/27	4.125	60,000	64,848	57,075
	Verizon Communications Inc	Bond	03/22/28	2.100	115,000	114,948	98,802
	WEC Energy Group Inc	Bond	10/15/27	1.375	320,000	320,964	271,174
	Walmart Inc	Bond	09/22/28	1.500	125,000	124,868	106,037
	Walmart Inc	Bond	04/15/30	4.000	215,000	214,585	201,962
	Walmart Inc	Bond	09/09/32	4.150	185,000	184,430	172,444
	Wells Fargo & Co	Bond	02/19/25	3.000	95,000	97,761	91,275
	Wells Fargo & Co	Bond	10/23/26	3.000	130,000	128,752	119,356
	Westpac Banking Corp	Bond	05/13/26	2.850	150,000	161,276	140,730
	Westpac Banking Corp	Bond	06/03/31	2.150	210,000	210,527	166,904
	Xcel Energy Inc	Bond	03/15/27	1.750	70,000	69,844	61,615
	Zimmer Biomet Holdings Inc	Bond	11/24/31	2.600	120,000	119,969	94,384
	Total corporate obligations					22,482,436	20,298,769
<u>Item 1c(13) Mutual funds:</u>							
	PIMCO Diversified Income Fund				727,277	8,033,700	6,530,941
	Vanguard 500 Index Fund				80,373	11,481,897	31,794,693
	Total mutual funds					19,515,597	38,325,634
	Total investments					\$ 55,431,565	\$ 71,225,474

* A party-in-interest as defined by ERISA.

DIVISION A PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2023

Form 5500, Schedule H, Item 4j

E.I.N. 13-2569697
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
* EB Temporary Investment Fund		\$ 3,631,519	N/A	N/A	\$ 3,631,519	N/A
* EB Temporary Investment Fund		N/A	\$ 3,206,836	\$ 3,206,836	3,206,836	\$ -

* A party-in-interest as defined by ERISA.

Section 3: Certificate of Actuarial Valuation

Exhibit M: 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	October 1 through September 30
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	Division A Participants: • <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> 15 pension credits • <i>Amount:</i> \$1,200 after 25 pension credits, proportionately reduced for pension credits less than 25. HTC Participants: • <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> 5 pension credits • <i>Amount:</i> Greater of (1) One-twelfth of 2.5% of Average Salary times pension credits up to a maximum of 40 years. Average Salary is the average annual salary for the highest 5 consecutive years; OR (2) \$60 per pension credit up to a maximum of 40 years, OR • (3) Accrued benefit under the Industry Wide Pension Plan
Age and Service Pension	HTC Participants only: • <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 25 pension credits • <i>Amount:</i> \$875.00 per month

Section 3: Certificate of Actuarial Valuation

Early Retirement

Division A Participants:

- *Age Requirement:* 62
- *Service Requirement:* 15 pension credits
- *Amount:* Regular pension accrued, reduced by 5/9 of 1% for each month less than 65.

HTC Participants:

- *Age Requirement:* 55
- *Service Requirement:* 15 pension credits
- *Amount:*
Regular pension accrued, reduced by 6% per year less than 65
- Regular pension accrued for participants age 62 with 30 pension credits

Disability

Division A Participants:

- *Age Requirement:* None
- *Service Requirement:* 15 pension credits (including at least 435 hours within the 24-month period prior to disability)
- *Amount:* Regular pension accrued

HTC Participants:

- *Age Requirement:* None
- *Service Requirement:* 10 years of vesting service (including at least 500 hours within the combined current and prior calendar year prior to disability)
- *Amount:* Greater of 70% of the Regular pension accrued or 100% of the Early Retirement pension

Section 3: Certificate of Actuarial Valuation

Deferred

Division A Participants:

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service
- *Amount:* 3% of the maximum Regular Pension amount per pension credit; total not to exceed maximum, based on plan in effect when last active
- *Normal Retirement Age:* 65, or fifth anniversary of participation if later.

