

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2024	MATTHEW D. LOEB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2024	CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 25442
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 16809 6a(2) 13243 6b 2865 6c 8361 6d 24469 6e 644 6f 25113 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 5855

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- Round off amounts to nearest dollar.
- Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 526825966
(2) Actuarial value of assets for funding standard account	1b(2) 579735338
c (1) Accrued liability for plan using immediate gain methods	1c(1) 667253904
(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) 576589867
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) 1501083302
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 99734139
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 22352649
(3) Expected plan disbursements for the plan year	1d(3) 28352649

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	09/06/2024
Signature of actuary JONATHAN P. SCARPA, FSA, MAAA	Date 23-08268
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	526825966
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3022	227645664
(2) For terminated vested participants	5606	356947844
(3) For active participants:		
(a) Non-vested benefits		100671472
(b) Vested benefits		815818322
(c) Total active	16809	916489794
(4) Total	25437	1501083302
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	35.10 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2023	28454839				
Totals ►			3(b)	28454839	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	100.5 %
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, does line 1(c) reflect any benefit reductions for the first time (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		2.55 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males.....	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		-10.5 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)		5770751
(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	34062099	3589582
3	2408730	253840
4	-14479716	-1525923

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	26573715

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)	217235710	32019744
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 4394509**e** Total charges. Add lines 9a through 9d**9e** 62987968**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 55488749**g** Employer contributions. Total from column (b) of line 3**9g** 28454839**h** Amortization credits as of valuation date**9h** 74228395 9445808**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 5848227**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9j(1)	239177182	
9j(2)	863327996	

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** 99237623**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 36249655**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 current 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan I. A. T. S. E. NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND	D Employer Identification Number (EIN) 13-1849172	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARTISAN PARTNERS LP
30-0551775

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK FINANCIAL MANAGEMENT INC
13-3806691

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

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

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

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

GLOBAL TRUST COMPANY

26-3761443

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

GMO BENCHMARK-FREE ALLOCATION FUND

72-1566419

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

GOLUB CAPITAL BDC 3 INC

82-2375481

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

GQG PARTNERS

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

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

JP MORGAN ASSET MANAGEMENT

12-0359999

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

ROCKWOOD CAPITAL LLC

20-4855911

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

SILVER ROCK CAPITAL PARTNERS LP

30-0892743

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

STRATEGIC INVESTORS FUND XI LP

87-4011614

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

THE VANGUARD GROUP INC

23-1945930

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

WCM INVESTMENT MANAGEMENT

281 BROOKS ST
LAGUNA BEACH, CA 92651

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

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

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

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

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

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

WINMILL SOFTWARE INC

52-2247044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	1102946	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	790495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	628440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANNE J ZEISLER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	434594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	CONSULTANT	372408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPIVAK LIPTON LLP

13-3494495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	287749	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)

JP MORGAN CHASE BANK NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51	NONE	270657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYNTONIC SYSTEMS INC

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	260500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCOTT TRIVIGNO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	258469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JOEL SEGAL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	236812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL R FIFE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	227572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSALINA ROLDAN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	223301	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)

MARGARET RYAN-GROPPO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	193564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS INC

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	PRINTER	189153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP INC

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	164969	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)

HEMALATHA SUDANTHIRAN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	160962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONALD NGAI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	145385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASEY CIRILLO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	142453	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)

NATASHA SINGH

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	141231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	128499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMY DURON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	128308	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)

CPAS SYSTEMS

81-4932885

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	126937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IAN HENDERSON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	126692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLAR DESIGN

92-1547780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	124994	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)

BANSIL PATEL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	124615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AYLEEN JOY LAO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	107862	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KISHA SALLY

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	103077	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)

MAYRA PEREZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	102176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FARHANA RAZZAQUE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	100481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SVETLANA NIKITENKO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	98240	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)

CAROLINE LS KANDASAMI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	97020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAULINE O BURNS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	96923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALANA WICKSON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	96600	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)

DACOTA SHARIFF

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	95538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA CASSIERO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	95192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT LP

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	95015	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

ZHANNA GOROSHKOV

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	93462	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KLIK TECHNOLOGIES CORP

13-4087066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	93227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARON MAENG

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	92769	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)

CLAUDINE MARANO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	89857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN BLONDEK

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	88923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILIP M TAM

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	88269	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)

ANDREW J SERRANO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	87833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIM R KNOWLES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	87616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MINETTE REYES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	87118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SAMANTHA BRAKSMAYER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	86962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMILY H DIPIETRO-RAMIREZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	86962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLOS CRUZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	86675	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)

JAVIER ROBLES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	85846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARINA BOLBIRER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	83077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUKE POWERS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	81519	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)

LAUREN SMITH

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	81373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC MACHADO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	80038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FLAKRON KLLOKOQI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	78986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUSTIN MARCHESANI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	77657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH CORDERO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	77519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIVIENNE PRADO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	76559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLA PAYOT

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	76406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICOLE COLOMBO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	75519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY ADAMS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	75044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONNELLY MECHANICAL GROUP

11-2957503

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL CUSUMANO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	74644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LESLIE WELCH

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	74416	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)

KENYA SANDERS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	74359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL FLORIO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDON ARROYO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71102	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)

JESSICA SAITTA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PORTIA A PERSAUD

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	70902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH MARTIN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	70048	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)

SANDY DEREZIL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	69313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH PERONE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	69086	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNA M ROBLES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	68568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANITA LOPEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAREY BUBECK

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNE M BROGAN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IVAN MUNOZ-ARCOS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENERA NIKONOVA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENJAMIN P FELTZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65362	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)

YOLANDA MAULEON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE MARTIN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEX D KRULL

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	64969	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)

KRISTEN GURKA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	64914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHANNA NUNEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN ECHEVERRIA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARMEN R ARJOON

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA C TORRES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILIP YUEN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JULIA KEAVENEY

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIYA LAPTEVA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	60216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORI BOKUN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	60029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETITA MURILLO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIMONE VENNA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN DENTICE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	56869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONICA C FLEMING

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	55792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEORGIA PULLEN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	55734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FELIX MONTANEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	55679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYCHEX INC

911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	55235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTIN OJEDA-OLIVAR

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	55063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KASTLE SYSTEM

54-1950049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	53148	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)

JONATHAN S RIVERA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	52555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAUL ROMERO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	52374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANGELA C PENA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	51957	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)

JONACEL S DE JESUS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	51842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51	NONE	49762	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ZYRAFETE NIKQI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49623	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)

KWAKU MARFO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEAN M TUCKER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRACE R EVANGELISTA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47533	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)

NAGINAH GOGOLLI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESUS QUINONES

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABRAHAM VIERA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	44956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RESHAY L BAILEY

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43753	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRISTINA LOPEZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CYNTHIA STANOJLOVIC

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CELENIA LUGO

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTOPHER V MARRAPODI

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40539	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASSANDRE M SWIADER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40138	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)

JAMAL AUGUSTINE

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	39640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIFFANY A ORTIZ

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	37940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REUBEN LEIB GENKIN

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	36615	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)

JESSICA JAISHWAR

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	36319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMANI M MILLER

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	35550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENNIA FIGUEROA

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	34868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	34184	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MICHAEL B OLIVERAS

13-1849172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADMINISTRATIVE SERVICES ONLY INC

11-2995970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22033	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)

AARGO SECURITY

13-3536878

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER AND HOSTETLER

34-0082025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	6873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH PATERNO DESIGN

90-0186296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	PRINTER	6050	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)

ACCURATE ELECTRICAL CONTRACTORS COR

13-4147787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	57201	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
SEGAL SELECT INSURANCE INC.	53	34592

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE INC.	53	12137

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE INC.	53	9335

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE INC.	53	1137

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AXIS 39-1338397	INSURANCE COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>I. A. T. S. E. NATIONAL PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-1849172</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US AGGREGATE BOND INDX NL</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>				
c EIN-PN <u>04-0025081-070</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57769782</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDX NL FD</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>				
c EIN-PN <u>90-0337987-160</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38867815</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GQG PARTNERS EMERGING MARKETS EQUIT</u>				
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>				
c EIN-PN <u>82-6258259-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25701313</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG U.S. TREASURY INDX NL</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>				
c EIN-PN <u>04-0025081-479</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23629951</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CMGLD PENS TR FD OF JP MORG CH BANK</u>				
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>				
c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23309923</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PAYDEN & RYSEL CIT EMERGING MARKETS</u>				
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>				
c EIN-PN <u>37-6667944-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19630735</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI EMERGING MARKETS EX CHINA FD</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>				
c EIN-PN <u>85-2197958-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11809293</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDX NL FD

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

c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9125803
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a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY MSCI EAFE INDEX NL FUND

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

c EIN-PN 04-0025081-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6133270
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan I. A. T. S. E. NATIONAL PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND	D Employer Identification Number (EIN) 13-1849172	

Part I	Asset and Liability Statement
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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		165279
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2183000	1925000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	354328	227515
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8586703	41349205
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	71246593	72828330
(5) Partnership/joint venture interests	1c(5)	103009629	128681878
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2385171	0
(9) Value of interest in common/collective trusts	1c(9)	178590901	215977885
(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)	168040137	152717098
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	17850159	16163477
f Total assets (add all amounts in lines 1a through 1e)	1f	552246621	630035667
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	18158869	1025229
i Acquisition indebtedness	1i		
j Other liabilities	1j	7261786	16919295
k Total liabilities (add all amounts in lines 1g through 1j)	1k	25420655	17944524
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	526825966	612091143

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)	28454839	
(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)		28454839
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	22174	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22174
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4674527	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4364156	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		9038683
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	41275487	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	35773513	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5501974
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5141081	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		19067815
(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)		15997959
c Other income	2c		408997
d Total income. Add all income amounts in column (b) and enter total	2d		83633522

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23093122	
(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)		23093122
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	13508271	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	652382	
(4) IQPA audit fees.....	2i(4)	102000	
(5) Investment advisory and investment management fees	2i(5)	864892	
(6) Bank or trust company trustee/custodial fees	2i(6)	34184	
(7) Actuarial fees	2i(7)	383689	
(8) Legal fees	2i(8)	920410	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	59768	
(11) Other expenses	2i(11)	-8610522	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7915074
j Total expenses. Add all expense amounts in column (b) and enter total	2j		31008196

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		52625326
l Transfers of assets:			
(1) To this plan	2l(1)		32639851
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SCHULTHEIS & PANETTIERI, LLP**

(2) EIN: **13-1577780**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		7500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		279254394
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 521547.

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan I. A. T. S. E. NATIONAL PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND				D Employer Identification Number (EIN) 13-1849172	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	2
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) 2023 v. 230707	

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 **ELLIOT-LEWIS CORPORATION**

b EIN **23-2974097**

c Dollar amount contributed by employer **1137919**

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 **2029**

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) **8.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **% OF CONTRACT WAGES**

a Name of contributing employer **NETFLIX PRODUCTIONS LLC**

b EIN **83-2816269**

c Dollar amount contributed by employer **856499**

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

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

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

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

a Name of contributing employer **PROGRAM PRODUCTIONS INC**

b EIN **36-4035618**

c Dollar amount contributed by employer **765340**

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 **CRANETOWN MEDIA LLC**

b EIN **26-4742800**

c Dollar amount contributed by employer **669844**

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 **TPS PRODUCTION SERVICES LLC**

b EIN **87-3433512**

c Dollar amount contributed by employer **584198**

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 **KIMMEL CENTER INC**

b EIN **23-2865855**

c Dollar amount contributed by employer **473149**

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) **8.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **% OF CONTRACT WAGES**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **BRIDE LAKE PRODUCTIONS LLC**

b EIN **47-3663072**

c Dollar amount contributed by employer **396235**

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 **FREEMAN EXPOSITION SERVICES INC**

b EIN **27-0073479**

c Dollar amount contributed by employer **356013**

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 **04** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **1.04**

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

a Name of contributing employer **CHANGEUP PRODUCTIONS LLC**

b EIN **85-3013131**

c Dollar amount contributed by employer **352494**

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

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

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

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

a Name of contributing employer **EYE PRODUCTIONS INC**

b EIN **13-4168580**

c Dollar amount contributed by employer **345379**

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	0
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	0
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	1
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	259983
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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 39.00 % Private Equity: 16.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 24.00 %

High-Yield Debt: 2.00 % Real Assets: 9.00 % Cash or Cash Equivalents: 5.00 % Other: 5.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

450 Wireless Boulevard
Hauppauge, NY 11788
Telephone: (631) 273-4778
Fax: (631) 273-3488

21 Vernon Street
Floral Park, NY 11001
Telephone: (516) 216-5695

485A US Route 1 South
Suite 360
Iselin, NJ 08830
Telephone: (732) 268-1301

www.snpcpa.com

PARTNERS

Carol Westfall, CPA
Vincent F. Panettieri, CPA
Max Capone, CPA
James M. Heinzman, CPA, CFE
Donna Panettieri, CPA
Peter M. Murray, CPA, CFE
Gary Waldren, CPA
Jennifer Leible, CPA
Richard B. Silvestro, CPA
Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA
Michael Garafalo, CPA, CFE
Kyle Kamm, CPA
Kim T. D'Amico, CPA

DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma
Justin Katulka
Allison Newton, SHRM-SCP

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the I.A.T.S.E. National Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in net assets available for benefits for the years ended December 31, 2023 and 2022 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 20 through 28 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 29 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, appearing to read "Schulteis & Parulli LLP".

