

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
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
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 EQUITY-LEAGUE PENSION TRUST FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 06/01/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND 165 WEST 46TH STREET SUITE 812 NEW YORK, NY 10036-2501	2b Employer Identification Number (EIN) 13-6696817 2c Plan Sponsor's telephone number 212-869-9380 2d Business code (see instructions) 711510

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	11/18/2024	BRIAN MYERS COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/18/2024	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 BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND 165 WEST 46TH STREET SUITE 812 NEW YORK, NY 10036-2501	3b Administrator's EIN 13-6696817 3c Administrator's telephone number 212-869-9380																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 47217																						
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="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">22936</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">20243</td></tr> <tr><td>6b</td><td style="text-align: right;">9012</td></tr> <tr><td>6c</td><td style="text-align: right;">16527</td></tr> <tr><td>6d</td><td style="text-align: right;">45782</td></tr> <tr><td>6e</td><td style="text-align: right;">568</td></tr> <tr><td>6f</td><td style="text-align: right;">46350</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)	22936	6a(2)	20243	6b	9012	6c	16527	6d	45782	6e	568	6f	46350	6g(1)		6g(2)		6h	
6a(1)	22936																						
6a(2)	20243																						
6b	9012																						
6c	16527																						
6d	45782																						
6e	568																						
6f	46350																						
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 1600																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																							
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																						
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																							
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (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
---	---	--

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

Round off amounts to nearest dollar.

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

A Name of plan EQUITY-LEAGUE PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND	D Employer Identification Number (EIN) 13-6696817

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

1a Enter the valuation date: Month 06 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 2029046809
(2) Actuarial value of assets for funding standard account	1b(2) 2159540221
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2148716021
(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) 2148716021
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) 4307773195
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 86268932
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 102990841
(3) Expected plan disbursements for the plan year	1d(3) 108090841

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	12/03/2024
Signature of actuary JONATHAN BENENSON, ASA, FCA, MAAA	Date 23-08181
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 ☐

a Current value of assets (see instructions)		2a	2029046809
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	9580	1165164852
(2)	For terminated vested participants	16527	1430671348
(3)	For active participants:		
(a)	Non-vested benefits		66423634
(b)	Vested benefits		1645513361
(c)	Total active.....	20243	1711936995
(4)	Total.....	46350	4307773195
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	47.10 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/15/2023	37107149	0				
			Totals ►	3(b)	37107149	
					3(c)	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	61774

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):						

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		2.80 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.25 %	7.25 %
e Salary scale	6e	3.00 %	☐ N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		-1.1 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		4911261
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	31860367	3313319
3	2472586	257137
4	-7210549	-749861

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	32606590

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)	728601297	97554795
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 9436700**e** Total charges. Add lines 9a through 9d**9e** 139598085**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 365758619**g** Employer contributions. Total from column (b) of line 3**9g** 37107149**h** Amortization credits as of valuation date

Outstanding balance

9h	373666878	98397391
-----------	-----------	----------

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 34884351**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	555591917	
9j(2)	1767466012	
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** 536147510**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 396549425**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 06/01/2023 and ending 05/31/2024		
A Name of plan EQUITY-LEAGUE PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND	D Employer Identification Number (EIN) 13-6696817	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AETOS CAPITAL	875 THIRD AVENUE 22ND FLOOR NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AFL CIO HOUSING INVESTMENT TRUST	
52-6220193	

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAMBER CAPITAL MANAGEMENT LP	
42-1693587	

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

CAT ROCK CAPITAL MANAGEMENT LP

47-3415529

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

CEVIAN CAPITAL II GP LIMITED

98-0504656

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

CHARLES LIM CAPITAL LIMITED

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

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

CONSTELLATION INVESTIMENTOS E PARTI

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

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

DAVIDSON KEMPNER CAPITAL MANAGEMENT

13-3863161

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

GAOCHENG CAPITAL

98-1613111

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

HBK CAPITAL MANAGEMENT

2101 CEDAR SPRINGS ROAD
SUITE 700
DALLAS, TX 75201

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

INCA INVESTMENTS LLC

22-3899123

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

INDABA CAPITAL MANAGEMENT LP

27-1639439

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

INDEPENDENT FRANCHISE PARTNERS LLP

13-6696817

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

JANCHOR PARTNERS LIMITED

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

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

JUNTO CAPITAL MANAGEMENT LP

80-0920674

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

KABOUTER MANAGEMENT LLC

20-0236475

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

WAM MORASH LLC

13-4091235

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

MATRIX CAPITAL MANAGEMENT COMPANY

04-3475951

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

MERITECH CAPITAL PARTNERS

88-2345507

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

ORBIS INVESTMENT MGMT LIMITED

98-0451139

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

OVERLOOK INVESTMENTS LIMITED

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

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

PARK PRESIDIO CAPITAL LLC

46-2796115

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

PZENA INVESTMENT MANAGEMENT LLC

13-3860154

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

SENATOR INVESTMENT GROUP LP

26-2124641

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

SOROBAN CAPITAL PARTNERS LP

32-0303386

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

TCI FUND MANAGEMENT LIMITED

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

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

TENZING PRIVATE EQUITY LLP

CROWN HOUSE 143 147 REGENT STREET
LONDON, UNITED KINGDOM W1B 4NR GB

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

TIGER GLOBAL MANAGEMENT LLC

98-1640319

(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

TWO SIGMA ADVISERS LP

35-2191456

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

VIKING GLOBAL INVESTORS LP

13-4055118

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

(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)

GLENDON CAPITAL MANAGEMENT LP

82-1542673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	4639494	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORTRESS INVESTMENT GROUP LLC

20-5837959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	3877526	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BLUE TORCH CAPITAL

35-2577360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2759214	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)

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	2522290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARDIAN

1 GRAFTON STREET
LONDON, UNITED KINGDOM W1S 4FE GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	1415987	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SILVER LAKE PARTNERS LP

9 WEST 57TH STREET
32ND FLOOR
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	1359242	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)

400 CAPITAL MANAGEMENT LLC

26-3489627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1340639	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

HARBOURVEST PARTNERS LP

74-3130888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	1313932	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BALANCE POINT CAPITAL

285 RIVERSIDE AVENUE
SUITE 200
WESTPORT, CT 06880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1305351	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)

BARINGS LLC

340 MADISON AVENUE
18TH FLOOR
NEW YORK, NY 10173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1007967	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

OCP ASIA

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	942237	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STONE POINT CAPITAL LLC

20-2508799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	913571	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)

KENNEDY LEWIS INVESTMENT MANAGEMENT

81-4883841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	861646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT HILL PARTNERS LLC

ONE LIBERTY SQUARE
BOSTON, MA 02109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	779291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METRIC CAPITAL PARTNERS LLP

2 MADDOX STREET
LONDON, UNITED KINGDOM W1S 1QP GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	755221	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)

EAGLE CAPITAL MANAGEMENT LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	641813	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 61 62 68 72	NONE	635652	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ATALAYA CAPITAL MANAGEMENT

ONE ROCKEFLLER PLAZA
32ND FLOOR
NEW YORK, NY 10020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	599546	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)

CTG EVERGREEN MANAGEMENT LIMITED

98-1217842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	595663	Yes ☒ No ☐	Yes ☐ No ☒	318568	Yes ☐ No ☒

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

VITRUVIAN PARTNERS

105 WIGMORE STREET
LONDON, UNITED KINGDOM W1U 1QY GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	592438	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 36 50	NONE	463375	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)

CASTLELAKE LP

13-6696817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	428947	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	423422	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 51 52 59 62 71	NONE	413209	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)

THOMPSON STREET CAPITAL PARTNERS

11-3568481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	373254	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRAYHILL CAPITAL MANAGEMENT LP

47-4510891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 61	NONE	347170	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	336284	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)

XIANG HE

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	322572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUAN CAPITAL

4560 JINKE ROAD JINCHUANG PLZA BLD 4F ZHANGJIANG HI TECH PARK
SHANGHAI, CHINA 10080 CH

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	305959	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	NONE	303993	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)

HS MANAGEMENT PARTNERS LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	264492	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	263338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOUBLELINE CAPITAL LP

30-0596331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	203265	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)

ADP LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	164566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PEMBERTON CAPITAL ADVISORS LLP

52 GROSVENOR GARDENS
LONDON, UNITED KINGDOM SW1W 0AU GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	152361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOC LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68 72	NONE	121135	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)

BARES CAPITAL MANAGEMENT INC

74-2961140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	119028	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

FIRST RESERVE GP XIII LP

98-1046104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	113081	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PACIFIC INVESTMENT MANAGEMENT COMP

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	97927	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)

ARBOUR LANE CAPITAL MANAGEMENT

81-2437631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 51	NONE	81012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIVE STAR PRINTING & MAILING

13-3694151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	59258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPREHENSIVE CONSULTING SOLUTIONS

52-2099008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	42978	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)

TERRY SCHMIDT LLC

45-3672353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	24661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPUS INVESTMENT ADVISORS, LLC

41-2063321

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	20851	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LCM PARTNERS

98-1509785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	7282	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)

MAILGATE LLC

3209 W. SMITH VALLEY RD
SUITE 207
GREENWOOD, IN 46142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MALABAR INVESTMENTS LLC

80-0144815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 51	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	136963	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning **06/01/2023** and ending **05/31/2024**

A Name of plan EQUITY-LEAGUE PENSION TRUST FUND	B Three-digit plan number (PN) ►	001
--	--	------------

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND	D Employer Identification Number (EIN) 13-6696817
--	--

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

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

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

c EIN-PN 04-2929221-002	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51682814
---------------------------------------	-------------------------------	---

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

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

c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20274571
---------------------------------------	-------------------------------	---

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

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

c EIN-PN 75-3269994-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1482145
---------------------------------------	-------------------------------	--

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

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

c EIN-PN 32-0292079-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5047145
---------------------------------------	-------------------------------	--

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

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

c EIN-PN 98-0582576-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2517418
---------------------------------------	-------------------------------	--

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

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

c EIN-PN 36-7045783-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96640536
---------------------------------------	-------------------------------	---

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

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

c EIN-PN 80-0813293-003	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98316013
---------------------------------------	-------------------------------	---

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

Part II Information on Participating Plans (to be completed by DFEs, 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 06/01/2023 and ending 05/31/2024		
A Name of plan EQUITY-LEAGUE PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND	D Employer Identification Number (EIN) 13-6696817	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	70364	67557
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1940000	1570000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3911147	17072805
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14220749	5463977
(2) U.S. Government securities	1c(2)	60743152	26574941
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	3608408	3471607
(B) All other.....	1c(3)(B)	7806727	5783548
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	203862156	205339911
(5) Partnership/joint venture interests	1c(5)	1328772287	1497832347
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	24886935	20274571
(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)	253593007	255686071
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142451007	200878739
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		773281

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	39677	11559
f Total assets (add all amounts in lines 1a through 1e)	1f	2045905616	2240800914
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1341255	551086
i Acquisition indebtedness	1i		
j Other liabilities	1j	15517552	9909101
k Total liabilities (add all amounts in lines 1g through 1j)	1k	16858807	10460187
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2029046809	2230340727

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)	16689514	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	20417635	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		37107149
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	427456	
(B) U.S. Government securities	2b(1)(B)	564874	
(C) Corporate debt instruments	2b(1)(C)	701758	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	48636592	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		50330680
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4196073	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2033582	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6229655
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	295816868	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	247156861	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		48660007
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	153538580	
(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)		-3143703
(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)		47740371
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13357915
c Other income	2c		90311
d Total income. Add all income amounts in column (b) and enter total	2d		353910965

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103223187	
(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)		103223187
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)	2203767	
(2) Contract administrator fees.....	2i(2)	164566	
(3) Recordkeeping fees.....	2i(3)	16038	
(4) IQPA audit fees.....	2i(4)	124000	
(5) Investment advisory and investment management fees	2i(5)	43425837	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	407284	
(8) Legal fees	2i(8)	640277	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	15523	
(11) Other expenses	2i(11)	2396568	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		49393860
j Total expenses. Add all expense amounts in column (b) and enter total	2j		152617047

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		201293918
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		1159524157
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 532958.