HTC Participants:

- *Age Requirement:* None
 - *Service Requirement:* 5 pension credits
 - *Amount:* Greater of:
 - One-twelfth of 2.25% of Average Salary times pension credits up to a maximum of 40 years. Average Salary is the average annual salary for the highest 5 consecutive years. If the participant has 15 pension credits, the amount can be payable at age 55 reduced by 6% for each year of age less than 65, OR;
 - \$60 per pension credit up to a maximum of 40 years
- Normal Retirement Age:* 65 or fifth anniversary of participation, if later 5 pension credits

Reciprocal Pension

- *Age Requirement:* Same as eligibility for any other type of pension.
- *Service Requirement:* Same as eligibility for any other type of pension based on Combined Pension Credit or Total Years of Vesting Service with a Related Plan were treated as Pension Credit or Years of Vesting Service under this Plan
- *Amount:* Calculated in the same manner as Regular, Early, Disability or Deferred Pension, prorated by Pension Credit earned under this plan compared to the Combined Pension Credit

Section 3: Certificate of Actuarial Valuation

Spouse's Pre-Retirement Death Benefit

Division A Participants:

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service.
- *Amount:* 50% of the benefit participant would have received had he or she retired the day before death and elected the joint-and-survivor pension. If the employee died prior to eligibility for a retirement pension, the spouse's benefit is payable the month following the month in which the participant died. However, the benefit shall be actuarially adjusted.
- *Charge for Coverage:* None

HTC Participants:

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service.
- *Amount:* Spouse's benefit of the participant the spouse would have received had he or she retired the day before death and elected the joint-and-survivor pension. If the employee died prior to eligibility for a retirement pension, the spouse's benefit is payable as if the participant survived to earliest eligibility
- *Charge for Coverage:* None

Post-Retirement Death Benefits

Division A Participants:

- *Lump-sum Benefit:* \$2,000 for a pensioner whose Annuity Starting Date was prior to July 1, 2001, payable to pensioner's designated beneficiary.
- *Participant and Spouse:* If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant without reduction.

HTC Participants:

Participant and Spouse: If married, pension benefits are paid in the form of a 100% 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 or unreduced if the spouse not more than five years younger. If rejected, or if not married, benefits are payable for the life of the employee, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Section 3: Certificate of Actuarial Valuation

Optional Forms of Benefits

Division A Participants:

- Single Life Annuity
- 50% Joint and Survivor pension for married participants
- 75% Joint and Survivor pension for married participants

HTC Participants:

- Single Life Annuity
- Single Life Annuity with 10 Year Certain
- 100% Joint & Survivor's Option for married participants
- 50% Joint & Survivor's Option for married participants
- 75% Joint & Survivor's Option for married participants

Participation

Division A Participants: Next January 1st or July 1st following completion of a 12 consecutive month computation period during which the employee completes 870 hours of work in Covered Employment.

HTC Participants: Next January 1st or July 1st following completion of a 12 consecutive month computation period during which the employee completes 1,000 hours of work in Covered Employment.

Pension Credit

Division A Participants:

For covered employment during the Contribution Period:

Hours of Work in Calendar Year	Pension Credit
Less than 435	None
435 but less than 653	$\frac{1}{2}$
653 but less than 870	$\frac{3}{4}$
870 or more	1

HTC Participants:

For covered employment during the Contribution Period for Calendar Years 2020 and thereafter:

Hours of Work in Calendar Year	Pension Credit
Less than 250	None
250 but less than 500	$\frac{1}{4}$
500 but less than 750	$\frac{1}{2}$
750 but less than 1,000	$\frac{3}{4}$
1,000 or more	1

Section 3: Certificate of Actuarial Valuation

Vesting Credit	Division A Participants: One year of vesting service for each calendar year during the Contribution Period in which the employee works at least 870 hours. HTC Participants: One year for 1,000 or more hours in a calendar year
Section 415(b) Limit	\$245,000 (previously \$230,000)
Section 401(a)(17) Limit	\$305,000 (previously \$290,000)
Contribution Rate	Division A Participants: 7.5% of wages, effective July 1, 2019 HTC Participants: 15% of salary, effective October 1, 2020
Changes in Plan Provisions	The following mandated limits were reflected in this valuation: The IRC §401(a)(17) compensation limit increased from \$290,000 in 2021 to \$305,000 in 2022. The IRC §415(b)(1)(A) dollar limit increased from \$230,000 in 2021 to \$245,000 in 2022.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2022.