Hauppauge, New York
October 3, 2024

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non-annuitant: 110% of PRI-2012 Employee Blue Collar Amount-weighted Mortality Table

Healthy annuitant: 110% of PRI-2012 Healthy Retiree Blue Collar Amount-weighted Mortality Table

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

Contingent annuitant: 110% of PRI-2012 Contingent Survivor Blue Collar Amount-weighted Mortality Table

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

These mortality tables were then adjusted to future years with generational projection using Scale MP-2021 to reflect future mortality improvement between the measurement date and those years.

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

Termination Rates

Age	Rate (%)			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.07	0.02	0.01	26.19
25	0.07	0.03	0.01	27.77
30	0.07	0.03	0.01	18.29
35	0.08	0.04	0.01	13.17
40	0.10	0.06	0.02	10.50
45	0.13	0.10	0.05	9.32
50	0.19	0.15	0.10	8.45
55	0.31	0.22	0.20	4.38
60	0.49	0.33	0.44	3.30

¹ Mortality rates shown for base table.

² Withdrawal rates do not apply at or beyond age.

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

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Active Retirees

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

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

Description of Weighted Average Retirement Age

Age 68, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2023 actuarial valuation.

Retirement Rates for Inactive Vested Participants

Age	Annual Retirement Rates
55 – 61	2%
62	10
63 – 64	5
65	30
66	20
67 – 69	10
70	100

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

Section 3: Certificate of Actuarial Valuation

Future Benefit Accruals	One pension credit per year except for Roadperson participants who are expected to earn an average of 0.8 pension credits per year. Plan C participants are assumed to accrue benefits at the same level as in the prior year. The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual service and benefit accruals over the past several years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those who earned at least one quarter pension credit in the most recent plan year and who have accumulated at least one pension credit by the end of the year, excluding those who have retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 70 excluded from the valuation. The exclusion of inactive vested participants over age 70 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	80% of male participants and 50% of female participants are assumed to married.
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.
Benefit Election	Non-married participants are assumed to elect the single life annuity with 60 months guaranteed. Married participants are assumed to elect the more valuable (based on valuation assumptions) of the single life annuity with 60 months guaranteed and the 50% Joint and Survivor form of payment.
Eligibility for Delayed Retirement Factors	Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants after attaining age 65 until age 70.
Net Investment Return	7.50% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$6,000,000 for the year beginning January 1, 2023 (equivalent to \$5,770,751 payable at the beginning of the year). The annual administrative expenses were based on historical and current data, adjusted to estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Section 3: Certificate of Actuarial Valuation

Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment, or if date is unknown, current age minus years of service. Plan C participants active prior to January 1, 2007 are assumed to have commenced employment no later than age 34. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Current Liability Assumptions	<i>Interest:</i> 2.55%, within the permissible range prescribed under IRC Section 431©(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-2021 (previously, the MP-2020 Scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 5.3%, for the Plan Year ending December 31, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -10.5%, for the Plan Year ending December 31, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 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.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.22% to 2.55% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2023: Mortality base tables, previously 100% of Pri-2012 Blue Collar Employee, Healthy Annuitant and Contingent Survivor Amount-weighted Mortality Tables. Administrative expense, previously \$5,500,000.

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

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
		VARIABLE	ON DEMAND		
	WELLS FARGO BANK			\$ 9,101,712	\$ 9,101,712
	IRONSIDES PARTNERSHIP FUND III L.P. - INTEREST BEARING CASH			6,800	6,800
	IRONSIDES CO-INVESTMENT FUND III L.P. - INTEREST BEARING CASH			22,893	22,893
	IRONSIDES PARTNERSHIP FUND V L.P. - INTEREST BEARING CASH			1,611	1,611
	IRONSIDES PARTNERSHIP FUND VI L.P. - INTEREST BEARING CASH			2,276	2,276
	BLF FEDFUND CASH RESERVE			25,323,951	25,323,951
	ISA ASSOCIATED BANK NA			246,070	246,070
	ISA BANCO POPULAR PR			246,070	246,070
	ISA BANK OF AMERICA NA			246,070	246,070
	ISA BANK OF BARODA			246,070	246,070
	ISA BANK OF CHINA			246,070	246,070
	ISA BANK OF EAST ASIA			246,070	246,070
	ISA BMW BANK NORTH AMERICA			246,070	246,070
	ISA CITIZENS BANKS NORTH AMERICA			246,072	246,072
	ISA CITY NATIONAL BANK			246,070	246,070
	ISA CITY NATIONAL BANK FL			246,070	246,070
	ISA CUSTOMERS BANK			246,070	246,070
	ISA FIFTH THIRD BANK			246,070	246,070
	ISA FIRSTBANK PR			246,070	246,070
	ISA FORBRIGHT BANK			246,070	246,070
	ISA HUNTINGTON NATL			246,070	246,070
	ISA MERRICK BANK			246,070	246,070
	ISA MIZUHO BANK US			246,070	246,070
	ISA OCEANFIRST BANK			246,070	246,070
	ISA ORIENTAL BANK			246,070	246,070
	ISA SALLIE MAE BANK			246,070	246,070
	ISA SANTANDER BANK NA			246,070	246,070
	ISA STATE BANK INDIA			246,070	246,070
	ISA STEARNS BANK NA			246,070	246,070
	ISA TOYOTA FINANCIAL			246,070	246,070
	ISA TRUIST BANK			246,070	246,070
	ISA TRUSTMARK NB			246,070	246,070
	ISA VALLEY NATIONAL BANK			246,070	246,070
	ISA WEX BANK			246,070	246,070
				<u>\$ 41,349,205</u>	<u>\$ 41,349,205</u>

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

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
ABBVIE INC	600	\$ 36,530	\$ 92,982	
ACUITY BRANDS (HOLDING COMPANY) INC RR.	400	46,201	81,932	
AFLAC INC	4,000	148,502	330,000	
AGCO CORP COM	1,600	111,785	194,256	
ALASKA AIR GROUP INC	2,400	104,468	93,764	
ALIGN TECHNOLOGY INC	610	190,587	167,140	
ALLY FINANCIAL INC	2,300	77,683	80,316	
ALTRIA GROUP INC COM	4,000	173,663	161,360	
AMDOCS LIMITED COM	1,400	84,310	123,046	
AMERICAN AIRLS GROUP INC	1,900	87,327	26,106	
AMERICAN AXLE & MFG HLDGS INC COM	6,700	96,502	59,027	
AMERICAN FINL GROUP INC OHIO COM	1,100	41,313	130,779	
AMERICAN INTERNATIONAL GROUP INC	4,400	196,310	298,100	
AMERICAN INTERNATIONAL GROUP INC	3,690	211,707	249,998	
AMERIPRISE FINL INC	700	62,722	265,881	
AMERIPRISE FINL INC	350	123,066	132,941	
AMETEK INC COM	1,440	70,904	237,442	
AMGEN INC	1,300	112,264	374,426	
ANNALY CAPITAL MANAGEMENT INC REAL ESTATE INVESTMENT TRUST	3,050	122,683	59,079	
APA CORP	1,900	85,273	68,172	
APPLIED MATERIALS INC	1,100	48,288	178,277	
APTIV PLC	1,670	169,393	149,832	
ARES MANAGEMENT CORPORATION	2,110	193,596	250,921	
ARROW ELECTRS INC	1,300	97,559	158,925	
ASCENDIS PHARMA AS	2,680	310,876	337,546	
AT & T INC	21,900	480,567	367,482	
ATLANTIC UNION BANKSHARES CORP	2,500	94,647	91,350	
AUTONATION INC COM	1,100	124,269	165,198	
AVANTOR INC	9,570	302,682	218,483	
AVNET INC	2,800	118,793	141,120	
AXON ENTERPRISE INC	930	191,783	240,247	
BANK NEW YORK MELLON CORP COM COM	5,600	289,897	291,480	
BANK OF AMERICA CORP	2,100	54,408	70,707	
BANKUNITED INC	4,150	151,444	134,585	
BERRY PLASTICS GROUP INC	2,400	110,121	161,736	
BEST BUY INC	1,000	70,493	78,280	
BLUE OWL CAPITAL CORP	8,500	117,154	125,460	
BRISTOL MYERS SQUIBB CO	5,700	323,470	292,467	
BUILDERS FIRSTSOURCE INC	1,880	223,694	313,847	
BUNGE GLOBAL	860	89,017	86,817	
CALIFORNIA RESOURCES CORP	2,100	103,304	114,828	
CAPITAL ONE FINANCIAL CORP	1,600	112,061	209,792	
CAPRI HOLDINGS LIMITED	1,100	46,507	55,264	
CARDINAL HEALTH INC COM	2,300	162,491	231,840	
CDW CORP	1,130	237,054	256,872	
CELANESE CORP	1,220	142,260	189,551	
CENTENE CORP DEL COM	1,800	122,264	133,578	
CERIDIAN HCM HOLDING INC	3,390	230,366	227,537	
CHIPOTLE MEXICAN GRILL INC CL A	94	133,621	214,974	
CISCO SYSTEMS INC	6,500	163,533	328,380	
CITIGROUP INC	5,700	467,158	293,208	
CITIZENS FINANCIAL GROUP INC	4,500	169,403	149,130	
COCA-COLA CONSOLIDATED INC	250	74,768	232,100	
COMCAST CORP CLASS A	10,600	401,764	464,810	
CONAGRA BRANDS INC	5,600	199,849	160,496	
CONSENSUS CLOUD SOLUTIONS INC	166	4,888	4,351	

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
CONSTELLATION BRANDS INC	1,240	283,197	299,770	
COOPER COS INC COM NEW	600	125,197	227,064	
COPART INC COM	6,300	222,337	308,700	
COSTAR GROUP INC	2,530	180,400	221,097	
CUMMINS INC	1,200	186,166	287,484	
CVS HEALTH CORPORATION	4,200	309,016	331,632	
D R HORTON INC COM	800	43,876	121,584	
DATADOG INC	1,770	187,527	214,843	
DAVITA INC	960	83,804	100,570	
DELL TECHNOLOGIES INC	3,500	187,198	267,750	
DELTA AIR LINES INC	3,000	155,712	120,690	
DEVON ENERGY CORPORATION	3,680	121,081	166,704	
DEXCOM INC	3,310	297,862	410,738	
DIAMONDBACK ENERGY INC	960	146,222	148,877	
DIODES INC	1,000	84,813	80,520	
DISCOVER FINANCIAL SERVICES	1,500	49,677	168,600	
DIVERSIFIED HEALTHCARE TRUST	6,100	105,453	22,814	
DRAFTKINGS INC CL A	5,170	170,275	182,243	
DXC TECHNOLOGY CO	3,200	112,404	73,184	
EASTMAN CHEM CO COM	1,500	85,712	134,730	
EBAY INC	4,100	158,468	178,842	
ENERGIZER SPINCO INC	2,000	77,438	63,360	
ENPHASE ENERGY INC	1,090	132,129	144,033	
ENTRUSTPERMAL SPECIAL OPPORTUNITIES	10,338	9,537,150	11,073,344	
EVEREST GROUP LTD	400	76,085	141,432	
EXXON MOBIL CORPORATION	6,400	511,655	639,872	
FAIR ISSAC INC	264	199,161	307,299	
FEDEX CORPORATION	1,000	189,222	252,970	
FIRST AMERICAN FINANCIAL CORPORATION	590	36,947	38,020	
FIRST HORIZON CORP	10,500	129,819	148,680	
FLEX LTD	6,900	163,995	210,174	
FOOT LOCKER INC	2,500	127,530	77,875	
FORD MOTOR COMPANY	14,500	200,444	176,755	
FOX CORP	6,100	222,518	180,987	
GALLAGHER ARTHUR J & CO	770	68,950	173,158	
GE HEALTHCARE TECHNOLOGIES INC	2,800	184,959	216,496	
GENERAL MILLS INC	1,800	118,732	117,252	
GENERAL MOTORS CO	5,700	181,347	204,744	
GENPACT LTD	4,830	210,201	167,649	
GENWORTH FINL INC COM CL A	10,451	269,010	69,813	
GILEAD SCIENCES INC	4,600	379,581	372,646	
GLOBAL PMTS INC W/I	1,970	287,552	250,190	
GOLDMAN SACHS GROUP INC	400	55,525	154,308	
GOLUB CAPITAL BDC 3 INC	1,439,429	22,861,433	21,159,611	
GOODYEAR TIRE & RUBR CO	3,000	91,431	42,960	
HALLIBURTON CO	3,360	141,021	121,464	
HARLEY DAVIDSON INC	3,000	180,065	110,520	
HARTFORD FINANCIAL SERVICES GROUP INC COM	3,100	125,674	249,178	
HCA HOLDINGS INC	1,000	78,752	270,680	
HEWLETT PACKARD ENTERPRISE CO	7,300	78,911	123,954	
HF SINCLAIR CORP	1,820	67,648	101,137	
HILTON WORLDWIDE HOLDINGS INC	1,350	199,366	245,822	
HOST HOTELS & RESORTS INC	6,600	122,153	128,502	
HP INC	9,709	174,046	292,144	
HUB GROUP INC CL A	1,361	109,032	125,130	
HUBSPOT INC	530	149,857	307,686	