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 06/01/2023 and ending 05/31/2024		
A Name of plan EQUITY-LEAGUE PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND		D Employer Identification Number (EIN) 13-6696817
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 27
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 **BUENA VISTA THEATRICAL GROUP**

b EIN **13-3710515**

c Dollar amount contributed by employer **1517049**

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

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

(1) Contribution rate (in dollars and cents) **6.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **6% OF GROSS WAGES**

a Name of contributing employer **WALT DISNEY WORLD**

b EIN **95-4543590**

c Dollar amount contributed by employer **1439125**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **11** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.50**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **7.50% OF GROSS WAGES**

a Name of contributing employer **HAMILTON UPTOWN LLC**

b EIN **47-3160329**

c Dollar amount contributed by employer **1406664**

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

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

(1) Contribution rate (in dollars and cents) **6.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **6% OF GROSS WAGES**

a Name of contributing employer **WICKED**

b EIN **71-0947388**

c Dollar amount contributed by employer **1321081**

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

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

(1) Contribution rate (in dollars and cents) **6.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **6% OF GROSS WAGES**

a Name of contributing employer **MJ THE MUSICAL**

b EIN **32-0506825**

c Dollar amount contributed by employer **1169471**

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

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

(1) Contribution rate (in dollars and cents) **6.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **6% OF GROSS WAGES**

a Name of contributing employer **HARRY POTTER AND THE CURSED CHILD**

b EIN **82-0813336**

c Dollar amount contributed by employer **1138806**

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

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

(1) Contribution rate (in dollars and cents) **6.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **6% OF GROSS WAGES**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer SWEENEY TODD

b EIN 88-2585910

c Dollar amount contributed by employer 1011627

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

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

(1) Contribution rate (in dollars and cents) 6.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer MERRILY WE ROLL ALONG

b EIN 88-1562241

c Dollar amount contributed by employer 1009827

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

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

(1) Contribution rate (in dollars and cents) 6.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer MOULIN ROUGE

b EIN 81-4683994

c Dollar amount contributed by employer 967393

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

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

(1) Contribution rate (in dollars and cents) 6.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer BACK TO THE FUTURE

b EIN 88-2059295

c Dollar amount contributed by employer 750976

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

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

(1) Contribution rate (in dollars and cents) 6.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 6% OF GROSS WAGES

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	42
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	3
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	18
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	14.00
b The corresponding number for the second preceding plan year	15b	2.33
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	5
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	467782
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: 37.80 % Private Equity: 19.60 % Investment-Grade Debt and Interest Rate Hedging Assets: 4.00 %

High-Yield Debt: 0.60 % Real Assets: 0.10 % Cash or Cash Equivalents: 3.10 % Other: 34.80 %

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
The Equity-League Pension Plan

Opinion

We have audited the accompanying financial statements of The Equity-League Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended May 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2024 and 2023, and the changes in net assets available for benefits for the years ended May 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 15 through 29 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 30 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 "Schullhas & Parulli LLP".

Hauppauge, New York
November 25, 2024

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
---	---	--

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

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

A Name of plan EQUITY-LEAGUE PENSION TRUST FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND	D Employer Identification Number (EIN) 13-6696817

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

1a Enter the valuation date: Month 06 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	2,029,046,809
(2) Actuarial value of assets for funding standard account.....	1b(2)	2,159,540,221
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,148,716,021
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	2,148,716,021
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	4,307,773,195
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	86,268,932
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	102,990,841
(3) Expected plan disbursements for the plan year	1d(3)	108,090,841

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

SIGN HERE JONATHAN BENENSON JDB Signature of actuary JONATHAN BENENSON, ASA, FCA, MAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm	12/03/2024 Date 2308181 Most recent enrollment number 212-251-5000 Telephone number (including area code)
---	---

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2,029,046,809
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	9,580	1,165,164,852
(2) For terminated vested participants	16,527	1,430,671,348
(3) For active participants:		
(a) Non-vested benefits		66,423,634
(b) Vested benefits		1,645,513,361
(c) Total active	20,243	1,711,936,995
(4) Total	46,350	4,307,773,195
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.10 %

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
12/15/2023	37,107,149	0			
Totals ▶			3(b)	37,107,149	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 61,774

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	2.80 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.25 % 7.25 %
e Salary scale	6e	3.00 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-1.1 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	4,911,261
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	31,860,367	3,313,319
3	2,472,586	257,137
4	-7,210,549	-749,861

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

32,606,590

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)

728,601,297

97,554,795

(2) Funding waivers

9c(2)

0

0

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

9c(3)

0

0

d Interest as applicable on lines 9a, 9b, and 9c

9d

9,436,700

e Total charges. Add lines 9a through 9d

9e

139,598,085

Credits to funding standard account:

f Prior year credit balance, if any

9f

365,758,619

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

9g

37,107,149

Outstanding balance

h Amortization credits as of valuation date

9h

373,666,878

98,397,391

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

9i

34,884,351

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

555,591,917

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

9j(2)

1,767,466,012

(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

536,147,510

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

9m

396,549,425

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 MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Payments	Lump Sum Amounts	Total Amounts
6/30/2023	\$3,354.75	\$0.00	\$3,354.75
7/31/2023	\$12,194.65	\$0.00	\$12,194.65
9/30/2023	\$3,354.75	\$0.00	\$3,354.75
10/31/2023	\$2,431.75	\$0.00	\$2,431.75
11/30/2023	\$0.00	\$3,032.50	\$3,032.50
12/31/2023	\$5,512.75	\$0.00	\$5,512.75
1/31/2024	\$2,498.25	\$0.00	\$2,498.25
3/31/2024	\$1,474.75	\$0.00	\$1,474.75
4/30/2024	\$1,880.00	\$26,039.42	\$27,919.42
Total	\$32,701.65	\$29,071.92	\$61,773.57

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

- **Non annuitant:** 70% of the Pri-2012 Blue Collar Employee Amount-weighted Mortality Table
- **Healthy annuitant:** 70% of the Pri-2012 Blue Collar Healthy Annuitant Amount-weighted Mortality Table
- **Disabled annuitant:** Pri-2012 Disabled Retiree Amount-weighted Mortality Table
- **Contingent annuitant:** 70% of the Pri-2012 Blue Collar Contingent Survivor Amount-weighted Mortality Table

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

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

Section 3: Certificate of Actuarial Valuation

Termination rates

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

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

Retirement rates for active participants

Age	Annual Retirement Rates
60-64	3.5%
65	35.0%
66-72	15.0%
73+	100.0%

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

¹ Mortality rates shown for base table.

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

Section 3: Certificate of Actuarial Valuation

Description of weighted average retirement age

Age 67, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the June 1, 2023 actuarial valuation.

Retirement rates for inactive vested participants

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

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

Earnings Increases

3% per year

Valuation earnings

- **Fund Office staff:** The greater of covered earnings during the year preceding the valuation date indexed to the valuation date by the assumption for earnings increases and annualized salary for the period of January to May 2023
- **Non Fund Office staff:** Average covered earnings during the three calendar years preceding the valuation date, or since year of initiation if less than three years, and indexed to the valuation date by the assumption for earnings increases.

The assumptions for valuation earnings and earnings increases 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 covered earnings over the past several years.

Section 3: Certificate of Actuarial Valuation

Future benefit accruals

- **Fund Office staff:** active employees will earn one pension credit each year.
- **Non Fund Office staff:** active employees will earn pension credit in 60% of all future years of service for purposes of vesting and the flat dollar benefit accrual. Accruals for salary portion is incorporated in the earnings assumption.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

- **Fund Office staff:** Those who were actively employed at the end of the year.
- **Performers:** Performers with any covered earnings in the last three calendar years, and with at least two weeks worked in at least one of the three calendar years preceding the valuation date, excluding those who have retired or died as of that date.

The definition of active participants is based on historical demographic data, with consideration of the terms of the Plan, anticipated future experience, and professional judgment. As part of the analysis, the covered earnings and weeks worked history of participants were reviewed.

Exclusion of inactive vested participants

Inactive participants over age 73 are excluded from the valuation.

The exclusion of inactive vested participants over age 73 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

75%

Section 3: Certificate of Actuarial Valuation

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Benefit election

30% of participants are assumed to elect the 50% Joint and Survivor form of payment and 70% of participants are assumed to elect the single life annuity with five years guaranteed form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the comparison was made between the assumed and actual option election pattern over the past several years.

Delayed retirement factors

Active and inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 73.

Net investment return

7.25%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$5,100,000 for the year beginning June 1, 2023 (equivalent to \$4,911,261 payable at the beginning of the year)

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized over a five – year period (ten-year period for the plan year ended May 31, 2020). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit M.

Elections under the American Rescue Plan Act (ARPA) of 2021

- **Extended Amortization of Net Experience Losses (IRC Section 431(b)(8)(F)):** The market value investment loss for the Plan Year ended May 31, 2020 and contribution loss for the plan year ended May 31, 2020 have been amortized over an extended period, with the investment loss amortization based on the prospective method as defined in IRS Notice 2010-83. The plan sponsor has elected to stop applying the special amortization rule to the 2020 investment loss effective June 1, 2021.
- **Expanded Smoothing Period (IRC Section 431(b)(8)(B)):** The asset valuation method has been changed effective June 1, 2020 as follows: the difference between expected and actual returns for the Plan Year ended May 31, 2020 is recognized over a period of 10 years.

Current liability assumptions

- **Interest:** 2.80%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021 (previously, the MP-2020 scale was used).

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 6.4%, for the Plan Year ending May 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): -1.1%, for the Plan Year ending May 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a December 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.23% to 2.80% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of June 1, 2023:
 - The definition of active participants was updated for performers to include a requirement that the participant worked two weeks in at least one of the three prior calendar years.
- The June 1, 2023 assumption change will be reflected in the May 31, 2024 unfunded vested liability for withdrawal liability purposes.

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

June 1 through May 31

Pension credit year

June 1 through May 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Sum of (a) and (b) with a minimum monthly amount of \$200 applied only if participant has at least 10 years of Vesting Service
 - (a) Sum of benefits accrued, based on covered earnings during each year of covered employment. Annual benefits are accrued at 3.0% of all covered earnings in each calendar year. Covered earnings are as specified in the applicable collective bargaining agreement.
 - (b) \$12 per month per year of Vesting Service
- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA) actuarially increased for each month retirement is delayed after NRA plus the accrual in each subsequent pension credit year actuarially increased for each month retirement is delayed after the end of said year. The actuarial increase is 1.0% per month for the first 60 months after NRA and 1.5% per month thereafter.

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age Requirement:** 60
- **Service Requirement:** Five years of Vesting Credit.
- **Amount:** Regular pension accrued, reduced by 6% for each year of age less than 65.

Disability

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Credit.
- **Other Requirement:** Plan requires evidence of continued entitlement to Social Security Disability Benefits.
- **Amount:** Regular pension accrued payable immediately.

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** Regular or early pension accrued based.
- **Normal Retirement Age:** The later of age 65 and the fifth anniversary of Plan participation.

Service pension

- **Age Requirement:** 65
- **Service Requirement:** 25 separate and distinct years of attachment to the legitimate theater including Covered Employment in the legitimate theater for at least 15 of those years.
- **Amount:** Regular pension accrued.

Section 3: Certificate of Actuarial Valuation

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** 50% of the benefit participant would have received had they retired the day before death and elected the joint and survivor option. Benefit payments commence immediately.
- **Charge for Coverage:** None

60 Monthly payments death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** 60 times the regular monthly pension accrued to date of death, payable immediately. This benefit is not provided if the Spouse's Benefit is payable.

Post-retirement death benefit

Joint and Survivor: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

Life Annuity with 60 months guaranteed; 50%, 75% or 100% Joint and Survivor Pension.

Benefit and vesting credit

One year is credited for two weeks of employment in a calendar year for which contributions are made to the Plan. If a participant works in non-covered employment and no break in service occurs between non-covered employment and covered employment, a year of vesting service shall be granted but no year of benefit service shall be granted. Two years are credited for twenty weeks of such employment in a calendar year ("two for one rule"); but this rule can only be applied in a maximum of three years and is only applicable towards eligibility for the Regular Pension if 10 years of service are required for eligibility.

Section 3: Certificate of Actuarial Valuation

Participation

Earliest of January 1 or July 1 after completion of a 12 consecutive month period during which he or she completed at least two weeks of work in covered employment.

Contribution rate

As specified by applicable collective bargaining agreement, if theatrical production not covered by “tax relief” legislation.

Plan provisions for Fund Office staff

Accrued benefit earned under plan provisions in the Staff Plan as of June 1, 2008. Benefits earned after June 1, 2008 are valued using the Equity-League Pension Trust Fund Plan provisions, with the exception of certain death benefits.

Limits

- **Section 415 Limit:** \$265,000 (previously \$245,000)
- **Section 401(a)(17) Limit:** \$330,000 (previously \$305,000)

Changes in plan provisions

Adopted March 2, 2023 and effective June 1, 2023, the Plan was amended to provide for annual compounding of the delayed retirement actuarial increase factors for increases applied through December 31, 2023.