Age	Pension Credits									
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	6	6	—	—	—	—	—	—	—	—
25 - 29	25	17	7	1	—	—	—	—	—	—
30 - 34	71	26	38	6	1	—	—	—	—	—
35 - 39	71	15	42	7	7	—	—	—	—	—
40 - 44	91	22	39	11	16	3	—	—	—	—
45 - 49	95	22	30	9	21	10	3	—	—	—
50 - 54	93	15	27	14	22	8	7	—	—	—
55 - 59	109	15	20	25	19	22	8	—	—	—
60 - 64	65	8	9	6	11	19	5	5	1	1
65 - 69	45	3	7	5	16	10	2	—	2	—
70 & over	8	—	1	—	4	2	—	—	—	1
Total	679	149	220	84	117	74	25	5	3	2

Note: Excludes 17 participants with less than one pension credit.

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/06/2022	\$29,851.00	\$0.00	\$29,851.00
03/08/2023	\$29,851.00	\$0.00	\$29,851.00
05/09/2023	\$9,796.00	\$0.00	\$9,796.00
06/06/2023	\$29,851.00	\$0.00	\$29,851.00
06/14/2023	\$0.00	\$194,007.00	\$194,007.00
09/05/2023	\$29,851.00	\$0.00	\$29,851.00

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	10/01/1995	\$43,588	3	\$15,453
Plan amendment	10/01/1996	102,597	4	28,121
Plan amendment	10/01/1998	172,971	6	33,550
Assumption change	10/01/1998	357,341	6	69,310
Plan amendment	10/01/1999	253,468	7	43,395
Plan amendment	10/01/1999	299,958	7	51,354
Plan amendment	10/01/2002	583,266	10	76,183
Plan amendment	10/01/2006	13,335	14	1,389
Actuarial loss	10/01/2008	48,341	1	48,341
Assumption change	10/01/2009	5,091	2	2,626
Actuarial loss	10/01/2009	321,379	2	165,748
Actuarial loss	10/01/2010	617,237	3	218,830
Actuarial loss	10/01/2011	686,514	4	188,165
Assumption change	10/01/2011	706,591	4	193,667
Actuarial loss	10/01/2012	616,269	5	139,245
Plan amendment	10/01/2013	237,668	6	46,098
Actuarial loss	10/01/2013	633,673	6	122,908
Actuarial loss	10/01/2014	282,667	7	48,393
Plan amendment	10/01/2014	284,945	7	48,783
Plan amendment	10/01/2014	1,332,703	7.75	210,623
Actuarial loss	10/01/2016	886,393	9	125,042
Actuarial loss	10/01/2017	470,957	10	61,514
Assumption change	10/01/2017	1,302,171	10	170,083
Plan amendment	10/01/2018	1,051,260	11.75	122,711

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	10/01/2019	398,868	12	45,905
Impact of asset liability transfer	10/01/2020	2,638,004	13	288,032
Plan amendment	10/01/2021	13,666	14	1,424
Actuarial loss	10/01/2021	401,032	14	41,775
Plan amendment	10/01/2022	61,687	15	6,160
Actuarial loss	10/01/2022	2,723,325	15	271,956
Total		\$17,546,965		\$2,886,784

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	10/01/1996	\$41,895	4	\$11,483
Assumption change	10/01/1999	66,305	7	11,352
Plan amendment	10/01/2000	142,144	8	21,921
Assumption change	10/01/2005	26,672	13	2,912
Assumption change	10/01/2014	70,317	7	12,038
Actuarial gain	10/01/2015	672,474	8	103,705
Actuarial gain	10/01/2018	517,955	11	63,251
Change in funding method	10/01/2019	3,610,688	7	618,161
Actuarial gain	10/01/2020	1,398,920	13	152,742
Assumption change	10/01/2022	76,230	15	7,612
Total		\$6,623,600		\$1,005,177