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
HUNT J B TRANS SVCS INC	1,190	231,508	237,691
HUNTINGTON INGALLS INDUSTRIES	400	83,225	103,856
HUNTSMAN CORP COM	4,131	63,092	103,812
ICON PLC	830	95,527	234,948
IDEXX CORP	560	235,324	310,828
INCYTE CORPORATION INC	2,000	113,194	125,580
INGEVITY CORP	800	54,512	37,776
INGREDION INC	1,200	81,719	130,236
INMODE LTD	3,300	129,400	73,392
INSULET CORP	1,130	253,210	245,187
INTEL CORP COMM	3,800	131,336	190,950
INTERNATIONAL BUSINESS MACHS CORP COM	600	81,016	98,130
IRONSIDES CO-INVESTMENT FUND III LP - CORPORATE STOCK	-	1,080,883	2,032,790
JAZZ PHARMACEUTICALS PLC	1,600	220,901	196,800
JOHNSON & JOHNSON	1,540	249,527	241,380
JPMORGAN CHASE & CO	500	61,224	85,050
KEYCORP NEW	700	15,988	10,080
KOHL'S CORP	2,200	115,237	63,096
KROGER CO	6,300	157,884	287,973
LANTHEUS HOLDINGS INC	700	38,990	43,400
LEAR CORP	500	21,826	70,605
LEGEND BIOTECH CORP	2,980	208,118	179,307
LENNAR CORPORATION CLASS A COMMON	2,100	133,323	312,984
LINCOLN NATL CORP IND	2,700	125,829	72,819
LIVE NATION ENTERTAINMENT INC	1,460	125,031	136,656
LOCKHEED MARTIN CORP	400	155,020	181,296
LULULEMON ATHLETICA INC	295	107,872	150,831
LYONDELLBASELL INDUSTRIES NV	1,400	132,404	133,112
M & T BANK CORPORATION COM	930	121,152	127,484
MACYS INC	4,000	156,431	80,480
MARATHON OIL CORP	2,800	77,208	67,648
MARATHON PETROLEUM CORP	1,700	32,566	252,212
MARRIOTT VACATIONS WORLDWIDE C	500	77,764	42,445
MARVELL TECHNOLOGY INC	3,210	167,663	193,595
MASIMO CORP	1,110	152,801	130,103
MERCK & CO INC NEW	4,500	303,673	490,590
META PLATFORMS INC CL A	500	74,578	176,980
METLIFE INC	2,100	66,498	138,873
MGIC INVT CORP WI	7,000	117,250	135,030
MICROCHIP TECHNOLOGY INC COM	1,740	97,336	156,913
MKS INSTRS INC COM	1,370	131,404	140,932
MOLSON COORS BREWING COMPANY	4,200	232,323	257,082
MONGODB INC	510	155,539	208,514
MORGAN STANLEY COM	1,000	38,915	93,250
MOSAIC CO	1,700	64,369	60,741
MSCI INC	451	165,370	255,108
NCR ATLEOS CORP	1,800	40,608	43,722
NCR VOYIX CORPORATION	3,600	64,322	60,876
NEWMARKET CORP COM	295	132,838	161,020
NEXSTAR MEDIA GROUP INC	800	85,808	125,400
NICE LTD	860	95,407	171,579
NRG ENERGY INC COM NEW	4,000	149,056	206,800
ODP CORP	110	6,402	6,193
OMEGA HEALTHCARE INVS INC COM	2,600	76,996	79,716
ORGANON & CO	1,900	61,303	27,398
OSHKOSH CORPORATION	1,300	74,401	140,933

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d) COST	(e) CURRENT VALUE
	NO. OF SHARES		
OWENS CORNING INC	900	117,817	133,407
PALO ALTO NETWORKS INC	790	91,270	232,955
PARAMOUNT GLOBAL CL B	3,300	229,965	48,807
PAYPAL HOLDINGS INC	1,800	124,438	110,538
PERDOCEO EDUCATION CORP	3,240	55,408	56,894
PFIZER INC	9,900	262,719	285,021
PHILLIPS 66	1,600	122,406	213,024
PLAYTIKA HOLDING CORP	12,099	129,149	105,503
PROCORE TECHNOLOGIES INC	3,030	184,285	209,737
PULTE GROUP INC	3,600	103,757	371,592
QUALCOMM INC	1,480	203,876	214,052
RADIAN GROUP INC COM	4,800	78,259	137,040
REGIONS FINL CORP NEW COM	9,700	200,869	187,986
ROCKWELL AUTOMATION INC COM	1,070	210,487	332,214
ROSS STORES INC	2,560	292,939	354,278
RYDER SYS INC	1,600	130,618	184,096
SALLY BEAUTY CO INC	4,400	82,879	58,432
SBA COMMUNICATIONS CORPORATION	740	180,596	187,731
SCORPIO TANKERS INC	750	45,582	45,600
SELECT MEDICAL HOLDINGS CORPORATION	1,000	20,682	23,500
SIMON PROPERTY GROUP INC	600	79,773	85,584
SKYWORKS SOLUTIONS INC COM	1,000	107,552	112,420
SNAP ON INC	900	157,939	259,956
SPARTANNASH CO	2,800	73,515	64,260
SPROUTS FARMERS MARKETS LLC	4,700	125,045	226,117
STATE STREET CORP	1,100	60,884	85,206
STEEL DYNAMICS INC COM	2,000	69,801	236,200
STIFEL FINANCIAL CORP	2,000	118,906	138,300
SYLVAMO CORP	1,800	74,402	88,398
SYNCHRONY FINANCIAL	3,300	138,103	126,027
TAPESTRY INC	3,380	142,459	124,418
TEGNA INC	5,000	56,681	76,500
TEXTRON INC	2,650	149,619	213,113
THE KRAFT HEINZ COMPANY	6,765	234,098	250,170
TIMKEN CO	800	27,189	64,120
TRANSDIGM GROUP INC COM	445	136,354	450,162
TRUIST FINANCIAL CORPORATION	1,500	70,628	55,380
UGI CORP NEW COM	1,900	79,583	46,740
UNITED AIRLINES HOLDINGS INC	2,700	118,035	111,402
UNITI GROUP INC	8,580	106,782	49,592
UNIVERSAL HEALTH SVCS INC CL B	1,000	152,875	152,440
UPBOUND GROUP INC	2,200	59,359	74,734
VALERO ENERGY CORP	1,200	45,015	156,000
VERIZON COMMUNICATIONS	10,100	540,118	380,770
VIATRIS INC	6,000	63,976	64,980
VISHAY INTERTECHNOLOGY INC	3,300	48,334	79,101
VISTRA CORP	7,600	185,171	292,752
VITESSE ENERGY INC	553	5,244	12,105
VOYA FINANCIAL INC	1,100	46,265	80,256
VULCAN MATERIALS COMPANY	1,100	193,254	249,711
WALGREENS BOOTS ALLIANCE INC	4,500	317,827	117,495
WASTE CONNECTIONS INC	1,310	132,340	195,544
WATSCO INC CL A	560	182,052	239,943
WELLS FARGO & CO	7,600	301,736	374,072
WESTERN DIGITAL CORP	3,220	154,382	168,631
WESTROCK CO	1,500	65,115	62,280

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
WHIRLPOOL CORP	1,000	100,293	121,770
WORLD KINECT CORPORATION	3,300	115,960	75,174
XEROX HOLDINGS CORPORATION	3,325	119,001	60,947
ZEBRA TECHNOLOGIES CORP CL A	500	136,223	136,665
ZIONS BANCORPORATION	2,400	109,164	105,288
ZSCALER INC	1,230	178,334	272,519
		<u>\$ 65,323,466</u>	<u>\$ 72,828,330</u>

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

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

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
FORT WASHINGTON PRIVATE EQUITY INVESTORS X LP		\$ 14,312,500	\$ 22,956,768
IRONSIDES DIRECT INVESTMENT FUND V LP		8,806,376	17,753,049
ISQ GLOBAL INFRASTRUCTURE FUNDS III		3,914,984	4,386,161
ROCKWOOD CAPITAL REAL ESTATE PARTNERS FUND X LP		2,143,465	2,137,594
IRONSIDES PARTNERSHIP FUND III LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		7,255,764	13,531,735
IRONSIDES PARTNERSHIP FUND V LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		9,306,316	13,340,257
IRONSIDES PARTNERSHIP FUND VI - PARTNERSHIPS/JOINT VENTURE INTERESTS		5,547,462	5,667,257
IRONSIDES CO-INVESTMENT FUND VI		11,473,478	12,927,768
JP MORGAN IIF ERISA HEDGED LP		19,373,570	22,486,535
STRATEGIC INVESTORS FUND XI L.P.		2,844,097	2,646,258
SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND		8,596,527	9,262,126
BLACKROCK GLOBAL INFRASTRUCTURE FUND IV B		1,460,269	1,466,499
PMF TEI FUND LP		<u>101,068</u>	<u>119,871</u>
		\$ <u>95,135,876</u>	\$ <u>128,681,878</u>

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

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

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
JPMCB STRATEGIC PROPERTY FUND	2,071,974	\$ 18,680,221	\$ 23,309,923
PAYDEN & RYSEL CIT EMERGING MARKETS BOND COLLECTIVE FUND	1,377,518	20,167,219	19,630,735
STATE STREET BANK AND TRUST COMPANY SSGA AGGREGATE BOND INDEX NON-LENDING FUND	1,814,149	54,992,653	57,769,782
STATE STREET BANK AND TRUST COMPANY SSGA DAILY MSCI EAFE INDEX NON-LENDING FUND	190,397	5,324,842	6,133,270
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 1000 INDEX NON-LENDING FUND	528,972	24,440,394	38,867,815
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 2000 INDEX NON-LENDING FUND	59,564	9,603,143	9,125,803
STATE STREET BANK AND TRUST COMPANY SSGA LONG U.S. TREASURY INDEX NON-LENDING FUND	1,059,449	31,980,993	23,629,951
STATE STREET BANK AND TRUST COMPANY SSGA MSCI EMERGING MARKETS EX CHINA NON-LENDING FUND	1,129,643	11,000,000	11,809,293
GQG PARTNERS EMERGING MARKETS EQUITY CIT	1,748,388	20,000,000	25,701,313
		\$ <u>196,189,465</u>	\$ <u>215,977,885</u>

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

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ARTISAN INTERANTIONAL VALUE FUND	488,537	\$ 19,216,230	\$ 22,453,180
DIMENSIONAL EMERGING MARKETS VALUE FUND	834,642	24,743,693	24,563,533
VANGUARD DIVIDEND GROWTH FUND	602,311	5,812,222	22,412,001
VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES INDEX FUND	2,205,126	56,497,430	52,548,169
WCM FOCUSED INTERNATIONAL GROWTH FUND	1,343,734	19,229,632	30,583,390
WELLS FARGO ADVANTAGE GOVERNMENT MONEY MARKET FUND ISTL CLASS - #1751	156,825	156,825	156,825
		<u>\$ 125,656,032</u>	<u>\$ 152,717,098</u>

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan

Section 3: Certificate of Actuarial Valuation

Normal Pension

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

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

Section 3: Certificate of Actuarial Valuation

	<table> <tr> <td>27.00</td><td>135.13</td></tr> <tr> <td>28.00</td><td>138.23</td></tr> <tr> <td>29.00</td><td>141.33</td></tr> <tr> <td>30.00</td><td>144.43</td></tr> </table>	27.00	135.13	28.00	138.23	29.00	141.33	30.00	144.43
27.00	135.13								
28.00	138.23								
29.00	141.33								
30.00	144.43								
	<i>Amount</i> – Plan C: 3.0% of contributions paid or payable by a contributing Employer on behalf of the Employee for benefits under Plan C, per calendar year, up to a maximum of 25 calendar years. If more than 25 calendar years, the amount is based on the highest 25 calendar years of contribution.								
Early Retirement	<i>Age Requirement:</i> 55 <i>Service Requirement:</i> 10 years of pension credit <i>Amount:</i> Regular pension accrued, reduced by 6% for each year of age less than 65								
Disability	<i>Age Requirement:</i> None <i>Service Requirement:</i> 10 years of pension credit (with at least 75 days in 24-month period prior to disability) <i>Amount:</i> Normal pension accrued								
Vesting	<i>Age Requirement:</i> None <i>Service Requirement:</i> 5 years of vesting credit or 5 years of pension credit <i>Amount</i> – Plan B: 75% of Weighted Average Benefit Level times total number of Future Service credit. If earned at least 15 pension credits of which at least 2 years are future service credits, or at least 10 future service credits of which at least 10/20ths of a year were earned after January 1, 1983, then the early or Normal Retirement benefit. <i>Amount</i> – Plan C: Normal Pension accrued <i>Normal Retirement Age:</i> 65, or fifth anniversary of participation.								
Spouse's Pre-Retirement Death Benefit	<i>Age Requirement:</i> None <i>Service Requirement:</i> 5 years of vesting service or 5 years of pension credit. <i>Amount:</i> 50% of the benefit employee would have received had he or she retired the day before death, unreduced for joint and survivor coverage. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have first been eligible to retire. <i>Charge for Coverage:</i> None								
Post-Retirement Death Benefit (if not eligible for spouse's benefit)	<i>Service Requirement:</i> 5 years of vesting credit <i>Amount:</i> An eligible beneficiary will receive the amount the participant would have received had he or she retired the day before death, guaranteed for 60 months. The benefit amount is reduced for age, but not less than age 55.								