This change was first reflected in the Funding Standard Account as of June 1, 2023

Section 2: Actuarial Valuation Results

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 applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.38% for 20 years and 5.09% beyond (2.40% for 20 years and 2.12% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of June 1, 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 June 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 June 1, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

The assumption changes made for funding purposes as of the beginning of the current year will be reflected in the end of the current year's unfunded present value of vested benefits for purposes of withdrawal liability.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$2,960,836	\$3,211,465	\$97,710,932	\$103,883,232
2024	\$5,649,268	\$6,986,829	\$95,380,388	\$108,016,485
2025	\$8,755,147	\$11,309,470	\$92,877,311	\$112,941,928
2026	\$12,232,915	\$15,559,366	\$90,190,467	\$117,982,748
2027	\$15,989,408	\$20,295,158	\$87,306,670	\$123,591,236
2028	\$19,852,594	\$24,819,307	\$84,351,194	\$129,023,095
2029	\$23,605,692	\$29,449,397	\$81,475,746	\$134,530,835
2030	\$27,248,323	\$34,475,038	\$78,531,259	\$140,254,620
2031	\$31,074,654	\$39,067,950	\$75,520,816	\$145,663,421
2032	\$35,039,937	\$43,827,323	\$72,447,266	\$151,314,526
2033	\$38,895,207	\$48,576,848	\$69,313,590	\$156,785,646
2034	\$42,882,616	\$53,321,371	\$66,123,234	\$162,327,221
2035	\$46,929,345	\$57,863,746	\$62,880,265	\$167,673,356
2036	\$50,814,947	\$62,109,372	\$59,589,913	\$172,514,232
2037	\$54,337,668	\$66,122,500	\$56,259,157	\$176,719,325
2038	\$57,699,213	\$69,890,921	\$52,896,844	\$180,486,978
2039	\$61,029,530	\$73,014,606	\$49,514,060	\$183,558,196
2040	\$64,054,473	\$75,900,292	\$46,124,667	\$186,079,431
2041	\$66,988,523	\$78,679,378	\$42,745,236	\$188,413,136
2042	\$70,125,044	\$81,539,231	\$39,394,869	\$191,059,144
2043	\$73,460,283	\$83,919,998	\$36,094,454	\$193,474,735
2044	\$76,495,742	\$86,267,062	\$32,865,938	\$195,628,742
2045	\$79,430,606	\$87,866,119	\$29,731,755	\$197,028,480
2046	\$82,431,267	\$89,264,316	\$26,714,054	\$198,409,637
2047	\$85,126,066	\$90,155,001	\$23,833,915	\$199,114,982
2048	\$87,591,916	\$90,719,947	\$21,110,536	\$199,422,399
2049	\$90,215,467	\$90,937,505	\$18,560,202	\$199,713,175
2050	\$92,677,521	\$90,982,564	\$16,195,612	\$199,855,697
2051	\$95,391,622	\$90,678,070	\$14,025,629	\$200,095,321
2052	\$97,747,983	\$90,091,537	\$12,054,934	\$199,894,455
2053	\$100,124,455	\$89,122,148	\$10,283,974	\$199,530,576
2054	\$102,327,352	\$87,537,029	\$8,709,209	\$198,573,591
2055	\$104,081,442	\$85,573,688	\$7,323,587	\$196,978,718
2056	\$105,404,386	\$83,120,980	\$6,117,098	\$194,642,464
2057	\$106,440,812	\$80,450,164	\$5,077,453	\$191,968,429
2058	\$107,322,595	\$77,579,376	\$4,190,748	\$189,092,719
2059	\$107,830,729	\$74,424,451	\$3,441,999	\$185,697,179
2060	\$108,062,862	\$71,056,807	\$2,815,748	\$181,935,416

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

2061	\$107,652,013	\$67,583,839	\$2,296,706	\$177,532,559
2062	\$106,728,248	\$63,919,144	\$1,870,058	\$172,517,449
2063	\$105,385,898	\$60,251,276	\$1,521,923	\$167,159,098
2064	\$103,653,797	\$56,554,272	\$1,239,621	\$161,447,690
2065	\$101,451,914	\$52,833,863	\$1,011,792	\$155,297,569
2066	\$98,943,133	\$49,209,048	\$828,522	\$148,980,703
2067	\$95,919,044	\$45,673,999	\$681,287	\$142,274,331
2068	\$92,452,358	\$42,212,999	\$562,995	\$135,228,352
2069	\$88,641,882	\$38,866,191	\$467,769	\$127,975,842
2070	\$84,615,536	\$35,637,852	\$390,814	\$120,644,202
2071	\$80,419,377	\$32,536,723	\$328,397	\$113,284,498
2072	\$76,134,657	\$29,573,040	\$277,496	\$105,985,193

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted 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 Average Accrued Monthly Benefit Payable at Normal Retirement Age Average Salary									
	Total	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	895	821	70	4	-	-	-	-	-	-
	\$169	\$127	\$611	-	-	-	-	-	-	-
	\$25,363	\$24,411	\$33,721	-	-	-	-	-	-	-
25 - 29	2,783	2,172	583	27	1	-	-	-	-	-
	\$223	\$110	\$593	\$1,351	-	-	-	-	-	-
	\$23,721	\$16,011	\$50,556	\$65,068	-	-	-	-	-	-
30 - 34	3,731	1,819	1,564	329	17	2	-	-	-	-
	\$400	\$110	\$543	\$1,247	\$0	-	-	-	-	-
	\$24,321	\$12,810	\$31,229	\$54,049	-	-	-	-	-	-
35 - 39	2,977	908	1,042	799	216	11	1	-	-	-
	\$627	\$100	\$422	\$1,089	\$1,997	-	-	-	-	-
	\$23,573	\$9,805	\$19,467	\$33,086	\$64,026	-	-	-	-	-
40 - 44	2,254	472	561	588	496	129	8	-	-	-
	\$843	\$96	\$364	\$811	\$1,644	\$2,549	-	-	-	-
	\$21,989	\$9,298	\$15,996	\$20,004	\$34,446	\$52,508	-	-	-	-
45 - 49	1,506	242	271	303	377	258	53	2	-	-
	\$992	\$85	\$255	\$643	\$1,240	\$2,139	\$3,429	-	-	-
	\$21,598	\$7,143	\$8,866	\$14,493	\$24,743	\$43,471	\$64,502	-	-	-
50 - 54	1,336	162	206	207	246	288	184	41	2	-
	\$1,153	\$82	\$266	\$556	\$909	\$1,677	\$2,703	\$3,628	-	-
	\$20,157	\$5,931	\$10,713	\$10,592	\$13,403	\$24,201	\$49,026	\$54,086	-	-
55 - 59	1,192	129	143	146	188	194	217	145	29	1
	\$1,284	\$73	\$214	\$453	\$875	\$1,216	\$2,251	\$2,938	\$3,742	-
	\$18,356	\$6,591	\$7,402	\$9,011	\$13,772	\$16,033	\$28,926	\$37,274	\$43,375	-
60 - 64	1,034	113	101	114	118	141	147	181	97	22
	\$1,359	\$69	\$227	\$434	\$746	\$995	\$1,602	\$2,450	\$3,353	4,213
	\$18,801	\$5,030	\$5,880	\$7,414	\$10,052	\$12,976	\$20,390	\$32,231	\$43,278	\$63,106
65 - 69	367	51	52	40	38	41	36	41	41	27
	\$986	\$80	\$253	\$404	\$557	\$721	\$1,085	\$1,445	\$2,220	\$3,276
	\$12,521	\$11,055	\$8,666	\$7,754	\$4,956	\$5,632	\$8,526	\$11,676	\$25,505	\$37,771
70 & over	116	55	20	12	8	3	3	5	7	3
	432	59	163	-	-	-	-	-	-	-
	\$6,112	\$3,536	\$3,388	-	-	-	-	-	-	-
Unknown	2,052	2,044	7	1	-	-	-	-	-	-
	\$35	\$34	-	-	-	-	-	-	-	-
	\$5,839	\$5,820	-	-	-	-	-	-	-	-
Total	20,243	8,988	4,620	2,570	1,705	1,067	649	415	176	53
	\$617	\$90	\$449	\$873	\$1,319	\$1,693	\$2,275	\$2,632	\$3,098	\$3,562
	\$20,613	\$12,035	\$25,280	\$26,133	\$28,343	\$29,002	\$34,861	\$33,926	\$38,201	\$45,942

ActiveParticipData

Page 1 of 1

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$38,394,665	\$0	\$38,394,665
2024	\$39,796,255	\$0	\$39,796,255
2025	\$41,239,892	\$0	\$41,239,892
2026	\$42,726,839	\$0	\$42,726,839
2027	\$44,258,394	\$0	\$44,258,394
2028	\$45,835,896	\$0	\$45,835,896
2029	\$47,460,723	\$0	\$47,460,723
2030	\$49,134,295	\$0	\$49,134,295
2031	\$50,858,074	\$0	\$50,858,074
2032	\$52,633,566	\$0	\$52,633,566

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
Assumption change	06/01/1995	\$44,476	2	\$23,016
Plan amendment	06/01/1995	3,368,953	2	1,743,403
Assumption change	06/01/1997	1,366,266	4	378,218
Plan amendment	06/01/1997	11,944,829	4	3,306,641
Assumption change	06/01/1998	5,017,286	5	1,148,598
Plan amendment	06/01/1999	25,984,796	6	5,122,279
Plan amendment	06/01/2000	574,977	7	100,345
Assumption change	06/01/2001	5,574,473	8	878,889
Plan amendment	06/01/2002	3,155,837	9	456,450
Plan amendment	06/01/2003	10,225,789	10	1,373,233
Plan amendment	06/01/2004	150,570	11	18,956
Plan amendment	06/01/2005	14,156,134	12	1,684,015
Plan amendment	06/01/2006	295,695	13	33,457
Assumption change	06/01/2006	20,736,186	13	2,346,272
Plan amendment	06/01/2007	23,653,166	14	2,559,729
Plan amendment	06/01/2009	67,357	1	67,357
Investment loss subject to relief	06/01/2009	82,072,097	15	8,535,089
Assumption change	06/01/2010	3,682,355	2	1,905,585
Investment loss subject to relief	06/01/2010	49,328,428	15	5,129,910
Investment loss subject to relief	06/01/2011	44,918,828	15	4,671,334
Actuarial loss	06/01/2012	3,353,388	4	928,306
Investment loss subject to relief	06/01/2012	41,829,705	15	4,350,081
Actuarial loss	06/01/2013	6,898,288	5	1,579,213
Actuarial loss	06/01/2015	4,594,519	7	801,839

SchMBFndgStndAccntBases

Page 1 of 3

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	06/01/2015	40,439,702	7	7,057,572
Assumption change	06/01/2016	18,294,986	8	2,884,447
Actuarial loss	06/01/2016	35,571,769	8	5,608,360
Actuarial loss	06/01/2017	20,941,327	9	3,028,883
Actuarial loss	06/01/2018	29,646,025	10	3,981,200
Assumption change	06/01/2018	40,309,009	10	5,413,144
Plan amendment	06/01/2019	200,330	11	25,221
Actuarial loss	06/01/2019	28,276,413	11	3,559,858
Plan amendment	06/01/2020	31,720	12	3,773
Actuarial loss subject to relief	06/01/2020	17,277,274	26	1,393,805
Actuarial loss	06/01/2020	30,872,833	12	3,672,635
Assumption change	06/01/2020	65,306,550	12	7,768,873
Plan amendment	06/01/2021	721	13	82
Assumption change	06/01/2022	4,105,287	14	444,271
Plan amendment	06/01/2023	2,472,586	15	257,137
Actuarial loss	06/01/2023	31,860,367	15	3,313,319
Total		\$728,601,297		\$97,554,795

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
Combined base	06/01/2022	\$366,456,329	4.18	\$97,647,530
Change in Assumptions	06/01/2023	7,210,549	15	749,861
Total		\$373,666,878		\$98,397,391

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.23% to 2.80% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of June 1, 2023:
 - The definition of active participants was updated for performers to include a requirement that the participant worked two weeks in at least one of the three prior calendar years.
- The June 1, 2023 assumption change will be reflected in the May 31, 2024 unfunded vested liability for withdrawal liability purposes.

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
---	---	---

Part I Annual Report Identification Information			
For calendar plan year 2023 or fiscal plan year beginning		06/01/2023	and ending
			05/31/2024
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	EQUITY-LEAGUE PENSION TRUST FUND		1b Three-digit plan number (PN) ▶	001
			1c Effective date of plan	06/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan)	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND 165 WEST 46TH STREET SUITE 812 NEW YORK NY 10036-2501			
	2b Employer Identification Number (EIN) 13-6696817			
	2c Plan Sponsor's telephone number (212) 869-9380			
	2d Business code (see instructions) 711510			

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

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

SIGN HERE	☒ <i>BRAD MYERS CORPER</i> Signature of plan administrator	☒ 4/19/2024 Date	☒ <i>BRAD MYERS CORPER</i> Enter name of individual signing as plan administrator
SIGN HERE	☒ <i>[Signature]</i> Signature of employer/plan sponsor	☒ 11/18/24 Date	☒ Christopher Brackmeyer 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.