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 2.28% to 2.38% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption(s) were changed as of October 1, 2022:

Administrative Expense, previously \$550,000

Mortality for healthy lives, previously the RP-2006 Blue Collar Employee and Annuitant Mortality Tables (sex-specific), projected forward generationally using Scale MP-2017

Mortality for disabled lives, previously the RP-2006 Disabled Retiree Mortality Table (sex-specific), projected forward generationally using Scale MP-2017

Retirement rates for active HTC participants, previously:

Age ¹	Annual Retirement Rates
62	5% ²
63 – 64	2% ²
65 – 66	15%
67	20%
68 – 69	15%
70 or older	100%

¹ If eligible

² 50% if eligible for unreduced Early Retirement Pension

Section 3: Certificate of Actuarial Valuation

Exhibit L: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021.

Disabled: Pri-2012 Disabled Retiree Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

The mortality tables projected to the measurement date using Scale MP-2021 reasonably reflect the mortality experience of the Plan as of the measurement date. These resulting mortality tables were then adjusted to future years with generational projection using Scale MP-2021 to reflect future mortality improvement between the measurement date and those years.

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

Annuitant Mortality Rates

Age	Rate (%) ¹			
	Healthy		Disabled	
	Male	Female	Male	Female
55	0.64	0.49	2.17	1.47
60	0.93	0.71	2.35	1.71
65	1.27	1.08	2.87	2.13
70	2.05	1.64	3.94	2.84
75	3.33	2.62	5.81	4.04
80	5.72	4.35	8.92	6.15
85	9.78	7.49	13.71	9.87
90	16.54	13.05	20.52	16.11

¹ Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Termination Rates

Age	Rate (%)						
	Mortality ¹			Withdrawal ²			
	Male	Female	Disability	Years of Service			
				Less than 2 years	2-4 Years	5-9 Years	10 Years or More
20	0.07	0.02	0.03	17.99	14.19	--	--
25	0.07	0.03	0.03	21.74	17.14	12.96	--
30	0.07	0.03	0.03	18.61	13.58	8.39	4.84
35	0.07	0.04	0.03	16.78	11.02	7.15	5.02
40	0.09	0.06	0.05	15.91	10.35	6.01	4.15
45	0.12	0.09	0.09	15.48	9.47	5.82	3.73
50	0.18	0.13	0.20	15.60	8.90	5.32	3.49
55	0.28	0.20	0.43	13.52	7.82	2.59	0.88
60	0.44	0.30	0.87	13.63	7.84	2.12	0.20

¹ Mortality rates shown for base table.

² Withdrawal rates do not apply at or beyond early retirement age.

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

Retirement Rates

For Non-HTC Participants:

Age ¹	Annual Retirement Rates
62	5%
63 – 64	2%
65 – 66	15%
67	20%
68 – 69	15%
70 or older	100%

¹ If eligible

For HTC participants: 100% upon eligibility for an unreduced pension

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

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 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 October 1, 2022 actuarial valuation.
Retirement Age for Inactive Vested Participants	65 The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.
Past Employment	For inactive vested participants hired before 1985 or who have an unknown date of hire, one pension credit was added to their total pension credits reported.
Future Benefit Accruals	One pension credit per year. For HTC participants, salary scale of 3.75% 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 the actual benefit accruals over the past several years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be female.
Definition of Active Participants	Active participants are defined as those with at least 435 hours in the most recent credit year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date. Liabilities for active participants are valued as of January 1, 2023, and adjusted to October 1, 2022.
Exclusion of Inactive Vested Participants	Inactive participants over age 75 are excluded from the valuation for the Division A group. 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	50%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.
Benefit Election	For the Division A group, all participants are assumed to elect the straight life annuity form of payment. For the HTC group, married participants are assumed to elect the 100% Joint and Survivor Pension, and unmarried participants are assumed to elect the Single Life Annuity. 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 the actual option election patterns over the past several years.
Delayed Retirement Factors	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Section 3: Certificate of Actuarial Valuation