Section 3: Certificate of Actuarial Valuation

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

Section 3: Certificate of Actuarial Valuation

Vesting Credit	One year of vesting credit for each credit year during the contribution period in which the employee works 75 or more days.
Contribution Rate	Varies by employer. The average rates for the year beginning January 1, 2023 were \$10.42 per day for Plan B participants (excluding Roadpersons) and \$15.11 per day for Roadpersons. The average annual contribution during 2022 for Plan C participants was \$2,649.
Changes in Plan Provisions	Effective July 1, 2022, the Trustees have adopted the following: Pensioners will have their benefit calculated without the combined 25-year cap on combined pension credits. The cap 25-year cap on both Plan B and Plan C benefits individual continues to apply.

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Section 3: Certificate of Actuarial Valuation

Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment, or if date is unknown, current age minus years of service. Plan C participants active prior to January 1, 2007 are assumed to have commenced employment no later than age 34. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Current Liability Assumptions	<i>Interest:</i> 2.55%, within the permissible range prescribed under IRC Section 431©(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-2021 (previously, the MP-2020 Scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 5.3%, for the Plan Year ending December 31, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -10.5%, for the Plan Year ending December 31, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 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.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.22% to 2.55% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2023: Mortality base tables, previously 100% of Pri-2012 Blue Collar Employee, Healthy Annuitant and Contingent Survivor Amount-weighted Mortality Tables. Administrative expense, previously \$5,500,000.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/1994	\$447,959	1	\$447,959
Plan amendment	01/01/1996	4,136,180	3	1,479,551
Plan amendment	01/01/1997	27,676	4	7,687
Plan amendment	01/01/1998	1,543,817	5	354,955
Change in assumptions	01/01/1999	2,035,765	6	403,451
Plan amendment	01/01/1999	2,348,257	6	465,381
Plan amendment	01/01/2000	870,421	7	152,870
Plan amendment	01/01/2001	1,152,363	8	183,013
Change in assumptions	01/01/2001	1,187,511	8	188,596
Plan amendment	01/01/2002	546,331	9	79,671
Plan amendment	01/01/2003	1,281,141	10	173,623
Plan amendment	01/01/2004	668,506	11	85,008
Plan amendment	01/01/2005	647,576	12	77,876
Plan amendment	01/01/2006	2,099,747	13	240,376
Plan amendment	01/01/2007	1,118,130	14	122,524
Plan amendment	01/01/2009	91,130	1	91,130
Investment loss subject to relief	01/01/2009	16,314,811	15	1,719,311
Plan amendment	01/01/2010	128,612	2	66,630
Change in assumptions	01/01/2010	625,126	2	323,860
Actuarial loss	01/01/2011	2,177,193	3	778,802
Plan amendment	01/01/2012	86,872	4	24,128
Actuarial loss	01/01/2012	2,488,736	4	691,215
Plan amendment	01/01/2013	127,738	5	29,370

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2013	2,180,685	5	501,385
Actuarial loss	01/01/2014	1,689,054	6	334,739
Change in assumptions	01/01/2014	2,470,690	6	489,645
Plan amendment	01/01/2014	21,829,779	6	4,326,254
Change in assumptions	01/01/2015	525,454	7	92,285
Plan amendment	01/01/2015	1,175,173	7	206,394
Actuarial loss	01/01/2015	5,673,624	7	996,448
Plan amendment	01/01/2016	880,654	8	139,862
Actuarial loss	01/01/2016	12,234,973	8	1,943,107
Plan amendment	01/01/2017	613,923	9	89,528
Actuarial loss	01/01/2017	7,880,468	9	1,149,208
Plan amendment	01/01/2018	274,248	10	37,167
Actuarial loss	01/01/2018	9,219,534	10	1,249,448
Plan amendment	01/01/2019	1,306,848	11	166,179
Actuarial loss	01/01/2019	16,951,821	11	2,155,601
Plan amendment	01/01/2020	1,937,654	12	233,019
Actuarial loss	01/01/2020	19,317,974	12	2,323,150
Plan amendment	01/01/2022	2,198,692	14	240,930
Actuarial loss	01/01/2022	30,252,035	14	3,314,986
Plan amendment	01/01/2023	2,408,730	15	253,840
Actuarial loss	01/01/2023	34,062,099	15	3,589,582
Total		\$217,235,710		\$32,019,744

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/1994	\$102,385	1	\$102,385
Change in assumptions	01/01/2003	1,769,638	10	239,825
Change in assumptions	01/01/2004	1,478,609	11	188,021
Change in assumptions	01/01/2007	743,355	14	81,456
Actuarial gain	01/01/2009	925,747	1	925,747
Actuarial gain	01/01/2010	249,693	2	129,359
Plan amendment	01/01/2011	67,422	3	24,117
Plan amendment	01/01/2021	68,658	13	7,860
Change in assumptions	01/01/2021	1,686,851	13	193,108
Actuarial gain	01/01/2021	52,656,321	13	6,028,007
Change in assumptions	01/01/2023	14,479,716	15	1,525,923
Total		\$74,228,395		\$9,445,808

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$2,966,653	\$1,294,360	\$18,218,788	\$22,479,802
2024	\$4,543,676	\$2,919,689	\$17,436,935	\$24,900,300
2025	\$6,323,843	\$4,642,419	\$16,721,997	\$27,688,259
2026	\$8,274,741	\$5,986,893	\$16,004,467	\$30,266,100
2027	\$10,345,041	\$7,312,031	\$15,246,141	\$32,903,212
2028	\$12,111,808	\$8,472,312	\$14,567,730	\$35,151,851
2029	\$14,078,439	\$9,548,053	\$13,921,942	\$37,548,434
2030	\$16,095,095	\$10,370,308	\$13,271,314	\$39,736,717
2031	\$18,043,916	\$11,172,739	\$12,615,368	\$41,832,023
2032	\$19,985,427	\$11,959,379	\$11,953,957	\$43,898,762
2033	\$21,828,454	\$12,719,452	\$11,287,356	\$45,835,262
2034	\$23,660,399	\$13,332,836	\$10,616,311	\$47,609,547
2035	\$25,449,774	\$13,843,638	\$9,942,072	\$49,235,484
2036	\$27,121,504	\$14,399,210	\$9,266,407	\$50,787,121
2037	\$28,755,792	\$14,958,563	\$8,591,635	\$52,305,990
2038	\$30,380,022	\$15,329,078	\$7,920,590	\$53,629,690
2039	\$31,959,307	\$15,652,379	\$7,256,659	\$54,868,345
2040	\$33,447,158	\$15,955,238	\$6,603,839	\$56,006,235
2041	\$34,888,632	\$16,189,542	\$5,966,579	\$57,044,754
2042	\$36,253,170	\$16,336,380	\$5,349,585	\$57,939,135
2043	\$37,548,948	\$16,354,874	\$4,757,594	\$58,661,416
2044	\$38,730,348	\$16,359,126	\$4,195,115	\$59,284,589
2045	\$39,872,863	\$16,324,683	\$3,666,244	\$59,863,791
2046	\$40,848,879	\$16,258,366	\$3,174,532	\$60,281,777
2047	\$41,772,046	\$16,105,421	\$2,722,842	\$60,600,309
2048	\$42,646,613	\$15,884,506	\$2,313,219	\$60,844,338
2049	\$43,421,260	\$15,681,828	\$1,946,738	\$61,049,826
2050	\$44,101,071	\$15,470,384	\$1,623,316	\$61,194,771
2051	\$44,594,777	\$15,155,702	\$1,341,775	\$61,092,254
2052	\$45,092,597	\$14,859,168	\$1,099,963	\$61,051,727
2053	\$45,541,325	\$14,509,373	\$894,936	\$60,945,634
2054	\$45,790,831	\$14,117,370	\$723,254	\$60,631,455
2055	\$45,752,148	\$13,681,319	\$581,197	\$60,014,665
2056	\$45,443,876	\$13,207,648	\$464,961	\$59,116,485
2057	\$45,096,187	\$12,742,089	\$370,831	\$58,209,108
2058	\$44,627,941	\$12,220,857	\$295,295	\$57,144,094
2059	\$43,916,302	\$11,660,650	\$235,130	\$55,812,082
2060	\$42,971,992	\$11,038,339	\$187,470	\$54,197,801
2061	\$41,822,277	\$10,382,348	\$149,828	\$52,354,453

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit

2062	\$40,452,742	\$9,744,519	\$120,097	\$50,317,358
2063	\$38,962,372	\$9,091,233	\$96,559	\$48,150,163
2064	\$37,321,969	\$8,442,733	\$77,831	\$45,842,532
2065	\$35,503,889	\$7,809,292	\$62,826	\$43,376,008
2066	\$33,635,558	\$7,198,801	\$50,729	\$40,885,088
2067	\$31,671,199	\$6,610,579	\$40,920	\$38,322,698
2068	\$29,664,656	\$6,044,342	\$32,929	\$35,741,928
2069	\$27,659,534	\$5,504,744	\$26,403	\$33,190,681
2070	\$25,678,335	\$4,991,635	\$21,061	\$30,691,032
2071	\$23,721,032	\$4,504,594	\$16,690	\$28,242,316
2072	\$21,811,679	\$4,043,705	\$13,121	\$25,868,505

This assumes the following:

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

Section 3: Certificate of Actuarial Valuation

Exhibit E: 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	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	365	–	360	5	–	–	–	–	–	–	–
	\$140	–	\$137	–	–	–	–	–	–	–	–
25 - 29	1,403	–	1,266	136	1	–	–	–	–	–	–
	\$210	–	\$176	\$522	–	–	–	–	–	–	–
30 - 34	2,441	–	1,840	556	45	–	–	–	–	–	–
	\$294	–	\$209	\$531	\$855	–	–	–	–	–	–
35 - 39	2,560	–	1,518	828	196	18	–	–	–	–	–
	\$387	–	\$211	\$565	\$912	–	–	–	–	–	–
40 - 44	2,370	–	1,192	876	250	46	6	–	–	–	–
	\$459	–	\$224	\$576	\$952	\$1,551	–	–	–	–	–
45 - 49	1,895	–	800	680	307	74	26	6	2	–	–
	\$553	–	\$231	\$573	\$956	\$1,511	\$1,993	–	–	–	–
50 - 54	1,906	1	803	619	311	109	45	15	2	1	–
	\$578	–	\$221	\$547	\$962	\$1,457	\$2,102	–	–	–	–
55 - 59	1,609	–	608	524	305	116	31	14	9	2	–
	\$626	–	\$226	\$547	\$925	\$1,577	\$1,888	–	–	–	–
60 - 64	1,226	4	403	397	250	92	29	20	17	8	6
	\$695	–	\$212	\$549	\$950	\$1,509	\$1,931	\$2,215	–	–	–
65 - 69	634	–	193	209	136	42	17	17	10	4	6
	\$691	–	\$222	\$512	\$893	\$1,526	–	–	–	–	–
70 & over	311	–	89	108	57	28	9	6	7	6	1
	\$685	–	\$214	\$489	\$1,039	\$1,136	–	–	–	–	–
Unknown	89	–	81	7	1	–	–	–	–	–	–
	\$199	–	\$175	–	–	–	–	–	–	–	–
Total	16,809	5	9,153	4,945	1,859	525	163	78	47	21	13
	\$465	–	\$208	\$553	\$941	\$1,491	\$1,956	\$1,959	\$1,942	\$2,252	–

Note: Excludes 6,357 participants with less than one vesting credit.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$44,176,174	\$0	\$44,176,174
2024	\$44,176,174	\$0	\$44,176,174
2025	\$44,176,174	\$0	\$44,176,174
2026	\$44,176,174	\$0	\$44,176,174
2027	\$44,176,174	\$0	\$44,176,174
2028	\$44,176,174	\$0	\$44,176,174
2029	\$44,176,174	\$0	\$44,176,174
2030	\$44,176,174	\$0	\$44,176,174
2031	\$44,176,174	\$0	\$44,176,174
2032	\$44,176,174	\$0	\$44,176,174