3a Plan administrator's name and address ☐ Same as Plan SponsorBOARD OF TRUSTEES OF THE
EQUITY-LEAGUE PENSION TRUST FUND

165 WEST 46TH STREET SUITE 812

NEW YORK

NY 10036-2501

3b Administrator's EIN
13-6696817**3c** Administrator's telephone
number
(212) 869-9380**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5**

47,217

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).**a(1)** Total number of active participants at the beginning of the plan year**6a(1)**

22,936

a(2) Total number of active participants at the end of the plan year**6a(2)**

20,243

b Retired or separated participants receiving benefits**6b**

9,012

c Other retired or separated participants entitled to future benefits**6c**

16,527

d Subtotal. Add lines **6a(2)**, **6b**, and **6c****6d**

45,782

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

568

f Total. Add lines **6d** and **6e****6f**

46,350

g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)**6g(1)****g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7**

1,600

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

1A 1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

THE EQUITY-LEAGUE PENSION PLAN
FINANCIAL STATEMENTS
YEARS ENDED MAY 31, 2024 AND 2023

THE EQUITY-LEAGUE PENSION PLAN
YEARS ENDED MAY 31, 2024 AND 2023
TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 14
Supplemental Information	
Schedule of Interest Bearing Cash	15
Schedule of U.S. Government Securities	16 - 17
Schedule of Corporate Debt Instruments - Preferred	18
Schedule of Corporate Debt Instruments - Other	19
Schedule of Corporate Stock - Common	20 - 21
Schedule of Partnerships/Joint Venture Interests	22 - 24
Schedule of Common/Collective Trust Funds	25
Schedule of 103-12 Investment Entities	26
Schedule of Registered Investment Companies	27
Schedule of Other Investments	28
Schedule of Reportable Transactions	29
Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500	30
Schedules of Administrative Expenses	31



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
The Equity-League Pension Plan

Opinion

We have audited the accompanying financial statements of The Equity-League Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended May 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2024 and 2023, and the changes in net assets available for benefits for the years ended May 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 15 through 29 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 30 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 "Schullhas & Parulli LLP".

Hauppauge, New York
November 25, 2024

THE EQUITY-LEAGUE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 690,676	\$ 9,280,219
U.S. government securities	26,574,941	60,743,152
Corporate debt instruments	9,255,155	11,415,135
Corporate stock	127,598,978	145,725,996
Partnership/joint venture interests	1,576,512,409	1,391,051,857
Common/collective trust funds	20,274,571	24,886,935
103-12 investment entities	255,686,071	253,593,007
Registered investment companies	<u>200,878,739</u>	<u>142,451,007</u>
Total investments	2,217,471,540	2,039,147,308
Receivables		
Employers' contributions	1,570,000	1,940,000
Accrued interest/dividends	700,709	960,303
Related organizations	-	9,866
Net trades pending settlement	7,743,302	-
Tax relief contributions	3,178,020	2,861,851
Cash	67,557	70,364
Other assets	<u>11,559</u>	<u>39,677</u>
Total assets	<u>2,230,742,687</u>	<u>2,045,029,369</u>
Liabilities		
Accounts payable	328,434	1,341,255
Related organizations	73,526	-
Net trades pending settlement	<u>-</u>	<u>14,641,305</u>
Total liabilities	<u>401,960</u>	<u>15,982,560</u>
Net assets available for benefits	<u>\$ 2,230,340,727</u>	<u>\$ 2,029,046,809</u>

THE EQUITY-LEAGUE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 263,300,422	\$ (43,557,025)
Interest/dividends	<u>53,413,083</u>	<u>38,056,144</u>
Total investment income (loss)	316,713,505	(5,500,881)
Less investment expenses	<u>(43,425,837)</u>	<u>(16,406,616)</u>
Net investment income (loss)	273,287,668	(21,907,497)
Contributions		
Employers'	16,689,514	15,943,425
Tax relief contributions	20,417,635	22,196,463
Other income	<u>90,311</u>	<u>-</u>
Total additions	<u>310,485,128</u>	<u>16,232,391</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	103,223,187	97,585,992
Administrative expenses	<u>5,968,023</u>	<u>5,352,159</u>
Total deductions	<u>109,191,210</u>	<u>102,938,151</u>
Net increase (decrease)	201,293,918	(86,705,760)
Net assets available for benefits		
Beginning of year	<u>2,029,046,809</u>	<u>2,115,752,569</u>
End of year	<u>\$ 2,230,340,727</u>	<u>\$ 2,029,046,809</u>

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies

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

General

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

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

Purpose

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

Participation

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

Benefits

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

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

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

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

THE EQUITY-LEAGUE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED MAY 31, 2024 AND 2023

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

Plan termination

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

Basis of accounting

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

Investment valuation and income recognition

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

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

Administrative expense allocation

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

Reimbursements paid to related organizations for the years ended May 31, 2024 and 2023 were \$2,975,376 and \$2,470,567, respectively.

Effective June 1, 2023, the Plan's general allocable percentage of administrative expenses is 38.9%. Prior to June 1, 2023, the Plan's general allocable percentage was 37.9%.

Use of estimates

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

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 2 - Fair value measurements

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

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

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

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

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

Interest bearing cash: Valued at cost.

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

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

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

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

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of May 31, 2024, with fair value measurements on a recurring basis:

	2024	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	\$ 690,676	\$ 690,676	\$ -	\$ -
U.S. government securities	26,574,941	10,256,376	16,318,565	-
Corporate debt instruments	9,255,155	-	9,255,155	-
Corporate stock	127,598,978	127,598,978	-	-
Registered investment companies	<u>198,903,050</u>	<u>198,903,050</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	363,022,800	<u>\$ 337,449,080</u>	<u>\$ 25,573,720</u>	<u>\$ -</u>
Investments measured at net asset value	<u>1,854,448,740</u>			
Investments at fair value	<u>\$ 2,217,471,540</u>			

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

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

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

Note 3 - Cash

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

Note 4 - Party-in-interest transactions

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

Note 5 - 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.

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 5 - Risks and uncertainties (cont'd)

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 6 - Employer and tax relief contributions

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

The Plan also shares with the related benefit funds and other theatrical multiemployer benefit plans, the net tax savings that resulted from the repeal of the 4.50% New York City Amusement Tax on theatre admissions. Participating tax relief employers may use tax relief contributions to offset their contributions to the Plan. The Plan's portion of tax relief for the years ended May 31, 2024 and 2023 was \$20,417,635 and \$22,196,463, respectively.

Note 7 - Investment commitments

Total outstanding capital commitments as of May 31, 2024 were approximately \$530,000,000. Capital commitments are funded based on the capital calls issued by each investment manager. Subsequent to May 31, 2024, the Plan entered into additional capital commitments of approximately \$24,000,000

Note 8 - Reconciliation of financial statements to Form 5500

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

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 8 - 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	\$ 273,287,668	\$ 43,425,837	\$ 316,713,505
Contributions	37,107,149	-	37,107,149
Other Income	<u>90,311</u>	<u>-</u>	<u>90,311</u>
Total additions	<u>310,485,128</u>	<u>43,425,837</u>	<u>353,910,965</u>
Benefits paid directly to participants or beneficiaries	103,223,187	-	103,223,187
Administrative expenses	<u>5,968,023</u>	<u>43,425,837</u>	<u>49,393,860</u>
Total deductions	<u>109,191,210</u>	<u>43,425,837</u>	<u>152,617,047</u>
Net increase (decrease)	<u>\$ 201,293,918</u>	<u>\$ -</u>	<u>\$ 201,293,918</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 30.

Note 9 - Accumulated plan benefits

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

	<u>June 1, 2023</u>	<u>June 1, 2022</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 881,261,003	\$ 824,262,885
Other vested participants	<u>1,250,138,047</u>	<u>1,219,988,392</u>
Total vested benefits	2,131,399,050	2,044,251,277
Nonvested benefits	<u>17,316,971</u>	<u>19,906,258</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 2,148,716,021</u>	<u>\$ 2,064,157,535</u>

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 9 - 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:

	June 1, 2023	June 1, 2022
Actuarial present value of accumulated plan benefits - Beginning of year	<u>\$ 2,064,157,535</u>	<u>\$ 1,997,760,634</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	41,063,303	13,768,050
Interest due to the decrease in the discount period	145,819,138	141,191,933
Benefits paid	(97,585,992)	(92,835,126)
Plan amendments	2,472,586	-
Change of assumptions	<u>(7,210,549)</u>	<u>4,272,044</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>84,558,486</u>	<u>66,396,901</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 2,148,716,021</u>	<u>\$ 2,064,157,535</u>

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

THE EQUITY-LEAGUE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2024 AND 2023

Note 9 - Accumulated plan benefits (cont'd)

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

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

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

As of June 1, 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 10 - Tax status

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

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF INTEREST BEARING CASH

MAY 31, 2024

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

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	THE BANK OF NEW YORK MELLON	VARIABLE	ON DEMAND	\$ 690,676	\$ 690,676
	NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - INT BEARING CASH			1,357,172	1,357,172
	OVERLOOK PARTNERS FUND LP - INT BEARING CASH			2,020,792	2,020,792
	PZENA US BEST IDEAS FUND LP - INT BEARING CASH			<u>1,395,337</u>	<u>1,395,337</u>
				<u>\$ 5,463,977</u>	<u>\$ 5,463,977</u>

* PARTY-IN-INTEREST

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	CURRENT VALUE
	US 5YR NOTE FUTURE (CBT)	0.00%	09/30/2024	\$ 30	\$ 13,125
	US 2YR NOTE FUTURE (CBT)	0.00%	09/30/2024	110	35,445
	U S TREASURY NOTE	0.75%	03/31/2026	2,600,000	2,411,812
	U S TREASURY NOTE	4.00%	01/31/2029	2,100,000	2,051,196
	FNMA GTD REMIC P/T	1.40%	07/25/2029	3,183,732	138,397
	FNMA POOL #0BL0469	3.88%	11/01/2030	600,000	565,824
	FNMA POOL #0BL3779	2.76%	09/01/2031	498,000	436,143
	FNMA GTD REMIC P/T 20-M15 X1	1.56%	09/25/2031	933,124	61,194
	FNMA POOL #0BS7305	5.22%	01/01/2032	1,200,000	1,214,424
	FNMA POOL #0AN4172	3.37%	02/01/2032	578,679	522,877
	U S TREASURY NOTE	4.00%	02/15/2034	1,000,000	959,380
	U S TREASURY BOND	1.13%	08/15/2040	1,300,000	777,049
	U S TREASURY BOND	1.88%	02/15/2041	1,100,000	740,223
	U S TREASURY BOND	2.00%	11/15/2041	100,000	67,555
	FNMA GTD REMIC P/T 16-92 A	3.00%	04/25/2042	200,704	192,682
	FNMA GTD REMIC P/T 13-6 ZJ	3.00%	02/25/2043	145,449	101,421
	FNMA POOL #0AR9215	3.00%	03/01/2043	479,956	420,749
	FNMA POOL #0AT7623	3.00%	06/01/2043	638,108	558,351
	FHLMC MULTICLASS MTG 4223 SB	0.00%	07/15/2043	644,690	385,737
	U S TREASURY BOND	4.50%	02/15/2044	2,100,000	2,031,750
	U S TREASURY BOND	2.50%	02/15/2045	1,150,000	807,691
	FHLMC POOL #G0-7993	3.50%	03/01/2045	694,478	626,259
	FHLMC POOL #G0-8715	3.00%	08/01/2046	292,033	252,334
	FHLMC POOL #Q4-2197	3.50%	08/01/2046	459,780	412,809
	FHLMC POOL #G6-0933	3.50%	11/01/2046	291,676	261,625
	FHLMC POOL #G0-8747	3.00%	02/01/2047	516,726	446,374
	FNMA POOL #0AS9597	4.00%	05/01/2047	130,035	120,372
	FHLMC POOL #ZS-4750	3.00%	01/01/2048	192,267	165,055
	U S TREASURY BOND	1.38%	08/15/2050	400,000	200,344
	FHLMC POOL #SD-7526	2.50%	10/01/2050	978,715	805,326
	FHLMC MULTICLASS MTG 5023 HI	3.00%	10/25/2050	1,306,858	217,213
	FHLMC POOL #SD-0699	2.00%	11/01/2050	568,710	449,229
	U S TREASURY BOND	1.63%	11/15/2050	300,000	160,806
	GNMA GTD REMIC P/T 20-185 KI	2.50%	12/20/2050	1,448,710	173,063
	GNMA GTD REMIC P/T 21-30 KI	3.00%	02/20/2051	1,242,640	197,866
	FNMA POOL #0FM8215	2.50%	03/01/2051	496,539	408,051
	GNMA GTD REMIC P/T 22-174 AZ	3.50%	05/20/2051	1,611,354	1,256,920
	GNMA GTD REMIC P/T 21-77 SJ	0.00%	05/20/2051	1,593,222	24,074
	GNMA GTD REMIC P/T 21-107 IL	3.00%	06/20/2051	1,433,902	231,145
	GNMA II POOL #0785638	2.50%	08/20/2051	758,584	629,041
	GNMA GTD REMIC P/T 21-156 AI	3.00%	09/20/2051	1,268,743	202,859
	GNMA GTD REMIC P/T 21-160 TI	3.00%	09/20/2051	1,283,065	216,594
	GNMA II POOL #0785764	2.50%	11/20/2051	323,854	267,649
	GNMA GTD REMIC P/T 21-209 MI	3.00%	11/20/2051	1,160,233	181,878
	GNMA GTD REMIC P/T 22-83 IO	2.50%	11/20/2051	1,631,161	226,862
	FHLMC POOL #RA-7673	4.50%	07/01/2052	587,588	549,700
	FHLMC POOL #SD-8286	4.00%	01/01/2053	1,643,023	1,490,238
	FHLMC POOL #SD-5414	6.00%	05/01/2054	948,000	959,973
	GNMA GTD REMIC P/T 21-20 IO	1.15%	08/16/2062	1,480,865	115,078
	GNMA GTD REMIC P/T 21-52 IO	0.72%	04/16/2063	1,732,370	92,734
	GNMA GTD REMIC P/T 21-70 IO	0.71%	04/16/2063	2,088,014	111,208
	GNMA GTD REMIC P/T 21-22 IO	0.98%	05/16/2063	1,763,700	120,884
	GNMA GTD REMIC P/T 21-129 IO	0.98%	06/16/2063	1,891,038	130,652
	GNMA REMIC STRIP P/T 79 IO	0.88%	08/16/2063	1,785,453	114,966
	GNMA GTD REMIC P/T 22-82 IO	0.54%	02/16/2064	2,976,986	135,006