Net Investment Return	6.50% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$625,000 for the year beginning October 1, 2022 (equivalent to \$604,139 payable at the beginning of the year) or 35.2% 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 projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Projected 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 M.
Current Liability Assumptions	<i>Interest:</i> 2.38%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 4.4%, for the Plan Year ending September 30, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -12.6%, for the Plan Year ending September 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 April 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.28% to 2.38% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption(s) were changed as of October 1, 2022:

Administrative Expense, previously \$550,000

Mortality for healthy lives, previously the RP-2006 Blue Collar Employee and Annuitant Mortality Tables (sex-specific), projected forward generationally using Scale MP-2017

Mortality for disabled lives, previously the RP-2006 Disabled Retiree Mortality Table (sex-specific), projected forward generationally using Scale MP-2017

Retirement rates for active HTC participants, previously:

Age ¹	Annual Retirement Rates
62	5% ²
63 – 64	2% ²
65 – 66	15%
67	20%
68 – 69	15%
70 or older	100%

¹ If eligible

² 50% if eligible for unreduced Early Retirement Pension

Section 2: Actuarial Valuation Results

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

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

Interest	For liabilities up to market value of assets, 2.81% for 20 years and 2.94% beyond (2.13% for 25 years and 2.23% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for the plan year ending September 30, 2022 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of September 30, 2022 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of September 30, 2022 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	\$320,461	\$503,176	\$3,326,036	\$4,149,673
2023	438,171	576,016	3,217,450	4,231,637
2024	598,484	717,414	3,108,663	4,424,561
2025	731,442	802,355	2,999,223	4,533,020
2026	924,392	921,814	2,888,894	4,735,100
2027	1,051,106	1,033,908	2,777,582	4,862,596
2028	1,169,701	1,171,109	2,665,300	5,006,110
2029	1,348,670	1,237,035	2,552,080	5,137,785
2030	1,466,914	1,318,229	2,438,109	5,223,252
2031	1,595,783	1,416,835	2,323,469	5,336,087
2032	1,856,142	1,515,946	2,208,306	5,580,394
2033	1,983,441	1,590,055	2,092,780	5,666,276
2034	2,101,204	1,620,103	1,977,066	5,698,373
2035	2,188,849	1,668,200	1,861,358	5,718,407
2036	2,307,823	1,722,122	1,745,883	5,775,828
2037	2,377,721	1,757,183	1,630,909	5,765,813
2038	2,481,269	1,763,812	1,516,747	5,761,828
2039	2,583,831	1,787,503	1,403,747	5,775,081

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	\$2,613,900	\$1,786,131	\$1,292,321	\$5,692,352
2041	2,658,911	1,791,542	1,182,937	5,633,390
2042	2,677,926	1,831,932	1,076,119	5,585,977
2043	2,743,435	1,826,799	972,406	5,542,640
2044	2,751,844	1,827,868	872,318	5,452,030
2045	2,742,699	1,809,971	776,351	5,329,021
2046	2,771,314	1,798,335	684,966	5,254,615
2047	2,740,487	1,764,209	598,598	5,103,294
2048	2,711,028	1,716,307	517,704	4,945,039
2049	2,676,313	1,687,853	442,756	4,806,922
2050	2,655,156	1,630,310	374,185	4,659,651
2051	2,617,501	1,591,729	312,320	4,521,550
2052	2,536,406	1,521,300	257,354	4,315,060
2053	2,500,932	1,466,963	209,286	4,177,181
2054	2,459,182	1,410,872	167,931	4,037,985
2055	2,371,164	1,328,172	132,937	3,832,273
2056	2,272,507	1,252,426	103,811	3,628,744
2057	2,179,424	1,172,678	79,978	3,432,080