Schedule MB Line 6f(1) - Withdrawal liability assumptions

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

Interest	For liabilities up to market value of assets, 3.90% for 20 years and 3.65% beyond (2.40% for 20 years and 2.11% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of January 1, 2023 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of January 1, 2023 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of January 1, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 526,825,966
(2) Actuarial value of assets for funding standard account.....	1b(2) 579,735,338
c (1) Accrued liability for plan using immediate gain methods	1c(1) 667,253,904
(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) 576,589,867
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1,501,083,302
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 99,734,139
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 22,352,649
(3) Expected plan disbursements for the plan year	1d(3) 28,352,649

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

SIGN HERE Jonathan P. Scarpa <i>JPS</i> Signature of actuary Jonathan P. Scarpa, FSA, MAAA Type or print name of actuary	09/06/2024 Date 2308268 Most recent enrollment number
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SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm	212-251-5000 Telephone number (including area code)
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a Current value of assets (see instructions)		2a	526,825,966
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	3,022	227,645,664
(2)	For terminated vested participants	5,606	356,947,844
(3)	For active participants:		
(a)	Non-vested benefits		100,671,472
(b)	Vested benefits		815,818,322
(c)	Total active	16,809	916,489,794
(4)	Total	25,437	1,501,083,302
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	35.09 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2023	28,454,839				

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	100.5 %
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, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e	If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f	If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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):						

i 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	2.55 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-10.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	5,770,751
(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	34,062,099	3,589,582
3	2,408,730	253,840
4	-14,479,716	-1,525,923

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

26,573,715

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)

217,235,710

32,019,744

(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

4,394,509

e Total charges. Add lines 9a through 9d

9e

62,987,968

Credits to funding standard account:

f Prior year credit balance, if any

9f

55,488,749

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

9g

28,454,839

Outstanding balance

h Amortization credits as of valuation date

9h

74,228,395

9,445,808

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

9i

5,848,227

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

239,177,182

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

9j(2)

863,327,996

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

99,237,623

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

9m

36,249,655

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 current 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

I.A.T.S.E. NATIONAL PENSION FUND
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

I.A.T.S.E. NATIONAL PENSION FUND
YEARS ENDED DECEMBER 31, 2023 AND 2022
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Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

450 Wireless Boulevard
Hauppauge, NY 11788
Telephone: (631) 273-4778
Fax: (631) 273-3488

21 Vernon Street
Floral Park, NY 11001
Telephone: (516) 216-5695

485A US Route 1 South
Suite 360
Iselin, NJ 08830
Telephone: (732) 268-1301

www.snpcpa.com

PARTNERS

Carol Westfall, CPA
Vincent F. Panettieri, CPA
Max Capone, CPA
James M. Heinzman, CPA, CFE
Donna Panettieri, CPA
Peter M. Murray, CPA, CFE
Gary Waldren, CPA
Jennifer Leible, CPA
Richard B. Silvestro, CPA
Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA
Michael Garafalo, CPA, CFE
Kyle Kamm, CPA
Kim T. D'Amico, CPA

DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma
Justin Katulka
Allison Newton, SHRM-SCP

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the I.A.T.S.E. National Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in net assets available for benefits for the years ended December 31, 2023 and 2022 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 20 through 28 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 29 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
October 3, 2024

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 41,315,625	\$ 8,479,198
Corporate stock	70,795,540	69,600,678
Partnership/joint venture interests	127,193,790	102,220,472
Common/collective trust funds	215,977,885	178,590,901
Registered investment companies	<u>152,717,098</u>	<u>165,930,138</u>
Total investments	607,999,938	524,821,387
Receivables		
Employers' contributions	1,925,000	2,183,000
Accrued interest/dividends	41,069	43,721
Related organizations - net	27,270	-
Net trades pending settlement	-	19,611
Cash	165,279	-
Property and equipment - net	2,538,311	2,445,193
Other assets	800,590	465,498
Right-of-use asset - operating lease	<u>12,823,851</u>	<u>14,939,362</u>
Total assets	<u>626,321,308</u>	<u>544,917,772</u>
Liabilities		
Accounts payable	963,035	803,944
Related organizations - net	-	2,348,500
Operating lease	<u>13,267,130</u>	<u>14,939,362</u>
Total liabilities	<u>14,230,165</u>	<u>18,091,806</u>
Net assets available for benefits	<u>\$ 612,091,143</u>	<u>\$ 526,825,966</u>

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Additions to net assets attributed to:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 44,855,673	\$ (69,680,614)
Interest/dividends	<u>9,914,013</u>	<u>10,221,323</u>
Total investment income (loss)	54,769,686	(59,459,291)
Less investment expenses	<u>(899,076)</u>	<u>(956,433)</u>
Net investment income (loss)	53,870,610	(60,415,724)
Contributions		
Employers'	28,454,839	44,856,816
Other income	<u>408,997</u>	<u>110,949</u>
Total additions	<u>82,734,446</u>	<u>(15,447,959)</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	23,093,122	20,794,135
Administrative expenses	<u>7,015,998</u>	<u>5,917,001</u>
Total deductions	<u>30,109,120</u>	<u>26,711,136</u>
Net increase (decrease)	52,625,326	(42,159,095)
Net assets available for benefits		
Beginning of year	526,825,966	568,985,061
Transfer in from merger (Note 2)	<u>32,639,851</u>	<u>-</u>
End of year	<u>\$ 612,091,143</u>	<u>\$ 526,825,966</u>

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the I.A.T.S.E. National Pension Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

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

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

Purpose

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

Participation

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

Benefits

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

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

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

Vesting

Participants generally become fully vested after five years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

I.A.T.S.E. NATIONAL PENSION FUND
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

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

Plan termination

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

Basis of accounting

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

Investment valuation and income recognition

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

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

Administrative expense allocation

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

Reimbursements received from related organizations for the years ended December 31, 2023 and 2022 were \$15,830,258 and \$14,840,243, respectively.

Use of estimates

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

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 2 - Merger

The Trustees approved merging the Pension Fund of Stage Employees Local 4, IATSE into the Plan, effective December 31, 2023. In accordance with the terms of the merger agreement, all assets and liabilities were transferred as of that date. A summary of the net assets transferred is as follows:

	<u>2023</u>
Investments at fair value	\$ 32,333,784
Receivables	145,114
Cash	165,279
Accounts payable	<u>(4,326)</u>
Total net assets transferred in	<u>\$ 32,639,851</u>

Additionally, the actuarial present value of accumulated plan benefits for the Pension Fund of Stage Employees Local 4, IATSE as of January 1, 2023 was \$36,562,048. Such amounts are excluded from amounts reflected above.

Note 3 - Fair value measurements

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

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

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 3 - Fair value measurements (cont'd)

Interest bearing cash: Valued at cost.

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

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

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

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

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

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 41,315,625	\$ 41,315,625	\$ -	\$ -
Corporate stock	38,562,585	38,562,585	-	-
Registered investment companies	<u>152,717,098</u>	<u>152,717,098</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	232,595,308	<u>\$ 232,595,308</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value	<u>375,404,630</u>			
Investments at fair value	<u>\$ 607,999,938</u>			

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 3 - Fair value measurements (cont'd)

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

	2022	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	\$ 8,479,198	\$ 8,479,198	\$ -	\$ -
Corporate stock	37,279,745	37,279,745	-	-
Registered investment companies	<u>165,930,138</u>	<u>165,930,138</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	211,689,081	<u>\$ 211,689,081</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value	<u>313,132,306</u>			
Investments at fair value	<u>\$ 524,821,387</u>			

Note 4 - Cash

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

Note 5 - Corporate stock (Non-publicly traded)

Golub Capital BDC 3, Inc. ("GBDC 3") is an externally managed, closed-end, non-diversified management investment company that was formed on August 1, 2017 and elected to be treated as a business development company under the Investment Company Act of 1940, as amended, on September 29, 2017. GBDC 3 invests primarily in senior secured and one-stop loans of U.S. middle-market companies. GBDC 3 may also selectively invest in second lien and subordinated (a loan that ranks senior only to a borrower's equity securities and ranks junior to all of such borrower's other indebtedness in priority of payment) loans of, and warrants and minority equity securities in, middle-market companies. On January 16, 2024, GBDC 3 entered into an agreement and plan of merger with Golub Capital BDC, Inc. ("GBDC"). In the proposed merger, each share of GBDC 3's common stock issued and outstanding immediately prior to the effective time of the merger, except for shares, if any, owned by GBDC or any of its consolidated subsidiaries, will be converted into the right to receive a number of GBDC's common stock equal to the exchange ratio in connection with the closing of the merger. The merger took place on June 3, 2024. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$21,159,611 and \$20,133,214, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 5 - Corporate stock (Non-publicly traded) (cont'd)

EnTrustPermal Special Opportunities Evergreen Fund Ltd. ("EnTrustPermal") is an exempted company incorporated under the laws of the Cayman Islands that commenced operations on January 1, 2019 and is regulated under the Mutual Funds Law of the Cayman Islands. EnTrustPermal invests all its net assets in a master-feeder arrangement in EnTrustPermal Special Opportunities Evergreen Master Fund LP (the "Master Fund") which invests in a select group of funds and investment vehicles that are generally expected to be illiquid. EnTrustPermal records its investment in the Master Fund at fair value. Redemptions shall take place as of the close of business on the last business day of any calendar quarter or any other date determined by the EnTrustPermal's Board of Directors in its sole discretion. In order to effect a redemption, a shareholder is required to provide not less than 180 days' prior written notice of any such redemption request. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$11,073,344 and \$12,187,721, respectively.

Note 6 - Partnerships

Ironsides Partnership Fund III, L.P. ("Ironsides III") was organized for the purpose of investing in pooled investment vehicles via capital commitments to the issuers of such investments which invest primarily in portfolio companies located in or having a principal place of business in North America in accordance with the investment objectives, policies, procedures, and restrictions more specifically set forth in the Partnership Agreement. Ironsides III commenced operations on November 15, 2013 and will end 10 years after the Final Closing Date; provided, however, that such term may be (a) extended for up to two one year terms by the General Partner in its sole discretion, and (b) extended by the General Partner with the consent of the Advisory Board for one additional one year term. Distributions from Ironsides III may only be made at the discretion of the General Partner. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$13,074,925 and \$14,169,423, respectively.

Ironsides Direct Investment Fund V, L.P. ("Ironsides Direct Investment V") was organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America in accordance with the investment objectives, policies, procedures and restrictions more specifically set forth in the Partnership Agreement. Ironsides Direct Investment V commenced operations on April 11, 2018 and will continue in existence until the earlier of the expiration of its term on the 10 year anniversary of the final closing date, or if later, one year after the date by which all assets have been liquidated and its obligations terminated; and any one of the reasons for dissolution more fully described in Article 9 of the Partnership Agreement, including by consent of the General Partner and a majority of the percentage interests of the Limited Partners, a decree of judicial dissolution, and any time that there are no Limited Partners. Distributions from Ironsides Direct Investment V may only be made at the discretion of the General Partner. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$17,753,049 and \$15,381,713, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 6 - Partnerships (cont'd)

Fort Washington Private Equity Investors X, L.P. ("Fort Washington X") was formed on June 8, 2018 and commenced operations on July 20, 2018 as a Delaware limited partnership. The General Partner of Fort Washington X is FWPEI X GP, LLC, a Delaware limited liability company, and the investment manager is Fort Washington Investment Advisors, Inc. Fort Washington X will seek to realize capital appreciation primarily by investing in a diversified portfolio of leading private equity funds. Fort Washington X will invest in buyout, venture capital, growth equity, real assets, and special situation funds; up to 20% of capital in secondary investments, structured transactions and direct investments; and up to 30% of the private equity fund investments in international funds. The private equity partnership does not have a redemption period or redemption frequency. Limited Partners can request an assignment of interest at the General Partner's discretion, in accordance with the Amended and Restated Limited Partnership Agreement. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$22,956,768 and \$18,915,630, respectively.

Ironsides Co-Investment Fund VI, L.P. ("Ironsides Co-Investment VI") was organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America in accordance with the investment objectives, policies, procedures and restrictions more specifically set forth in the Partnership Agreement. Ironsides Co-Investment VI commenced operations on February 4, 2021 and will terminate on the 10th anniversary of the final close, unless dissolved earlier or extended in accordance with the Partnership Agreement. Distributions from Ironsides Co-Investment VI may only be made at the discretion of the General Partner. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$12,927,768 and \$13,063,194, respectively.