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	U.S. GOVERNMENT SECURITIES				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GNMA GTD REMIC P/T 22-49 IO	0.76%	03/16/2064	2,289,052	167,029	127,729
			\$ 60,121,956	\$ 29,115,307	\$ 26,574,941

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
BX TRUST 2024-VLT4 VLT4 A 144A	6.81%	07/15/2029	\$ 100,000	\$ 99,750	\$ 99,750
CRESTLINE DENALI C 1A AR2 144A	6.73%	10/23/2031	193,625	193,625	193,779
THUNDERBOLT AIRCRAFT A A 144A	6.21%	05/17/2032	336,410	336,395	330,008
BXSC COMMERCIAL MOR WSS B 144A	7.42%	03/15/2035	100,000	99,281	99,251
CENTEX HOME EQUITY LOAN T D M5	6.42%	10/25/2035	183,368	181,535	180,771
NOVASTAR MORTGAGE FUNDING 3 M2	6.16%	01/25/2036	41,937	41,098	41,373
COLD STORAGE TRUST ICE5 A 144A	6.34%	11/15/2037	98,299	98,192	98,146
MF1 2023-FL12 LLC FL12 A 144A	7.40%	10/19/2038	100,000	100,297	100,642
GREAT WOLF TRUST 2 WOLF A 144A	6.87%	03/15/2039	100,000	99,750	100,000
CSMC 2021-B33 B33 A1 144A	3.05%	10/10/2043	100,000	103,000	90,297
TOWD POINT MORTGA A13A A1 144A	6.58%	07/20/2045	117,483	143,657	149,756
MORGAN STANLEY BANK OF C19 XA	1.02%	12/15/2047	2,143,231	134,530	1,007
COMM 2015-CCRE23 MORTGA CR23 C	4.41%	05/10/2048	100,000	104,043	94,299
COMM 2015-LC21 MORTGAG LC21 XA	0.75%	07/10/2048	2,946,456	138,979	11,521
COMM 2015-CCRE25 MORTG CR25 XA	0.94%	08/10/2048	2,624,238	153,210	17,136
GS MORTGAGE SECURITIES GC34 B	4.47%	10/10/2048	91,000	95,870	78,680
MORGAN STANLEY CAPITAL UB11 XA	1.57%	08/15/2049	1,997,874	216,841	48,029
MORGAN STANLEY BANK OF A C31 C	4.40%	11/15/2049	124,000	125,022	104,150
CD 2017-CD4 MORTGAGE TR CD4 XA	1.38%	05/10/2050	2,296,781	218,470	63,667
GS MORTGAGE SECURITIES GS6 XA	1.15%	05/10/2050	2,519,557	215,978	58,907
MORGAN STANLEY CAPITAL I H1 XA	1.46%	06/15/2050	2,372,756	245,769	59,865
UBS COMMERCIAL MORTGAGE C1 XA	1.66%	06/15/2050	1,405,757	158,674	46,952
GS MORTGAGE SECURITIES T GS9 C	4.49%	03/10/2051	100,000	102,180	88,849
WELLS FARGO COMMERCIAL C48 XA	1.10%	01/15/2052	1,385,370	82,040	46,161
CSAIL 2019-C17 COMMERC C17 XA	1.46%	09/15/2052	997,928	89,546	49,318
MORGAN STANLEY CAPITAL I L3 XA	0.73%	11/15/2052	1,583,900	85,916	43,145
WELLS FARGO COMMERCIAL C54 XA	0.94%	12/15/2052	1,431,200	97,549	51,008
MORGAN STANLEY CAPITAL I L4 B	3.08%	02/15/2053	70,000	72,098	57,537
JPMDB COMMERCIAL MORTG COR7 XA	1.76%	05/13/2053	757,763	88,157	46,087
BENCHMARK 2020-B19 MORT B19 A4	1.55%	09/15/2053	125,000	102,378	102,479
BENCHMARK 2021-B24 MORT B24 XA	1.26%	03/15/2054	1,124,616	99,434	56,546
BMO 2022-C1 MORTGAGE TRU C1 XA	0.60%	02/17/2055	2,460,877	94,796	65,878
BENCHMARK 2024-V7 MORTGA V7 A2	5.77%	05/15/2056	100,000	101,000	100,811
TOWD POINT MORTGAG HY2 A1 144A	6.46%	05/25/2058	34,958	35,029	35,682
NAVIENT PRIVATE EDUCA A B 144A	3.91%	12/16/2058	436,204	436,172	424,985
BANK 2019-BNK20 BN20 AS	3.24%	09/15/2062	105,000	111,542	89,207
BANK 2020-BNK25 BN25 AS	2.84%	01/15/2063	105,000	108,145	88,530
GCAT 2019-RPL1 TR RPL1 A1 144A	2.65%	10/25/2068	60,962	59,951	57,398
			<u>\$ 30,971,550</u>	<u>\$ 5,069,899</u>	<u>\$ 3,471,607</u>

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MSBAM COMMERCIAL CKSV CK 144A	4.30%	10/15/2030	\$ 202,665	\$ 181,591	\$ 121,062
GS MORTGAGE SECURIT TWR D 144A	7.23%	07/15/2031	65,000	65,000	24,648
CBAM 2019-10 LTD 10A A1R 144A	6.71%	04/20/2032	500,000	500,000	501,599
ALLEGRO CLO X LTD 1A AR 144A	6.74%	07/20/2032	500,000	500,000	502,400
MP CLO VIII LTD 2A ARR 144A	6.79%	04/28/2034	350,000	349,020	351,213
ABFC 2005-WF1 TRUST WF1 M5	6.40%	07/25/2034	108,615	106,375	108,547
LONG BEACH MORTGAGE LOAN 4 M2	6.43%	10/25/2034	70,253	70,121	67,489
BEAR STEARNS ASSET BAC HE10 M1	6.43%	12/25/2034	117,583	117,510	117,012
GE-WMC ASSET-BACKED PASS 1 M1	6.12%	10/25/2035	58,155	57,646	56,473
SOUNDVIEW HOME LOAN TR CTX1 M4	6.39%	11/25/2035	85,126	85,019	84,383
BSPRT 2021-FL6 ISSU FL6 A 144A	6.54%	03/15/2036	72,849	72,849	72,453
J.P. MORGAN CHASE C MFP D 144A	7.04%	07/15/2036	67,481	64,044	66,146
MORGAN STANLEY CAP NUGS C 144A	6.94%	12/15/2036	100,000	100,031	36,553
J.P. MORGAN CHASE C NLP A 144A	5.93%	04/15/2037	97,628	93,935	94,211
BRIDGE STREET CLO IV 1A A 144A	6.92%	04/20/2037	500,000	501,150	503,533
ACRE COMMERCIAL MOR FL4 B 144A	6.85%	12/18/2037	100,000	100,000	97,533
MHC TRUST 2021-MHC MHC2 A 144A	6.29%	05/15/2038	90,705	90,025	90,224
EXTENDED STAY AMERI ESH A 144A	6.52%	07/15/2038	91,300	91,143	91,234
MED TRUST 2021-MDL MDLN C 144A	7.24%	11/15/2038	99,522	99,289	99,274
LFT CRE 2021-FL1 LT FL1 B 144A	7.19%	06/15/2039	100,000	97,500	98,261
GREYSTONE CRE NOTES FL3 B 144A	7.09%	07/15/2039	100,000	100,000	98,974
SAPPHIRE AVIATION FI 1A A 144A	4.25%	03/15/2040	61,329	61,301	58,199
AREIT 2024-CRE9 LT CRE9 A 144A	7.02%	05/17/2041	100,000	99,750	100,414
SLG OFFICE TRUST 20 OVA E 144A	2.85%	07/15/2041	100,000	96,473	75,843
CITIGROUP COMMERCIA 555 E 144A	3.62%	12/10/2041	106,000	108,461	86,556
METAL 2017-1 LLC 1 A 144A	4.58%	10/15/2042	137,263	137,209	87,863
KDAC AVIATION FINANC 1A A 144A	4.21%	12/15/2042	124,793	124,788	112,176
VAULT DI ISSUER LLC 1A A2 144A	2.80%	07/15/2046	350,000	350,000	308,326
ALIGNED DATA CENTER 1A A2 144A	1.94%	08/15/2046	300,000	300,000	274,383
ALIGNED DATA CENTERS 1A B 144A	2.48%	08/15/2046	200,000	200,000	180,302
COMM 2014-CCRE18 MORTGA CR18 B	4.46%	07/15/2047	100,000	97,750	98,220
CYRUSONE DATA CENTE 2A A2 144A	4.50%	05/20/2049	250,000	225,277	229,838
SERVICEMASTER FUND 1 A2II 144A	3.34%	01/30/2051	320,587	320,587	266,882
TACO BELL FUNDING 1A A2I 144A	1.95%	08/25/2051	294,750	294,750	265,125
TACO BELL FUNDING 1A A23 144A	2.54%	08/25/2051	196,500	196,500	159,595
CSAIL 2020-C19 COMMERC C19 XA	1.21%	03/15/2053	1,116,573	92,034	52,680
JPMDB COMMERCIAL MORTGA COR7 B	3.29%	05/13/2053	100,000	103,000	66,766
BANK 2019-BNK19 BN19 C	4.16%	08/15/2061	100,000	107,762	77,158
			<u>\$ 7,434,677</u>	<u>\$ 6,357,890</u>	<u>\$ 5,783,548</u>