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	\$2,070,557	\$1,098,633	\$60,816	\$3,230,006
2059	1,960,695	1,023,167	45,688	3,029,550
2060	1,850,118	950,236	33,967	2,834,321
2061	1,737,680	880,015	25,059	2,642,754
2062	1,632,728	812,637	18,416	2,463,781
2063	1,525,001	748,182	13,552	2,286,735
2064	1,421,110	686,691	10,049	2,117,850
2065	1,321,322	628,163	7,564	1,957,049
2066	1,223,879	572,575	5,817	1,802,271
2067	1,130,694	519,892	4,596	1,655,182
2068	1,041,265	470,082	3,739	1,515,086
2069	955,939	423,115	3,129	1,382,183
2070	874,792	378,967	2,681	1,256,440
2071	797,672	337,631	2,339	1,137,642

This assumes the following:

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

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$4,997,425	-	\$4,997,425
2023	\$5,112,406	-	\$5,112,406
2024	\$5,230,251	-	\$5,230,251
2025	\$5,351,038	-	\$5,351,038
2026	\$5,474,847	-	\$5,474,847
2027	\$5,601,761	-	\$5,601,761
2028	\$5,731,867	-	\$5,731,867
2029	\$5,865,253	-	\$5,865,253
2030	\$6,002,010	-	\$6,002,010
2031	\$6,142,231	-	\$6,142,231

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5** 1,790**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)** 680**a (2)** Total number of active participants at the end of the plan year**6a(2)** 759**b** Retired or separated participants receiving benefits**6b** 438**c** Other retired or separated participants entitled to future benefits**6c** 634**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 1,831**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 39**f** Total. Add lines 6d and 6e**6f** 1,870**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** 30**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

▶ 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 DIVISION A 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 DIVISION A PENSION FUND	D Employer Identification Number (EIN) 13-2569697

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

1a Enter the valuation date: Month 10 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 64,359,555
(2) Actuarial value of assets for funding standard account.....	1b(2) 72,770,769
c (1) Accrued liability for plan using immediate gain methods	1c(1) 76,440,775
(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) 73,172,846
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) 138,796,829
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4,798,468
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4,155,741
(3) Expected plan disbursements for the plan year	1d(3) 4,780,741

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 <i>SB</i> Signature of actuary SUSAN L. BOYLE, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm	04/29/2024 Date 2306862 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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a Current value of assets (see instructions)	2a	64,359,555
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	455	43,629,554
(2) For terminated vested participants	666	39,282,472
(3) For active participants:		
(a) Non-vested benefits		7,144,510
(b) Vested benefits		48,740,293
(c) Total active.....	679	55,884,803
(4) Total.....	1,800	138,796,829
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	46.36 %

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2023	4,554,791						
			Totals ►	3(b)	4,554,791	3(c)	0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	99.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?..... ☐ Yes ☐ No		

4e	
4f	

i If box h is checked, enter period of use of shortfall method	5j	
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- 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** 2.38 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☐ No ☒ N/A | ☐ Yes ☐ No ☒ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 9P | 9P |
| (2) Females | 6c(2) 9FP | 9FP |
| d Valuation liability interest rate | 6d 6.50 % | 6.50 % |
| e Salary scale | 6e 3.75 % ☐ 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 | 4.4 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | -12.6 % |
| 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) | 604,139 |
| (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	2,723,325	271,956
3	61,687	6,160
4	-76,230	-7,612

8 Miscellaneous information:

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

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

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

a Prior year funding deficiency, if any

9a

0

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

9b

2,322,305

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)

17,546,965

2,886,784

(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

338,591

e Total charges. Add lines 9a through 9d

9e

5,547,680

Credits to funding standard account:

f Prior year credit balance, if any

9f

7,253,359

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

9g

4,554,791

Outstanding balance

h Amortization credits as of valuation date

9h

6,623,600

1,005,177

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

9i

672,500

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

23,064,581

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

9j(2)

55,967,791

(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

13,485,827

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

9m

7,938,147

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