JP Morgan IIF ERISA Hedged LP ("JPM ERISA") is one of the fund investor vehicles included in the JP Morgan Infrastructure Investments Fund. The purpose of the JP Morgan Infrastructure Investment Fund is to invest in a broad range of infrastructure and infrastructure-related assets located in member countries of the Organization for Economic Co-Operation and Development ("OECD") with a primary focus on the US, Canada, Western Europe, and Australia. These assets may include toll roads, bridges, tunnels, oil and gas pipelines, electricity transmission and distribution facilities, contracted power generation assets, communication assets, water distribution and waste water collection and processing assets, railway lines and rapid transit links, seaports and airports. Redemption dates occur two times a year on March 31 and September 30 and are subject to the investment advisors discretion. For the March 31 redemption date, notices must be received between November 15 and December 31 of the previous year. For the September 30 redemption date, notices must be received between May 15 and June 30 of the same year. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$22,486,535 and \$21,039,080, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 7 - Common/collective trust funds

JPMCB Strategic Property Fund's ("JPMCB") investment valuation is at estimated fair value of net equity investments in real estate assets, which includes working capital of the underlying investments, and are determined by JPMorgan Chase Bank at each valuation date. Redemptions from JPMCB can be made once per quarter subject to available cash, as determined by JPMorgan Chase Bank. A written withdrawal request is required 45 days prior to quarter end. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$23,309,923 and \$27,492,619, respectively.

State Street Bank and Trust Company SSgA U.S. Aggregate Bond Index Non-Lending Fund's ("SSgA Bond Fund") investment valuation policy is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value of the SSgA Bond Fund is determined each business day. Redemptions of SSgA Bond Fund units can be made on any business day. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$57,769,782 and \$36,030,563, respectively.

State Street Bank and Trust Company SSgA Russell 1000 Index Non-Lending Fund's ("SSgA Index Fund") investment valuation policy is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value of the SSgA Index Fund is determined each business day. Redemptions of SSgA Index Fund units can be made on any business day. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$38,867,815 and \$23,828,407, respectively.

State Street Bank and Trust Company SSgA Long U.S. Treasury Index Securities Non-Lending Fund's ("SSgA Treasury Fund") investment valuation policy is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other instruments over a reasonable period of time. The per unit net asset value of the SSgA Treasury Fund is determined each day. Redemptions of SSgA Treasury Fund units may be made on such days, based on the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of the SSgA Treasury Fund. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$23,629,951 and \$22,871,386, respectively.

Payden & Rygel Emerging Markets Bond Collective Fund's ("Payden & Rygel") investment valuation policy is to value investments at fair value, which is generally defined as the price that could reasonably be expected to be received from an orderly transaction to sell an asset or paid to transfer a liability between market participants. The per unit net asset value is determined each business day. Issuances and redemptions of class units may be made on each Valuation Date, based upon each class's NAV per unit. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$19,630,735 and \$17,603,717, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 7 - Common/collective trust funds (cont'd)

GQG Partners Emerging Markets Equity CIT's ("GQG") investment valuation is at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. Redemptions are permitted on any valuation date at the unit value determined as of the close of business on the valuation date and are subject to any restrictions set forth in the Declaration of Trust. Redemption requests in amounts exceeding the smaller of \$10 million, or amounts equivalent to 10% of the amount invested, must be submitted in writing, five business days in advance. Net investment income from realized gains from security transactions are not distributed to participants, and are reinvested in GQG. The estimated fair value of the investment held as of December 31, 2023 and 2022 was \$25,701,313 and \$32,998,499, respectively.

Note 8 - Investment commitments

Total outstanding capital commitments as of December 31, 2023 were \$51,865,000. Capital commitments are funded based on the capital calls issued by each investment manager.

Note 9 - Risks and uncertainties

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

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

Note 10 - Property and equipment

	<u>2023</u>	<u>2022</u>
Property and equipment	\$ 4,685,058	\$ 4,486,218
Less accumulated depreciation	<u>2,146,747</u>	<u>2,041,025</u>
Property and equipment - net	<u>\$ 2,538,311</u>	<u>\$ 2,445,193</u>

Property and equipment is stated at cost. Depreciation expense for the years ended December 31, 2023 and 2022 was \$105,722 and \$112,912, respectively, computed using the straight-line method over the estimated useful lives of the respective assets.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 10 - Property and equipment (cont'd)

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

Note 11 - Commitment

In 2018, the I.A.T.S.E. National Pension, Annuity, Vacation, Welfare, and I.A.T.S.E. Staff Retirement Funds committed to create and implement a new computer system for the Funds', benefit administration and operations. The total anticipated cost of the system is approximately \$22 million, which will be allocated to each entity based on the estimated benefit received. The costs associated with development, implementation and licensing are included in property and equipment and will be amortized over the estimated useful life of the system once it is operational. Other related costs are expensed as incurred. As of December 31, 2023, \$2,232,186 has been allocated to the Plan and is included in property and equipment.

In 2024, the I.A.T.S.E. National Pension, Annuity, Vacation and Welfare Funds filed a lawsuit against the software development company for alleged breach of contract and unjust enrichment due to the company's failure to perform under the relevant agreements. As the outcome of the lawsuit cannot be determined at this time, no adjustment has been made to the December 31, 2023 financial statements.

Note 12 - Lease

The I.A.T.S.E. National Pension Fund (the "Pension Fund") entered into a 12-year lease agreement for office space located at 417 Fifth Avenue, New York, New York ("417 Fifth"), expiring December 31, 2029. Under the terms of the agreement, the Pension Fund will pay base rent plus escalation charges for real estate taxes, maintenance, and utilities. The Plan recognizes the present value of the asset and liability for the rights and obligations created by the asset in accordance with Financial Accounting Standards Board Accounting Standards Update, (Topic 842). Simultaneously, the Pension Fund entered into sublease agreements for the same term with its related Welfare, Annuity, Vacation, and I.A.T.S.E. Staff Retirement Funds. In addition, the Pension Fund secured a \$401,667 security deposit, pursuant to the terms of the lease.

All costs associated with 417 Fifth have been allocated to the Plan and its related benefit funds based on estimated benefit received. The Plan's estimated portion of these costs for each of the years ended December 31, 2023 and 2022 was 21%.

For the years ended December 31, 2023 and 2022, the Plan's portion of rent expense amounted to \$493,658 and \$486,841, respectively.

Future minimum lease obligations for the Plan and its related benefit funds as of December 31, 2023 are as follows:

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 12 - Lease (cont'd)

2024	\$ 2,470,715
2025	2,520,678
2026	2,553,140
2027	2,585,603
2028	2,618,065
2029 and thereafter	3,093,184
Less: Present value discount	<u>(2,574,255)</u>
Total	\$ <u>13,267,130</u>

Note 13 - Employers' contributions

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

During 2023, there were work stoppages in the motion picture and television industry which have negatively impacted the Plan's contribution income. These disruptions occurred from May through November 2023.

Note 14 - Reconciliation of financial statements to Form 5500

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

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 14 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 53,870,610	\$ 899,076	\$ 54,769,686
Contributions	28,454,839	-	28,454,839
Other income	<u>408,997</u>	<u>-</u>	<u>408,997</u>
Total additions	<u>82,734,446</u>	<u>899,076</u>	<u>83,633,522</u>
Benefits paid directly to participants or beneficiaries	23,093,122	-	23,093,122
Administrative expenses	<u>7,015,998</u>	<u>899,076</u>	<u>7,915,074</u>
Total deductions	<u>30,109,120</u>	<u>899,076</u>	<u>31,008,196</u>
Net increase	<u>\$ 52,625,326</u>	<u>\$ -</u>	<u>\$ 52,625,326</u>

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 29.

Note 15 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of January 1, 2023 and 2022. Details of accumulated plan benefit information as of such dates are as follows:

	<u>January 1, 2023</u>	<u>January 1, 2022</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 145,549,765	\$ 145,471,374
Other vested participants	<u>404,408,470</u>	<u>368,095,042</u>
Total vested benefits	549,958,235	513,566,416
Nonvested benefits	<u>26,631,632</u>	<u>22,337,827</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 576,589,867</u>	<u>\$ 535,904,243</u>

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 15 - Accumulated plan benefits (cont'd)

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

	January 1, 2023	January 1, 2022
Actuarial present value of accumulated plan benefits - Beginning of year	<u>\$ 535,904,243</u>	<u>\$ 495,921,269</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	33,230,978	20,979,105
Interest due to the decrease in the discount period	39,348,056	36,407,758
Benefits paid	(20,794,135)	(19,355,996)
Plan amendments	1,525,873	1,952,107
Change of assumptions	<u>(12,625,148)</u>	<u>-</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>40,685,624</u>	<u>39,982,974</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 576,589,867</u>	<u>\$ 535,904,243</u>

Through January 1, 2023, the Plan met minimum funding standard requirements under ERISA.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

Note 15 - Accumulated plan benefits (cont'd)

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

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

As of January 1, 2023 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006 and the Multiemployer Pension Reform Act of 2014.

Note 16 - Tax status

The Plan has received a determination letter from the IRS dated August 21, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

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

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

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
		VARIABLE	ON DEMAND	\$	\$
	WELLS FARGO BANK			9,101,712	9,101,712
	IRONSIDES PARTNERSHIP FUND III L.P. - INTEREST BEARING CASH			6,800	6,800
	IRONSIDES CO-INVESTMENT FUND III L.P. - INTEREST BEARING CASH			22,893	22,893
	IRONSIDES PARTNERSHIP FUND V L.P. - INTEREST BEARING CASH			1,611	1,611
	IRONSIDES PARTNERSHIP FUND VI L.P. - INTEREST BEARING CASH			2,276	2,276
	BLF FEDFUND CASH RESERVE			25,323,951	25,323,951
	ISA ASSOCIATED BANK NA			246,070	246,070
	ISA BANCO POPULAR PR			246,070	246,070
	ISA BANK OF AMERICA NA			246,070	246,070
	ISA BANK OF BARODA			246,070	246,070
	ISA BANK OF CHINA			246,070	246,070
	ISA BANK OF EAST ASIA			246,070	246,070
	ISA BMW BANK NORTH AMERICA			246,070	246,070
	ISA CITIZENS BANKS NORTH AMERICA			246,072	246,072
	ISA CITY NATIONAL BANK			246,070	246,070
	ISA CITY NATIONAL BANK FL			246,070	246,070
	ISA CUSTOMERS BANK			246,070	246,070
	ISA FIFTH THIRD BANK			246,070	246,070
	ISA FIRSTBANK PR			246,070	246,070
	ISA FORBRIGHT BANK			246,070	246,070
	ISA HUNTINGTON NATL			246,070	246,070
	ISA MERRICK BANK			246,070	246,070
	ISA MIZUHO BANK US			246,070	246,070
	ISA OCEANFIRST BANK			246,070	246,070
	ISA ORIENTAL BANK			246,070	246,070
	ISA SALLIE MAE BANK			246,070	246,070
	ISA SANTANDER BANK NA			246,070	246,070
	ISA STATE BANK INDIA			246,070	246,070
	ISA STEARNS BANK NA			246,070	246,070
	ISA TOYOTA FINANCIAL			246,070	246,070
	ISA TRUIST BANK			246,070	246,070
	ISA TRUSTMARK NB			246,070	246,070
	ISA VALLEY NATIONAL BANK			246,070	246,070
	ISA WEX BANK			246,070	246,070
				\$ 41,349,205	\$ 41,349,205

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

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
ABBVIE INC	600	\$ 36,530	\$ 92,982	
ACUITY BRANDS (HOLDING COMPANY) INC RR.	400	46,201	81,932	
AFLAC INC	4,000	148,502	330,000	
AGCO CORP COM	1,600	111,785	194,256	
ALASKA AIR GROUP INC	2,400	104,468	93,764	
ALIGN TECHNOLOGY INC	610	190,587	167,140	
ALLY FINANCIAL INC	2,300	77,683	80,316	
ALTRIA GROUP INC COM	4,000	173,663	161,360	
AMDOCS LIMITED COM	1,400	84,310	123,046	
AMERICAN AIRLS GROUP INC	1,900	87,327	26,106	
AMERICAN AXLE & MFG HLDGS INC COM	6,700	96,502	59,027	
AMERICAN FINL GROUP INC OHIO COM	1,100	41,313	130,779	
AMERICAN INTERNATIONAL GROUP INC	4,400	196,310	298,100	
AMERICAN INTERNATIONAL GROUP INC	3,690	211,707	249,998	
AMERIPRISE FINL INC	700	62,722	265,881	
AMERIPRISE FINL INC	350	123,066	132,941	
AMETEK INC COM	1,440	70,904	237,442	
AMGEN INC	1,300	112,264	374,426	
ANNALY CAPITAL MANAGEMENT INC REAL ESTATE INVESTMENT TRUST	3,050	122,683	59,079	
APA CORP	1,900	85,273	68,172	
APPLIED MATERIALS INC	1,100	48,288	178,277	
APTIV PLC	1,670	169,393	149,832	
ARES MANAGEMENT CORPORATION	2,110	193,596	250,921	
ARROW ELECTRS INC	1,300	97,559	158,925	
ASCENDIS PHARMA AS	2,680	310,876	337,546	
AT & T INC	21,900	480,567	367,482	
ATLANTIC UNION BANKSHARES CORP	2,500	94,647	91,350	
AUTONATION INC COM	1,100	124,269	165,198	
AVANTOR INC	9,570	302,682	218,483	
AVNET INC	2,800	118,793	141,120	
AXON ENTERPRISE INC	930	191,783	240,247	
BANK NEW YORK MELLON CORP COM COM	5,600	289,897	291,480	
BANK OF AMERICA CORP	2,100	54,408	70,707	
BANKUNITED INC	4,150	151,444	134,585	
BERRY PLASTICS GROUP INC	2,400	110,121	161,736	
BEST BUY INC	1,000	70,493	78,280	
BLUE OWL CAPITAL CORP	8,500	117,154	125,460	
BRISTOL MYERS SQUIBB CO	5,700	323,470	292,467	
BUILDERS FIRSTSOURCE INC	1,880	223,694	313,847	
BUNGE GLOBAL	860	89,017	86,817	
CALIFORNIA RESOURCES CORP	2,100	103,304	114,828	
CAPITAL ONE FINANCIAL CORP	1,600	112,061	209,792	
CAPRI HOLDINGS LIMITED	1,100	46,507	55,264	
CARDINAL HEALTH INC COM	2,300	162,491	231,840	
CDW CORP	1,130	237,054	256,872	
CELANESE CORP	1,220	142,260	189,551	
CENTENE CORP DEL COM	1,800	122,264	133,578	
CERIDIAN HCM HOLDING INC	3,390	230,366	227,537	
CHIPOTLE MEXICAN GRILL INC CL A	94	133,621	214,974	
CISCO SYSTEMS INC	6,500	163,533	328,380	
CITIGROUP INC	5,700	467,158	293,208	
CITIZENS FINANCIAL GROUP INC	4,500	169,403	149,130	
COCA-COLA CONSOLIDATED INC	250	74,768	232,100	
COMCAST CORP CLASS A	10,600	401,764	464,810	
CONAGRA BRANDS INC	5,600	199,849	160,496	
CONSENSUS CLOUD SOLUTIONS INC	166	4,888	4,351	