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
AERCAP HOLDINGS NV	24,031	\$ 1,244,615	\$ 2,227,914
ALCOA CORP	27,358	1,008,345	1,211,139
ALIGN TECHNOLOGY INC	9,730	2,470,223	2,502,653
ALPHABET INC	20,079	1,151,589	3,492,943
ALPHABET INC	18,565	2,244,912	3,229,567
AMAZON.COM INC	26,155	2,567,744	4,614,788
AON PLC	8,028	1,945,429	2,261,006
BAYER AG	203,910	2,178,840	1,562,766
BEST BUY CO INC	20,525	1,418,864	1,740,931
BLOCK INC	56,401	4,087,389	3,614,176
BOOKING HOLDINGS INC	604	2,175,481	2,280,915
CAPITAL ONE FINANCIAL CORP	10,581	886,234	1,456,263
CHARLES SCHWAB CORP/THE	36,375	2,548,682	2,665,560
CHARTER COMMUNICATIONS INC	3,086	943,317	886,052
COCA-COLA CO/THE	46,600	2,682,872	2,932,538
COMCAST CORP	37,893	1,433,677	1,516,857
CONOCOPHILLIPS	27,895	2,906,281	3,249,210
COSTAR GROUP INC	15,512	572,440	1,212,573
DICK'S SPORTING GOODS INC	10,545	1,129,685	2,400,464
DISCOVER FINANCIAL SERVICES	3,556	430,983	436,179
ELEVANCE HEALTH INC	3,209	1,242,281	1,727,982
ETSY INC	43,231	3,691,598	2,743,872
GE VERNOVA INC	9,862	1,093,247	1,734,726
GOLDMAN SACHS GROUP INC/THE	2,647	579,646	1,208,408
HEINEKEN NV	37,475	1,766,715	1,868,953
HILTON WORLDWIDE HOLDINGS INC	5,590	437,081	1,121,354
HUMANA INC	6,667	2,202,997	2,387,586
INTERACTIVE BROKERS GROUP INC	29,286	1,751,575	3,681,836
LIBERTY BROADBAND CORP	14,369	1,560,059	777,219
LULULEMON ATHLETICA INC	7,960	3,130,627	2,483,440
LVMH MOET HENNESSY LOUIS VUITT	7,675	1,133,320	1,224,631
MATTEL INC	57,175	1,182,751	1,017,143
MCDONALD'S CORP	8,040	2,087,761	2,081,476
META PLATFORMS INC	6,608	1,223,171	3,084,813
META PLATFORMS INC	5,315	2,364,219	2,481,201
MICROSOFT CORP	6,942	761,817	2,881,832
MICROSOFT CORP	5,530	1,680,172	2,295,669
MONDELEZ INTERNATIONAL INC	14,325	894,935	981,692
NETFLIX INC	2,128	649,506	1,365,367
NIKE INC	17,550	1,820,343	1,668,128
NOKIA OYJ	685	4,891	2,672
OCCIDENTAL PETROLEUM CORP	20,032	1,212,373	1,252,000
PAYPAL HOLDINGS INC	50,250	3,153,512	3,165,248
PEGASYSTEMS INC	59,061	3,703,228	3,393,645
PEPSICO INC	14,450	2,353,927	2,498,405
PROCTER & GAMBLE CO/THE	5,800	804,219	954,332
PROSUS NV	283,190	1,929,696	2,052,561
RALPH LAUREN CORP	7,100	871,261	1,326,848
SAFRAN SA	28,354	848,226	1,647,566
SAP SE	9,964	1,384,173	1,817,832
SCHLUMBERGER LTD	49,325	2,501,375	2,263,524
SHELL PLC	37,915	2,171,301	2,759,454
STARBUCKS CORP	32,000	2,942,826	2,567,040
TAIWAN SEMICONDUCTOR MANUFACTU	13,095	1,216,499	1,977,869
UNITEDHEALTH GROUP INC	4,708	1,476,865	2,332,202
VISA INC	2,500	503,827	681,150

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
VISA INC	3,625	776,908	987,668
VISTRA CORP	9	-	891
WALT DISNEY CO/THE	18,250	1,906,466	1,896,357
WAYFAIR INC	21,154	2,322,330	1,258,451
WELLS FARGO & CO	24,084	896,384	1,443,113
WILLIAMS-SONOMA INC	3,340	427,006	979,355
WOODWARD INC	7,907	896,287	1,474,656
WORKDAY INC	11,737	1,688,031	2,481,789
WORKDAY INC	4,342	1,031,059	918,116
YUM! BRANDS INC	8,400	959,995	1,154,412
NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - COMMON STOCK	-	188,187	329,423
OVERLOOK PARTNERS FUND LP - COMMON STOCK	-	18,375,597	26,813,736
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD - COMMON STOCK	-	12,473,072	20,465,677
PZENA US BEST IDEAS FUND LP - COMMON STOCK	-	17,260,414	30,132,097
		\$ 153,561,358	\$ 205,339,911

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
400 CAPITAL ASSET BASED TERM FUND I AIV LP		\$ 1,333,022	\$ -
400 CAPITAL ASSET BASED TERM OFFSHORE FUND II LP		20,815,183	20,297,440
400 CAPITAL ASSET BASED TERM OFFSHORE FUND III LP		26,943,370	26,464,726
AC CARBON CAYMAN LP		9,500,000	9,500,000
AETOS CAP OPP FD CAYMAN LP		14,107,230	14,991,013
ALINDA INFRASTRUCTURE FUND II LP		1,314,505	205,186
ARBOUR LANE CRT OPP FD LP		22,583,663	21,864,588
ASF VIII LP		2,884,798	5,335,953
ATALAYA ASSET INCOME FUND EVERGREEN LP		16,368,896	16,492,644
ATALAYA ASSET INCOME FUND V LP		13,136,879	12,903,396
BALANCE POINT CAPITAL PARTNERS III LP		11,112,037	12,724,836
BALANCE POINT CAPITAL PARTNERS V LP		12,586,668	13,500,156
BARINGS NORTH AMERICAN PRIVATE LOAN FUND (CAYMAN)-A LP		836,172	9,328
BERKSHIRE FUND X LP		7,059,343	8,535,475
BLUE TORCH CREDIT OPPORTUNITIES FUND I LP		4,045,555	3,690,560
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND II LP		15,427,691	14,740,348
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND III LP		7,110,501	7,155,181
BRIDGEWATER FUND LTD		8,417,651	8,828,052
CAMBER CAPITAL OFFSHORE FUND LTD		11,000,000	17,939,540
CAPITAL TODAY EVERGREEN FUND LP		13,566,713	15,957,501
CASTLELAKE V LP		12,190,344	16,363,581
CAT ROCK CAPITAL PARTNERS CAYMAN LTD		26,940,469	44,986,294
CEVIAN CAPITAL II LTD		15,334,409	30,274,422
CHARLES-LIM ASIA GLOBAL LIMITED		6,750,000	6,361,245
CONST BRAZIL US FUND LP		3,170,322	3,460,375
CRAYHILL PRINCIPAL STRATEGY II LP		15,344,370	15,082,826
CRAYHILL PRINCIPAL STRATEGY III LP		2,481,011	2,459,871
DAVIDSON KEMPNER INTERNATIONAL BVI LTD		43,505,562	54,104,183
DOVER STREET X LP		8,936,693	13,083,395
DOVER STREET XI LP		2,809,070	3,727,289
ELLIOTT INTERNATIONAL LIMITED		18,750,000	28,382,604
ENCAP ENERGY CAPITAL FUND XI LP		4,203,113	8,195,702
ENCAP FLATROCK MIDSTREAM FUND IV LP		2,305,383	2,316,655
FIRST RESERVE FUND XIII LP		12,128,410	10,674,192
FORTRESS CR OPP FD VI (A) LP		1,200,000	1,200,000
FORTRESS CREDIT OPPORTUNITIES FUND V EXP B LP		9,755,676	11,031,102
FORTRESS CREDIT OPPORTUNITIES FUND V LP		14,351,719	17,575,609
FORTRESS LENDING FD III A LP		18,301,043	18,268,369
FORTRESS LENDING FD IV A		2,000,000	1,954,534
GAOCHENG FUND I LP		10,512,931	9,715,785
GAOCHENG FUND II LP		2,333,093	2,333,093
GGV CAPITAL IX LP		80,000	80,000
GLENDON OPPORTUNITIES FUND II FEEDER B LP		15,966,125	20,100,373
GLENDON OPPORTUNITIES FUND III FEEDER B LP		11,407,567	11,409,719
GREAT HILL EQUITY PARTNERS VI LP		4,349,242	7,895,999
GREAT HILL EQUITY PARTNERS VII LP		4,101,685	6,238,794
GREAT HILL EQUITY PARTNERS VIII LP		3,544,186	3,512,178
HARBOURVEST PRTRS IX-BUYOUT FD LP		3,316,784	4,986,853
HBK MULTI-STRATEGY OFFSHORE FUND LTD		27,298,139	38,774,350
HILLHOUSE FUND IV FEEDER LP		9,537,252	9,524,189
INCA LATIN AMERICA FUND LP		1,773,311	2,857,717
INDABA CAPITAL PARTNERS (CAYMAN) LP		10,643,787	14,240,699
INDEPENDENT FRANCHISE		42,040,607	44,482,918
JACKSON SQUARE VENTURES III LP		5,844,056	7,467,137
JACKSON SQUARE VENTURES IV LP		395,062	395,062
JANCHOR PARTNERS OPPORTUNITIES OFFSHORE FUND II LP		9,741,182	9,741,182

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	JUNTO OFFSHORE FUND LTD		28,042,636	45,401,892
	KABOUTER INTERNATIONAL OPPORTUNITIES OFFSHORE FUND II LTD		34,000,000	23,457,471
	KENNEDY LEWIS CAPITAL PARTNERS ERISA FUND E2 (US) LP		23,724,085	24,758,453
	KLCP COINV OPP DOM III LP		4,156,997	4,318,642
	KLCP ERISA FUND E III LP		9,227,219	10,207,839
	KPS SPECIAL SITUATIONS FUND V LP		10,147,096	10,456,743
	LANDMARK REAL ESTATE PARTNERS IV LP		-	85,783
	LCM PARTNERS COPS 4 (USD) SLP		13,150,755	12,345,538
	LIGHTSPEED OPPORTUNITY FUND II LP		7,245,130	7,284,542
	LIGHTSPEED OPPORTUNITY FUND LP		10,229,095	9,267,878
	LIGHTSPEED VENTURE PARTNERS SELECT IV LP		8,628,216	12,014,395
	LIGHTSPEED VENTURE PARTNERS SELECT V LP		1,751,372	1,744,294
	LIGHTSPEED VENTURE PARTNERS XIV-A (INCEPTION) LP		1,863,082	2,139,677
	LIGHTSPEED VENTURE PARTNERS XIV-B (IGNITE) LP		1,948,421	2,492,037
	LSC SELECT II LP		1,363,581	1,636,890
	LSC V LP		992,589	1,219,177
	MALABAR INDIA FUND LP		3,000,000	7,842,035
	MATRIX CAPITAL MANAGEMENT FUND (OFFSHORE) LTD		11,181,595	21,022,940
	MCP PRIVATE CAPITAL FEEDER FUND III SCSP		19,198,996	26,390,504
	MCP PRIVATE CAPITAL FEEDER FUND IV SCSP		14,474,811	19,012,960
	MERITECH CAPITAL PARTNERS VI LP		7,662,638	7,455,097
	MERITECH CAPITAL PARTNERS VII LP		5,679,307	6,738,327
	MERITECH FRANCHISE FUND LP		1,827,457	1,965,647
	OCP ASIA FUND III LP		20,516,888	19,520,670
	OCP ASIA FUND IV LP		15,397,691	15,256,190
	ORBIS INSTITUTIONAL GLOBAL EQUITY LP		28,430,882	51,180,781
	PEMBERTON STRATEGIC CAPITAL FUND I LP		9,414,139	15,935,587
	QUAN VENTURE FUND II LP		8,643,799	8,647,074
	QUAN VENTURES FUND III LP		5,638,039	5,643,643
	REVELATION HEALTHCARE IV LP		349,501	783,951
	RIVERSIDE STRATEGIC CAPITAL FUND I LP		31,476,437	30,155,353
	SENATOR GLOBAL OPPORTUNITY OFFSHORE FUND LTD		11,729,431	21,301,535
	SILVER LAKE PARTNERS V LP		4,774,703	8,398,573
	SILVER LAKE PARTNERS VI LP		7,934,986	11,224,313
	SILVER LAKE PARTNERS VII LP		1,772,190	2,252,355
	SOROBAN OPPORTUNITIES CAYMAN FUND LTD		8,525,733	15,223,738
	TENZING PRIVATE EQUITY II LP		4,453,871	6,226,366
	THE CHILDREN'S INVESTMENT FUND		23,221,256	51,865,896
	THOMA BRAVO FUND X III-A LP		6,254,866	10,923,412
	THOMA BRAVO FUND X IV-A LP		11,357,674	13,306,104
	THOMA BRAVO FUND X V-A LP		10,097,363	11,544,117
	THOMPSON ST CAPITAL PTNS VI LP		8,142,975	8,612,952
	THOMPSON STREET CAPITAL PARTNERS V LP		3,500,385	6,582,870
	TIGER GLOBAL LONG OPPORTUNITIES LTD		26,198,875	28,440,650
	TRIDENT IX LP		7,480,907	9,537,500
	TRIDENT VIII LP		7,117,315	12,587,077
	TWO SIGMA CHINA CORE FUND		6,750,000	5,965,377
	VENROCK ASSOCIATES IX LP		3,988,661	4,297,322
	VENROCK ASSOCIATES VIII LP		4,792,862	8,594,168
	VENROCK HEALTHCARE CAPITAL PARTNERS EG LP		14,538,191	30,536,937
	VENROCK HEALTHCARE CAPITAL PARTNERS III LP		5,484,583	8,132,694
	VENROCK OPPORTUNITIES FUND LP		5,608,462	5,489,609
	VIKING GLOBAL EQUITIES III LTD		20,000,000	24,326,526
	VITRUVIAN INVESTMENT PARTNERSHIP III FEEDER LP		4,122,629	9,082,578
	VITRUVIAN INVESTMENT PARTNERSHIP IV LP		8,141,475	10,889,630
	VITRUVIAN INVESTMENT PARTNERSHIP V LP		494,402	473,179

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
WCP REAL ESTATE FUND IV (ERISA) LP		11,016,643	3,031,180
XIANG HE CAPITAL FUND II LP		8,147,309	11,735,980
YUN QI PARTNERS IV LP		651,123	593,883
NB CROSSROADS FUND XX - PARTNERSHIP		19,914,829	35,879,597
		<u>\$ 1,199,068,633</u>	<u>\$ 1,497,832,347</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.