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
CONSTELLATION BRANDS INC	1,240	283,197	299,770
COOPER COS INC COM NEW	600	125,197	227,064
COPART INC COM	6,300	222,337	308,700
COSTAR GROUP INC	2,530	180,400	221,097
CUMMINS INC	1,200	186,166	287,484
CVS HEALTH CORPORATION	4,200	309,016	331,632
D R HORTON INC COM	800	43,876	121,584
DATADOG INC	1,770	187,527	214,843
DAVITA INC	960	83,804	100,570
DELL TECHNOLOGIES INC	3,500	187,198	267,750
DELTA AIR LINES INC	3,000	155,712	120,690
DEVON ENERGY CORPORATION	3,680	121,081	166,704
DEXCOM INC	3,310	297,862	410,738
DIAMONDBACK ENERGY INC	960	146,222	148,877
DIODES INC	1,000	84,813	80,520
DISCOVER FINANCIAL SERVICES	1,500	49,677	168,600
DIVERSIFIED HEALTHCARE TRUST	6,100	105,453	22,814
DRAFTKINGS INC CL A	5,170	170,275	182,243
DXC TECHNOLOGY CO	3,200	112,404	73,184
EASTMAN CHEM CO COM	1,500	85,712	134,730
EBAY INC	4,100	158,468	178,842
ENERGIZER SPINCO INC	2,000	77,438	63,360
ENPHASE ENERGY INC	1,090	132,129	144,033
ENTRUSTPERMAL SPECIAL OPPORTUNITIES	10,338	9,537,150	11,073,344
EVEREST GROUP LTD	400	76,085	141,432
EXXON MOBIL CORPORATION	6,400	511,655	639,872
FAIR ISSAC INC	264	199,161	307,299
FEDEX CORPORATION	1,000	189,222	252,970
FIRST AMERICAN FINANCIAL CORPORATION	590	36,947	38,020
FIRST HORIZON CORP	10,500	129,819	148,680
FLEX LTD	6,900	163,995	210,174
FOOT LOCKER INC	2,500	127,530	77,875
FORD MOTOR COMPANY	14,500	200,444	176,755
FOX CORP	6,100	222,518	180,987
GALLAGHER ARTHUR J & CO	770	68,950	173,158
GE HEALTHCARE TECHNOLOGIES INC	2,800	184,959	216,496
GENERAL MILLS INC	1,800	118,732	117,252
GENERAL MOTORS CO	5,700	181,347	204,744
GENPACT LTD	4,830	210,201	167,649
GENWORTH FINL INC COM CL A	10,451	269,010	69,813
GILEAD SCIENCES INC	4,600	379,581	372,646
GLOBAL PMTS INC W/I	1,970	287,552	250,190
GOLDMAN SACHS GROUP INC	400	55,525	154,308
GOLUB CAPITAL BDC 3 INC	1,439,429	22,861,433	21,159,611
GOODYEAR TIRE & RUBR CO	3,000	91,431	42,960
HALLIBURTON CO	3,360	141,021	121,464
HARLEY DAVIDSON INC	3,000	180,065	110,520
HARTFORD FINANCIAL SERVICES GROUP INC COM	3,100	125,674	249,178
HCA HOLDINGS INC	1,000	78,752	270,680
HEWLETT PACKARD ENTERPRISE CO	7,300	78,911	123,954
HF SINCLAIR CORP	1,820	67,648	101,137
HILTON WORLDWIDE HOLDINGS INC	1,350	199,366	245,822
HOST HOTELS & RESORTS INC	6,600	122,153	128,502
HP INC	9,709	174,046	292,144
HUB GROUP INC CL A	1,361	109,032	125,130
HUBSPOT INC	530	149,857	307,686

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d) COST	(e) CURRENT VALUE
	NO. OF SHARES		
HUNT J B TRANS SVCS INC	1,190	231,508	237,691
HUNTINGTON INGALLS INDUSTRIES	400	83,225	103,856
HUNTSMAN CORP COM	4,131	63,092	103,812
ICON PLC	830	95,527	234,948
IDEXX CORP	560	235,324	310,828
INCYTE CORPORATION INC	2,000	113,194	125,580
INGEVITY CORP	800	54,512	37,776
INGREDION INC	1,200	81,719	130,236
INMODE LTD	3,300	129,400	73,392
INSULET CORP	1,130	253,210	245,187
INTEL CORP COMM	3,800	131,336	190,950
INTERNATIONAL BUSINESS MACHS CORP COM	600	81,016	98,130
IRONSIDES CO-INVESTMENT FUND III LP - CORPORATE STOCK	-	1,080,883	2,032,790
JAZZ PHARMACEUTICALS PLC	1,600	220,901	196,800
JOHNSON & JOHNSON	1,540	249,527	241,380
JPMORGAN CHASE & CO	500	61,224	85,050
KEYCORP NEW	700	15,988	10,080
KOHL'S CORP	2,200	115,237	63,096
KROGER CO	6,300	157,884	287,973
LANTHEUS HOLDINGS INC	700	38,990	43,400
LEAR CORP	500	21,826	70,605
LEGEND BIOTECH CORP	2,980	208,118	179,307
LENNAR CORPORATION CLASS A COMMON	2,100	133,323	312,984
LINCOLN NATL CORP IND	2,700	125,829	72,819
LIVE NATION ENTERTAINMENT INC	1,460	125,031	136,656
LOCKHEED MARTIN CORP	400	155,020	181,296
LULULEMON ATHLETICA INC	295	107,872	150,831
LYONDELLBASELL INDUSTRIES NV	1,400	132,404	133,112
M & T BANK CORPORATION COM	930	121,152	127,484
MACYS INC	4,000	156,431	80,480
MARATHON OIL CORP	2,800	77,208	67,648
MARATHON PETROLEUM CORP	1,700	32,566	252,212
MARRIOTT VACATIONS WORLDWIDE C	500	77,764	42,445
MARVELL TECHNOLOGY INC	3,210	167,663	193,595
MASIMO CORP	1,110	152,801	130,103
MERCK & CO INC NEW	4,500	303,673	490,590
META PLATFORMS INC CL A	500	74,578	176,980
METLIFE INC	2,100	66,498	138,873
MGIC INVT CORP WI	7,000	117,250	135,030
MICROCHIP TECHNOLOGY INC COM	1,740	97,336	156,913
MKS INSTRS INC COM	1,370	131,404	140,932
MOLSON COORS BREWING COMPANY	4,200	232,323	257,082
MONGODB INC	510	155,539	208,514
MORGAN STANLEY COM	1,000	38,915	93,250
MOSAIC CO	1,700	64,369	60,741
MSCI INC	451	165,370	255,108
NCR ATLEOS CORP	1,800	40,608	43,722
NCR VOYIX CORPORATION	3,600	64,322	60,876
NEWMARKET CORP COM	295	132,838	161,020
NEXSTAR MEDIA GROUP INC	800	85,808	125,400
NICE LTD	860	95,407	171,579
NRG ENERGY INC COM NEW	4,000	149,056	206,800
ODP CORP	110	6,402	6,193
OMEGA HEALTHCARE INVS INC COM	2,600	76,996	79,716
ORGANON & CO	1,900	61,303	27,398
OSHKOSH CORPORATION	1,300	74,401	140,933

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
OWENS CORNING INC	900	117,817	133,407
PALO ALTO NETWORKS INC	790	91,270	232,955
PARAMOUNT GLOBAL CL B	3,300	229,965	48,807
PAYPAL HOLDINGS INC	1,800	124,438	110,538
PERDOCEO EDUCATION CORP	3,240	55,408	56,894
PFIZER INC	9,900	262,719	285,021
PHILLIPS 66	1,600	122,406	213,024
PLAYTIKA HOLDING CORP	12,099	129,149	105,503
PROCORE TECHNOLOGIES INC	3,030	184,285	209,737
PULTE GROUP INC	3,600	103,757	371,592
QUALCOMM INC	1,480	203,876	214,052
RADIAN GROUP INC COM	4,800	78,259	137,040
REGIONS FINL CORP NEW COM	9,700	200,869	187,986
ROCKWELL AUTOMATION INC COM	1,070	210,487	332,214
ROSS STORES INC	2,560	292,939	354,278
RYDER SYS INC	1,600	130,618	184,096
SALLY BEAUTY CO INC	4,400	82,879	58,432
SBA COMMUNICATIONS CORPORATION	740	180,596	187,731
SCORPIO TANKERS INC	750	45,582	45,600
SELECT MEDICAL HOLDINGS CORPORATION	1,000	20,682	23,500
SIMON PROPERTY GROUP INC	600	79,773	85,584
SKYWORKS SOLUTIONS INC COM	1,000	107,552	112,420
SNAP ON INC	900	157,939	259,956
SPARTANNASH CO	2,800	73,515	64,260
SPROUTS FARMERS MARKETS LLC	4,700	125,045	226,117
STATE STREET CORP	1,100	60,884	85,206
STEEL DYNAMICS INC COM	2,000	69,801	236,200
STIFEL FINANCIAL CORP	2,000	118,906	138,300
SYLVAMO CORP	1,800	74,402	88,398
SYNCHRONY FINANCIAL	3,300	138,103	126,027
TAPESTRY INC	3,380	142,459	124,418
TEGNA INC	5,000	56,681	76,500
TEXTRON INC	2,650	149,619	213,113
THE KRAFT HEINZ COMPANY	6,765	234,098	250,170
TIMKEN CO	800	27,189	64,120
TRANSDIGM GROUP INC COM	445	136,354	450,162
TRUIST FINANCIAL CORPORATION	1,500	70,628	55,380
UGI CORP NEW COM	1,900	79,583	46,740
UNITED AIRLINES HOLDINGS INC	2,700	118,035	111,402
UNITI GROUP INC	8,580	106,782	49,592
UNIVERSAL HEALTH SVCS INC CL B	1,000	152,875	152,440
UPBOUND GROUP INC	2,200	59,359	74,734
VALERO ENERGY CORP	1,200	45,015	156,000
VERIZON COMMUNICATIONS	10,100	540,118	380,770
VIATRIS INC	6,000	63,976	64,980
VISHAY INTERTECHNOLOGY INC	3,300	48,334	79,101
VISTRA CORP	7,600	185,171	292,752
VITESSE ENERGY INC	553	5,244	12,105
VOYA FINANCIAL INC	1,100	46,265	80,256
VULCAN MATERIALS COMPANY	1,100	193,254	249,711
WALGREENS BOOTS ALLIANCE INC	4,500	317,827	117,495
WASTE CONNECTIONS INC	1,310	132,340	195,544
WATSCO INC CL A	560	182,052	239,943
WELLS FARGO & CO	7,600	301,736	374,072
WESTERN DIGITAL CORP	3,220	154,382	168,631
WESTROCK CO	1,500	65,115	62,280

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

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WHIRLPOOL CORP	1,000	100,293	121,770
WORLD KINECT CORPORATION	3,300	115,960	75,174
XEROX HOLDINGS CORPORATION	3,325	119,001	60,947
ZEBRA TECHNOLOGIES CORP CL A	500	136,223	136,665
ZIONS BANCORPORATION	2,400	109,164	105,288
ZSCALER INC	1,230	178,334	272,519
		\$ 65,323,466	\$ 72,828,330

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

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

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
FORT WASHINGTON PRIVATE EQUITY INVESTORS X LP		\$ 14,312,500	\$ 22,956,768
IRONSIDES DIRECT INVESTMENT FUND V LP		8,806,376	17,753,049
ISQ GLOBAL INFRASTRUCTURE FUNDS III		3,914,984	4,386,161
ROCKWOOD CAPITAL REAL ESTATE PARTNERS FUND X LP		2,143,465	2,137,594
IRONSIDES PARTNERSHIP FUND III LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		7,255,764	13,531,735
IRONSIDES PARTNERSHIP FUND V LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		9,306,316	13,340,257
IRONSIDES PARTNERSHIP FUND VI - PARTNERSHIPS/JOINT VENTURE INTERESTS		5,547,462	5,667,257
IRONSIDES CO-INVESTMENT FUND VI		11,473,478	12,927,768
JP MORGAN IIF ERISA HEDGED LP		19,373,570	22,486,535
STRATEGIC INVESTORS FUND XI L.P.		2,844,097	2,646,258
SILVER ROCK OFFSHORE TACTICAL ALLOCATION FUND		8,596,527	9,262,126
BLACKROCK GLOBAL INFRASTRUCTURE FUND IV B		1,460,269	1,466,499
PMF TEI FUND LP		<u>101,068</u>	<u>119,871</u>
		<u>\$ 95,135,876</u>	<u>\$ 128,681,878</u>

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

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

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
JPMCB STRATEGIC PROPERTY FUND	2,071,974	\$ 18,680,221	\$ 23,309,923
PAYDEN & RYSEL CIT EMERGING MARKETS BOND COLLECTIVE FUND	1,377,518	20,167,219	19,630,735
STATE STREET BANK AND TRUST COMPANY SSGA AGGREGATE BOND INDEX NON-LENDING FUND	1,814,149	54,992,653	57,769,782
STATE STREET BANK AND TRUST COMPANY SSGA DAILY MSCI EAFE INDEX NON-LENDING FUND	190,397	5,324,842	6,133,270
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 1000 INDEX NON-LENDING FUND	528,972	24,440,394	38,867,815
STATE STREET BANK AND TRUST COMPANY SSGA RUSSELL 2000 INDEX NON-LENDING FUND	59,564	9,603,143	9,125,803
STATE STREET BANK AND TRUST COMPANY SSGA LONG U.S. TREASURY INDEX NON-LENDING FUND	1,059,449	31,980,993	23,629,951
STATE STREET BANK AND TRUST COMPANY SSGA MSCI EMERGING MARKETS EX CHINA NON-LENDING FUND	1,129,643	11,000,000	11,809,293
GQG PARTNERS EMERGING MARKETS EQUITY CIT	1,748,388	20,000,000	25,701,313
		\$ <u>196,189,465</u>	\$ <u>215,977,885</u>

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

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2023

EIN 13-1849172, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ARTISAN INTERANTIONAL VALUE FUND	488,537	\$ 19,216,230	\$ 22,453,180
DIMENSIONAL EMERGING MARKETS VALUE FUND	834,642	24,743,693	24,563,533
VANGUARD DIVIDEND GROWTH FUND	602,311	5,812,222	22,412,001
VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES INDEX FUND	2,205,126	56,497,430	52,548,169
WCM FOCUSED INTERNATIONAL GROWTH FUND	1,343,734	19,229,632	30,583,390
WELLS FARGO ADVANTAGE GOVERNMENT MONEY MARKET FUND ISTL CLASS - #1751	156,825	156,825	156,825
		<u>\$ 125,656,032</u>	<u>\$ 152,717,098</u>

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

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

DECEMBER 31, 2023

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ 41,315,625	\$ 33,580	\$ 41,349,205
Corporate stock	70,795,540	2,032,790	72,828,330
Partnership/joint venture interests	127,193,790	1,488,088	128,681,878
Common/collective trust funds	215,977,885	-	215,977,885
Registered investment companies	152,717,098	-	152,717,098
Receivables	1,993,339	159,176	2,152,515
Cash	165,279	-	165,279
Property and equipment - net	2,538,311	725	2,539,036
Other assets	800,590	-	800,590
Right-of-use asset - operating lease	<u>12,823,851</u>	<u>-</u>	<u>12,823,851</u>
Total assets	<u>626,321,308</u>	<u>3,714,359</u>	<u>630,035,667</u>
Liabilities			
Operating payables	963,035	62,194	1,025,229
Other liabilities	<u>13,267,130</u>	<u>3,652,165</u>	<u>16,919,295</u>
Total liabilities	<u>14,230,165</u>	<u>3,714,359</u>	<u>17,944,524</u>
Net assets available for benefits	<u>\$ 612,091,143</u>	<u>\$ -</u>	<u>\$ 612,091,143</u>

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

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

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
JP Morgan	\$ 270,657	\$ 271,754
LSV Asset Management	128,499	140,885
Meketa Investment Group, Inc.	163,791	150,336
State Street Global Advisors	49,762	45,878
Wells Fargo Bank	34,184	17,858
Westfield Capital Management Company, LP	95,013	123,656
Unrelated Business Income Taxes and Fees	<u>157,170</u>	<u>206,066</u>
Total investment expenses	<u>\$ 899,076</u>	<u>\$ 956,433</u>

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Payroll	\$ 9,103,340	\$ 9,065,630
Payroll taxes	754,860	748,507
Employee benefits	3,650,071	3,081,174
Occupancy	3,008,975	2,499,631
Telephone	106,328	62,161
Office	441,579	478,830
Printing	132,349	138,216
Postage	121,549	138,108
Legal	920,410	630,812
Accounting	102,000	99,000
Payroll audits	652,382	384,604
Actuarial consulting	383,689	319,090
Computer	1,837,790	1,646,794
Insurance	1,319,160	1,209,696
Conferences and meetings	59,768	30,745
Repairs and maintenance	146,284	111,334
Depreciation	105,722	112,912
Reimbursements from related organizations	<u>(15,830,258)</u>	<u>(14,840,243)</u>
Total administrative expenses	<u>\$ 7,015,998</u>	<u>\$ 5,917,001</u>

Form 5558 (Rev. January 2024) Department of the Treasury Internal Revenue Service	Application for Extension of Time To File Certain Employee Plan Returns ▶ Go to www.irs.gov/Form5558 for the latest information.	OMB No. 1545-1610 File With IRS Only
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Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES I.A.T.S.E. NATIONAL PENSION FUND	B Employer Identification Number (EIN) 13-1849172
☐ Number, Street, and room or suite no. (if a P.O. box, see instructions) 417 FIFTH AVENUE, 3RD FLOOR	
City or town, state, and ZIP code NEW YORK NY 10016-2204	
C Name of Plan I. A. T. S. E. NATIONAL PENSION FUND	D Three-digit plan number (PN) 001
E Plan Year End Date 12/31/2023	

Part II Extension of Time to File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 / 2024 to file Form 5500 series. See instructions.
- 3 I request an extension of time until 10 / 15 / 2024 to file Form 8955-SSA. See instructions.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Certified Article Number

9414 7266 9904 2182 6286 71

SENDER'S RECORD

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 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here: ☒ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: ☐	

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

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

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

SIGN HERE		X 9/19/24	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		X 9/15/24	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5</td> <td style="width: 90%; text-align: right;">25,442</td> </tr> </table>	5	25,442																				
5	25,442																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%;">6a(1)</td> <td style="width: 90%; text-align: right;">16,809</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">13,243</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">2,865</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">8,361</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">24,469</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">644</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">25,113</td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td></td> </tr> </table>			6a(1)	16,809	6a(2)	13,243	6b	2,865	6c	8,361	6d	24,469	6e	644	6f	25,113	6g(1)		6g(2)		6h	
6a(1)	16,809																						
6a(2)	13,243																						
6b	2,865																						
6c	8,361																						
6d	24,469																						
6e	644																						
6f	25,113																						
6g(1)																							
6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%; text-align: right;">5,855</td> </tr> </table>	7	5,855																				
7	5,855																						

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning			and ending		
A Name of plan		B Three-digit plan number (PN)			
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)			

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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b EIN

c Dollar amount contributed by employer

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(1) Contribution rate (in dollars and cents)

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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

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(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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 _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter _____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Attachment to 2023 Form 5500
Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

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

EIN: 13-1849172

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

PN: 001

Collective Bargaining Agreement	Expiration Date
161 MAJOR - FILM PRODUCTIONS	03/02/2025
161 MAJOR - TV PRODUCTIONS	03/02/2025
AREA STANDARD	07/31/2024
AUDIO-VISUAL - LOCAL 796	02/28/2023
AUDIO-VISUAL - LOCAL 796	03/31/2025
CONVENTION-EXHIBITION	04/30/2023
IANBF HOME PLAN - HP: EAST COAST	03/23/2024
IANBF HOME PLAN - HP: WEST COAST	07/31/2030
IATSE NATIONAL BENEFIT FUNDS AGREEMENT	12/31/2023
IATSE NATIONAL BENEFIT FUNDS AGREEMENT	03/31/2023
LIVE EVENTS - FREEMAN SERVICE GENERAL AGREEMENT	12/31/2023
LIVE EVENTS - FREEMAN SERVICE GENERAL AGREEMENT	09/30/2023
LIVE EVENTS - LOCAL 115	12/31/2023
LIVE EVENTS - LOCAL 321	10/01/2028
LIVE EVENTS - LOCAL 321	12/31/2023
LIVE EVENTS - LOCAL 414	06/30/2023
LIVE EVENTS - LOCAL 414	06/30/2024
LIVE EVENTS - LOCAL 487	04/16/2023
LIVE EVENTS - LOCAL 487	06/30/2026
LIVE EVENTS - LOCAL 793	01/31/2023
LIVE EVENTS - LOCAL 793	12/11/2023
LIVE EVENTS - LOCAL 793	06/30/2025
LIVE EVENTS - LOCAL 795	03/31/2023
LIVE EVENTS - LOCAL 795	03/31/2024
LIVE SPORTS BROADCASTING - LOCAL 100	01/31/2025
LIVE SPORTS BROADCASTING - LOCAL 100	09/22/2023
LIVE SPORTS BROADCASTING - LOCAL 119	03/31/2025
LIVE SPORTS BROADCASTING - LOCAL 305	03/31/2024
LIVE SPORTS BROADCASTING - LOCAL 317	09/30/2024
LIVE SPORTS BROADCASTING - LOCAL 317	09/30/2025
LIVE SPORTS BROADCASTING - LOCAL 414/745/317	06/30/2025
LIVE SPORTS BROADCASTING - LOCAL 745	06/30/2023
LIVE SPORTS BROADCASTING - LOCAL 745	06/30/2023
LIVE SPORTS BROADCASTING - LOCAL 745	08/31/2023
LIVE SPORTS BROADCASTING - LOCAL 745	08/31/2024
LIVE SPORTS BROADCASTING - LOCAL 748	02/12/2023
LIVE SPORTS BROADCASTING - LOCAL 748	03/31/2023
LIVE SPORTS BROADCASTING - LOCAL 748	09/30/2025
LIVE SPORTS BROADCASTING - LOCAL 762	12/31/2024
LIVE SPORTS BROADCASTING - LOCAL 762	03/31/2023
LIVE SPORTS BROADCASTING - LOCAL 762	07/31/2024
LIVE SPORTS BROADCASTING - LOCALS 414/745/317	06/30/2023
LIVE SPORTS BROADCASTING - LOCALS 414/745/317	09/30/2023
ONE-OFF - LOCAL 769	09/12/2023
ONE-OFF - THE SUMMER I TURNED PRETTY	12/31/2023
ORIG DRAM PROG-VH1 - LOCAL 100	12/31/2024
PROJ AGMT NLB - IDLE DAY	01/31/2023

PN: 001

[illegible]

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning			and ending		
A Name of plan		B Three-digit plan number (PN)			
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)			

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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 _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter _____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Attachment to 2023 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

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

EIN: 13-1849172

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

PN: 001

Contribution rate (in dollars and cents)	24.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	24.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	13.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	6.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	4.91
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	
Contribution rate (in dollars and cents)	1.81
Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):	
Contribution rate (in dollars and cents)	27.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	26.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	5.60
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	3.60
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	3.60
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	3.60
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	4.60
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES
Contribution rate (in dollars and cents)	9.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	4.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	4.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY

Attachment to 2023 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

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

EIN: 13-1849172

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

PN: 001

Contribution rate (in dollars and cents)	14.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	13.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	7.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	14.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	15.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.50
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	12.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	13.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	2.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	3.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	DAILY
Contribution rate (in dollars and cents)	3.00
Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify):	% OF CONTRACT WAGES

Attachment to 2023 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

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

EIN: 13-1849172

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

PN: 001

Contribution rate (in dollars and cents)	14.50
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	4.91
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	10.50
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	11.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	5.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	21.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	22.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	10.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	33.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	9.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	20.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	21.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	14.50
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	24.50
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	4.00
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY
Contribution rate (in dollars and cents)	
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning and ending		
A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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 _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter _____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Schedule R, line 17 - Information on Assets and Liabilities Transferred to or Merged with This Plan

EIN: 13-1849172

PN: 001

[illegible]