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	20,274,571	\$ 20,274,571	\$ 20,274,571
			\$ 20,274,571	\$ 20,274,571

* PARTY-IN-INTEREST

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF 103-12 INVESTMENT ENTITIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADIAN EMERGING MARKETS EQUITY FUND	6,886	\$ 30,577,997	\$ 51,682,814
HARBOURVEST PRTNS IX-CAYMAN CR OPP	1,482,145	1,509,680	1,482,145
HARBOURVEST PRTNS IX-CAYMAN VENTURE	5,047,145	2,241,659	5,047,145
HIPEP VI-CAYMAN PRTNS FD L.P.	2,318,919	2,735,080	2,517,418
THE SILCHESTER INTERNATIONAL INVESTORS			
INTERNATIONAL VALUE EQUITY GROUP TRUST	584,018	64,897,305	96,640,536
TWO SIGMA INTERNATIONAL CORE FD LP	98,316,013	<u>65,126,945</u>	<u>98,316,013</u>
		\$ <u>167,088,666</u>	\$ <u>255,686,071</u>

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL-CIO HOUSING INVESTMENT TRUST	2,079	\$ 2,240,734	\$ 1,975,689
ARTISAN INTERNATIONAL VALUE FUND	1,238,463	44,584,308	61,464,929
DOUBLELINE SELECTIVE CREDIT FUND I	1,692,005	13,763,329	12,317,794
FIDELITY INVESTMENT MONEY MARKET TREASURY 680	40,413,710	40,413,710	40,413,710
PIMCO FDS PAC INVT MGMT SER	6,222,430	50,881,850	51,141,714
VANGUARD RUSSELL 1000 VALUE	431,814	30,001,286	33,564,903
		\$ 181,885,217	\$ 200,878,739

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF OTHER INVESTMENTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
ISSUER		COST	CURRENT VALUE
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD - OTHER INVESTMENTS		\$ 471,286	\$ 773,281
		\$ 471,286	\$ 773,281

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

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	BNY MELLON CASH RESERVE	\$ 148,294,541	\$ -	\$ -	\$ -	\$ -	\$ 148,294,541	\$ -
*	BNY MELLON CASH RESERVE	-	148,686,543	-	-	148,686,543	148,686,543	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	228,305,875	-	-	-	-	228,305,875	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	-	234,238,885	-	-	234,238,885	234,238,885	-

* PARTY-IN-INTEREST

THE EQUITY-LEAGUE PENSION PLAN

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

MAY 31, 2024

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ 690,676	\$ 4,773,301	\$ 5,463,977
U.S. government securities	26,574,941	-	26,574,941
Corporate debt instruments	9,255,155	-	9,255,155
Corporate stock	127,598,978	77,740,933	205,339,911
Partnership/joint venture interests	1,576,512,409	(78,680,062)	1,497,832,347
Common/collective trust funds	20,274,571	-	20,274,571
103-12 investment entities	255,686,071	-	255,686,071
Registered investment companies	200,878,739	-	200,878,739
Other Investments	-	773,281	773,281
Receivables	13,192,031	5,450,774	18,642,805
Cash	67,557	-	67,557
Other assets	<u>11,559</u>	<u>-</u>	<u>11,559</u>
Total assets	<u>2,230,742,687</u>	<u>10,058,227</u>	<u>2,240,800,914</u>
Liabilities			
Operating payables	401,960	149,126	551,086
Other liabilities	<u>-</u>	<u>9,909,101</u>	<u>9,909,101</u>
Total liabilities	<u>401,960</u>	<u>10,058,227</u>	<u>10,460,187</u>
Net assets available for benefits	<u>\$ 2,230,340,727</u>	<u>\$ -</u>	<u>\$ 2,230,340,727</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.

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED MAY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll	\$ 1,365,996	\$ 1,239,580
Payroll taxes	111,130	97,148
Employee benefits	726,641	700,401
Occupancy	38,397	40,624
Telephone	8,123	7,321
Office	36,496	31,688
Legal	640,277	688,818
Accounting	124,000	120,000
Payroll audits	16,038	17,943
Actuarial consulting	407,284	246,998
Computer	134,272	94,697
Outside services	10,776	13,107
Insurance	1,938,177	1,678,476
Conferences and meetings	15,523	10,855
Communications	124,396	121,982
Depreciation	5,445	6,169
Lock box fees	19,964	17,611
Tax relief administration	80,522	73,047
Third party administration	<u>164,566</u>	<u>145,694</u>
Total administrative expenses	<u><u>\$ 5,968,023</u></u>	<u><u>\$ 5,352,159</u></u>

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF INTEREST BEARING CASH

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	THE BANK OF NEW YORK MELLON	VARIABLE	ON DEMAND	\$ 690,676	\$ 690,676
	NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - INT BEARING CASH			1,357,172	1,357,172
	OVERLOOK PARTNERS FUND LP - INT BEARING CASH			2,020,792	2,020,792
	PZENA US BEST IDEAS FUND LP - INT BEARING CASH			<u>1,395,337</u>	<u>1,395,337</u>
				<u>\$ 5,463,977</u>	<u>\$ 5,463,977</u>

* PARTY-IN-INTEREST

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	CURRENT VALUE
	US 5YR NOTE FUTURE (CBT)	0.00%	09/30/2024	\$ 30	\$ 13,125
	US 2YR NOTE FUTURE (CBT)	0.00%	09/30/2024	110	35,445
	U S TREASURY NOTE	0.75%	03/31/2026	2,600,000	2,411,812
	U S TREASURY NOTE	4.00%	01/31/2029	2,100,000	2,051,196
	FNMA GTD REMIC P/T	1.40%	07/25/2029	3,183,732	138,397
	FNMA POOL #0BL0469	3.88%	11/01/2030	600,000	565,824
	FNMA POOL #0BL3779	2.76%	09/01/2031	498,000	436,143
	FNMA GTD REMIC P/T 20-M15 X1	1.56%	09/25/2031	933,124	61,194
	FNMA POOL #0BS7305	5.22%	01/01/2032	1,200,000	1,214,424
	FNMA POOL #0AN4172	3.37%	02/01/2032	578,679	522,877
	U S TREASURY NOTE	4.00%	02/15/2034	1,000,000	959,380
	U S TREASURY BOND	1.13%	08/15/2040	1,300,000	777,049
	U S TREASURY BOND	1.88%	02/15/2041	1,100,000	740,223
	U S TREASURY BOND	2.00%	11/15/2041	100,000	67,555
	FNMA GTD REMIC P/T 16-92 A	3.00%	04/25/2042	200,704	192,682
	FNMA GTD REMIC P/T 13-6 ZJ	3.00%	02/25/2043	145,449	101,421
	FNMA POOL #0AR9215	3.00%	03/01/2043	479,956	420,749
	FNMA POOL #0AT7623	3.00%	06/01/2043	638,108	558,351
	FHLMC MULTICLASS MTG 4223 SB	0.00%	07/15/2043	644,690	385,737
	U S TREASURY BOND	4.50%	02/15/2044	2,100,000	2,031,750
	U S TREASURY BOND	2.50%	02/15/2045	1,150,000	807,691
	FHLMC POOL #G0-7993	3.50%	03/01/2045	694,478	626,259
	FHLMC POOL #G0-8715	3.00%	08/01/2046	292,033	252,334
	FHLMC POOL #Q4-2197	3.50%	08/01/2046	459,780	412,809
	FHLMC POOL #G6-0933	3.50%	11/01/2046	291,676	261,625
	FHLMC POOL #G0-8747	3.00%	02/01/2047	516,726	446,374
	FNMA POOL #0AS9597	4.00%	05/01/2047	130,035	120,372
	FHLMC POOL #ZS-4750	3.00%	01/01/2048	192,267	165,055
	U S TREASURY BOND	1.38%	08/15/2050	400,000	200,344
	FHLMC POOL #SD-7526	2.50%	10/01/2050	978,715	805,326
	FHLMC MULTICLASS MTG 5023 HI	3.00%	10/25/2050	1,306,858	217,213
	FHLMC POOL #SD-0699	2.00%	11/01/2050	568,710	449,229
	U S TREASURY BOND	1.63%	11/15/2050	300,000	160,806
	GNMA GTD REMIC P/T 20-185 KI	2.50%	12/20/2050	1,448,710	173,063
	GNMA GTD REMIC P/T 21-30 KI	3.00%	02/20/2051	1,242,640	197,866
	FNMA POOL #0FM8215	2.50%	03/01/2051	496,539	408,051
	GNMA GTD REMIC P/T 22-174 AZ	3.50%	05/20/2051	1,611,354	1,256,920
	GNMA GTD REMIC P/T 21-77 SJ	0.00%	05/20/2051	1,593,222	24,074
	GNMA GTD REMIC P/T 21-107 IL	3.00%	06/20/2051	1,433,902	231,145
	GNMA II POOL #0785638	2.50%	08/20/2051	758,584	629,041
	GNMA GTD REMIC P/T 21-156 AI	3.00%	09/20/2051	1,268,743	202,859
	GNMA GTD REMIC P/T 21-160 TI	3.00%	09/20/2051	1,283,065	216,594
	GNMA II POOL #0785764	2.50%	11/20/2051	323,854	267,649
	GNMA GTD REMIC P/T 21-209 MI	3.00%	11/20/2051	1,160,233	181,878
	GNMA GTD REMIC P/T 22-83 IO	2.50%	11/20/2051	1,631,161	226,862
	FHLMC POOL #RA-7673	4.50%	07/01/2052	587,588	549,700
	FHLMC POOL #SD-8286	4.00%	01/01/2053	1,643,023	1,490,238
	FHLMC POOL #SD-5414	6.00%	05/01/2054	948,000	959,973
	GNMA GTD REMIC P/T 21-20 IO	1.15%	08/16/2062	1,480,865	115,078
	GNMA GTD REMIC P/T 21-52 IO	0.72%	04/16/2063	1,732,370	92,734
	GNMA GTD REMIC P/T 21-70 IO	0.71%	04/16/2063	2,088,014	111,208
	GNMA GTD REMIC P/T 21-22 IO	0.98%	05/16/2063	1,763,700	120,884
	GNMA GTD REMIC P/T 21-129 IO	0.98%	06/16/2063	1,891,038	130,652
	GNMA REMIC STRIP P/T 79 IO	0.88%	08/16/2063	1,785,453	114,966
	GNMA GTD REMIC P/T 22-82 IO	0.54%	02/16/2064	2,976,986	135,006

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF U.S. GOVERNMENT SECURITIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	U.S. GOVERNMENT SECURITIES				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GNMA GTD REMIC P/T 22-49 IO	0.76%	03/16/2064	2,289,052	167,029	127,729
			\$ 60,121,956	\$ 29,115,307	\$ 26,574,941

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
BX TRUST 2024-VLT4 VLT4 A 144A	6.81%	07/15/2029	\$ 100,000	\$ 99,750	\$ 99,750
CRESTLINE DENALI C 1A AR2 144A	6.73%	10/23/2031	193,625	193,625	193,779
THUNDERBOLT AIRCRAFT A A 144A	6.21%	05/17/2032	336,410	336,395	330,008
BXSC COMMERCIAL MOR WSS B 144A	7.42%	03/15/2035	100,000	99,281	99,251
CENTEX HOME EQUITY LOAN T D M5	6.42%	10/25/2035	183,368	181,535	180,771
NOVASTAR MORTGAGE FUNDING 3 M2	6.16%	01/25/2036	41,937	41,098	41,373
COLD STORAGE TRUST ICE5 A 144A	6.34%	11/15/2037	98,299	98,192	98,146
MF1 2023-FL12 LLC FL12 A 144A	7.40%	10/19/2038	100,000	100,297	100,642
GREAT WOLF TRUST 2 WOLF A 144A	6.87%	03/15/2039	100,000	99,750	100,000
CSMC 2021-B33 B33 A1 144A	3.05%	10/10/2043	100,000	103,000	90,297
TOWD POINT MORTGA A13A A1 144A	6.58%	07/20/2045	117,483	143,657	149,756
MORGAN STANLEY BANK OF C19 XA	1.02%	12/15/2047	2,143,231	134,530	1,007
COMM 2015-CCRE23 MORTGA CR23 C	4.41%	05/10/2048	100,000	104,043	94,299
COMM 2015-LC21 MORTGAG LC21 XA	0.75%	07/10/2048	2,946,456	138,979	11,521
COMM 2015-CCRE25 MORTG CR25 XA	0.94%	08/10/2048	2,624,238	153,210	17,136
GS MORTGAGE SECURITIES GC34 B	4.47%	10/10/2048	91,000	95,870	78,680
MORGAN STANLEY CAPITAL UB11 XA	1.57%	08/15/2049	1,997,874	216,841	48,029
MORGAN STANLEY BANK OF A C31 C	4.40%	11/15/2049	124,000	125,022	104,150
CD 2017-CD4 MORTGAGE TR CD4 XA	1.38%	05/10/2050	2,296,781	218,470	63,667
GS MORTGAGE SECURITIES GS6 XA	1.15%	05/10/2050	2,519,557	215,978	58,907
MORGAN STANLEY CAPITAL I H1 XA	1.46%	06/15/2050	2,372,756	245,769	59,865
UBS COMMERCIAL MORTGAGE C1 XA	1.66%	06/15/2050	1,405,757	158,674	46,952
GS MORTGAGE SECURITIES T GS9 C	4.49%	03/10/2051	100,000	102,180	88,849
WELLS FARGO COMMERCIAL C48 XA	1.10%	01/15/2052	1,385,370	82,040	46,161
CSAIL 2019-C17 COMMERC C17 XA	1.46%	09/15/2052	997,928	89,546	49,318
MORGAN STANLEY CAPITAL I L3 XA	0.73%	11/15/2052	1,583,900	85,916	43,145
WELLS FARGO COMMERCIAL C54 XA	0.94%	12/15/2052	1,431,200	97,549	51,008
MORGAN STANLEY CAPITAL I L4 B	3.08%	02/15/2053	70,000	72,098	57,537
JPMDB COMMERCIAL MORTG COR7 XA	1.76%	05/13/2053	757,763	88,157	46,087
BENCHMARK 2020-B19 MORT B19 A4	1.55%	09/15/2053	125,000	102,378	102,479
BENCHMARK 2021-B24 MORT B24 XA	1.26%	03/15/2054	1,124,616	99,434	56,546
BMO 2022-C1 MORTGAGE TRU C1 XA	0.60%	02/17/2055	2,460,877	94,796	65,878
BENCHMARK 2024-V7 MORTGA V7 A2	5.77%	05/15/2056	100,000	101,000	100,811
TOWD POINT MORTGAG HY2 A1 144A	6.46%	05/25/2058	34,958	35,029	35,682
NAVIENT PRIVATE EDUCA A B 144A	3.91%	12/16/2058	436,204	436,172	424,985
BANK 2019-BNK20 BN20 AS	3.24%	09/15/2062	105,000	111,542	89,207
BANK 2020-BNK25 BN25 AS	2.84%	01/15/2063	105,000	108,145	88,530
GCAT 2019-RPL1 TR RPL1 A1 144A	2.65%	10/25/2068	60,962	59,951	57,398
			<u>\$ 30,971,550</u>	<u>\$ 5,069,899</u>	<u>\$ 3,471,607</u>

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MSBAM COMMERCIAL CKSV CK 144A	4.30%	10/15/2030	\$ 202,665	\$ 181,591	\$ 121,062
GS MORTGAGE SECURIT TWR D 144A	7.23%	07/15/2031	65,000	65,000	24,648
CBAM 2019-10 LTD 10A A1R 144A	6.71%	04/20/2032	500,000	500,000	501,599
ALLEGRO CLO X LTD 1A AR 144A	6.74%	07/20/2032	500,000	500,000	502,400
MP CLO VIII LTD 2A ARR 144A	6.79%	04/28/2034	350,000	349,020	351,213
ABFC 2005-WF1 TRUST WF1 M5	6.40%	07/25/2034	108,615	106,375	108,547
LONG BEACH MORTGAGE LOAN 4 M2	6.43%	10/25/2034	70,253	70,121	67,489
BEAR STEARNS ASSET BAC HE10 M1	6.43%	12/25/2034	117,583	117,510	117,012
GE-WMC ASSET-BACKED PASS 1 M1	6.12%	10/25/2035	58,155	57,646	56,473
SOUNDVIEW HOME LOAN TR CTX1 M4	6.39%	11/25/2035	85,126	85,019	84,383
BSPRT 2021-FL6 ISSU FL6 A 144A	6.54%	03/15/2036	72,849	72,849	72,453
J.P. MORGAN CHASE C MFP D 144A	7.04%	07/15/2036	67,481	64,044	66,146
MORGAN STANLEY CAP NUGS C 144A	6.94%	12/15/2036	100,000	100,031	36,553
J.P. MORGAN CHASE C NLP A 144A	5.93%	04/15/2037	97,628	93,935	94,211
BRIDGE STREET CLO IV 1A A 144A	6.92%	04/20/2037	500,000	501,150	503,533
ACRE COMMERCIAL MOR FL4 B 144A	6.85%	12/18/2037	100,000	100,000	97,533
MHC TRUST 2021-MHC MHC2 A 144A	6.29%	05/15/2038	90,705	90,025	90,224
EXTENDED STAY AMERI ESH A 144A	6.52%	07/15/2038	91,300	91,143	91,234
MED TRUST 2021-MDL MDLN C 144A	7.24%	11/15/2038	99,522	99,289	99,274
LFT CRE 2021-FL1 LT FL1 B 144A	7.19%	06/15/2039	100,000	97,500	98,261
GREYSTONE CRE NOTES FL3 B 144A	7.09%	07/15/2039	100,000	100,000	98,974
SAPPHIRE AVIATION FI 1A A 144A	4.25%	03/15/2040	61,329	61,301	58,199
AREIT 2024-CRE9 LT CRE9 A 144A	7.02%	05/17/2041	100,000	99,750	100,414
SLG OFFICE TRUST 20 OVA E 144A	2.85%	07/15/2041	100,000	96,473	75,843
CITIGROUP COMMERCIA 555 E 144A	3.62%	12/10/2041	106,000	108,461	86,556
METAL 2017-1 LLC 1 A 144A	4.58%	10/15/2042	137,263	137,209	87,863
KDAC AVIATION FINANC 1A A 144A	4.21%	12/15/2042	124,793	124,788	112,176
VAULT DI ISSUER LLC 1A A2 144A	2.80%	07/15/2046	350,000	350,000	308,326
ALIGNED DATA CENTER 1A A2 144A	1.94%	08/15/2046	300,000	300,000	274,383
ALIGNED DATA CENTERS 1A B 144A	2.48%	08/15/2046	200,000	200,000	180,302
COMM 2014-CCRE18 MORTGA CR18 B	4.46%	07/15/2047	100,000	97,750	98,220
CYRUSONE DATA CENTE 2A A2 144A	4.50%	05/20/2049	250,000	225,277	229,838
SERVICEMASTER FUND 1 A2II 144A	3.34%	01/30/2051	320,587	320,587	266,882
TACO BELL FUNDING 1A A2I 144A	1.95%	08/25/2051	294,750	294,750	265,125
TACO BELL FUNDING 1A A23 144A	2.54%	08/25/2051	196,500	196,500	159,595
CSAIL 2020-C19 COMMERC C19 XA	1.21%	03/15/2053	1,116,573	92,034	52,680
JPMDB COMMERCIAL MORTGA COR7 B	3.29%	05/13/2053	100,000	103,000	66,766
BANK 2019-BNK19 BN19 C	4.16%	08/15/2061	100,000	107,762	77,158
			<u>\$ 7,434,677</u>	<u>\$ 6,357,890</u>	<u>\$ 5,783,548</u>

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
AERCAP HOLDINGS NV	24,031	\$ 1,244,615	\$ 2,227,914
ALCOA CORP	27,358	1,008,345	1,211,139
ALIGN TECHNOLOGY INC	9,730	2,470,223	2,502,653
ALPHABET INC	20,079	1,151,589	3,492,943
ALPHABET INC	18,565	2,244,912	3,229,567
AMAZON.COM INC	26,155	2,567,744	4,614,788
AON PLC	8,028	1,945,429	2,261,006
BAYER AG	203,910	2,178,840	1,562,766
BEST BUY CO INC	20,525	1,418,864	1,740,931
BLOCK INC	56,401	4,087,389	3,614,176
BOOKING HOLDINGS INC	604	2,175,481	2,280,915
CAPITAL ONE FINANCIAL CORP	10,581	886,234	1,456,263
CHARLES SCHWAB CORP/THE	36,375	2,548,682	2,665,560
CHARTER COMMUNICATIONS INC	3,086	943,317	886,052
COCA-COLA CO/THE	46,600	2,682,872	2,932,538
COMCAST CORP	37,893	1,433,677	1,516,857
CONOCOPHILLIPS	27,895	2,906,281	3,249,210
COSTAR GROUP INC	15,512	572,440	1,212,573
DICK'S SPORTING GOODS INC	10,545	1,129,685	2,400,464
DISCOVER FINANCIAL SERVICES	3,556	430,983	436,179
ELEVANCE HEALTH INC	3,209	1,242,281	1,727,982
ETSY INC	43,231	3,691,598	2,743,872
GE VERNOVA INC	9,862	1,093,247	1,734,726
GOLDMAN SACHS GROUP INC/THE	2,647	579,646	1,208,408
HEINEKEN NV	37,475	1,766,715	1,868,953
HILTON WORLDWIDE HOLDINGS INC	5,590	437,081	1,121,354
HUMANA INC	6,667	2,202,997	2,387,586
INTERACTIVE BROKERS GROUP INC	29,286	1,751,575	3,681,836
LIBERTY BROADBAND CORP	14,369	1,560,059	777,219
LULULEMON ATHLETICA INC	7,960	3,130,627	2,483,440
LVMH MOET HENNESSY LOUIS VUITT	7,675	1,133,320	1,224,631
MATTEL INC	57,175	1,182,751	1,017,143
MCDONALD'S CORP	8,040	2,087,761	2,081,476
META PLATFORMS INC	6,608	1,223,171	3,084,813
META PLATFORMS INC	5,315	2,364,219	2,481,201
MICROSOFT CORP	6,942	761,817	2,881,832
MICROSOFT CORP	5,530	1,680,172	2,295,669
MONDELEZ INTERNATIONAL INC	14,325	894,935	981,692
NETFLIX INC	2,128	649,506	1,365,367
NIKE INC	17,550	1,820,343	1,668,128
NOKIA OYJ	685	4,891	2,672
OCCIDENTAL PETROLEUM CORP	20,032	1,212,373	1,252,000
PAYPAL HOLDINGS INC	50,250	3,153,512	3,165,248
PEGASYSTEMS INC	59,061	3,703,228	3,393,645
PEPSICO INC	14,450	2,353,927	2,498,405
PROCTER & GAMBLE CO/THE	5,800	804,219	954,332
PROSUS NV	283,190	1,929,696	2,052,561
RALPH LAUREN CORP	7,100	871,261	1,326,848
SAFRAN SA	28,354	848,226	1,647,566
SAP SE	9,964	1,384,173	1,817,832
SCHLUMBERGER LTD	49,325	2,501,375	2,263,524
SHELL PLC	37,915	2,171,301	2,759,454
STARBUCKS CORP	32,000	2,942,826	2,567,040
TAIWAN SEMICONDUCTOR MANUFACTU	13,095	1,216,499	1,977,869
UNITEDHEALTH GROUP INC	4,708	1,476,865	2,332,202
VISA INC	2,500	503,827	681,150

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF CORPORATE STOCK - COMMON

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
VISA INC	3,625	776,908	987,668
VISTRA CORP	9	-	891
WALT DISNEY CO/THE	18,250	1,906,466	1,896,357
WAYFAIR INC	21,154	2,322,330	1,258,451
WELLS FARGO & CO	24,084	896,384	1,443,113
WILLIAMS-SONOMA INC	3,340	427,006	979,355
WOODWARD INC	7,907	896,287	1,474,656
WORKDAY INC	11,737	1,688,031	2,481,789
WORKDAY INC	4,342	1,031,059	918,116
YUM! BRANDS INC	8,400	959,995	1,154,412
NB CROSSROADS FUND XX-PLAN ASSET ALLOCATION LP - COMMON STOCK	-	188,187	329,423
OVERLOOK PARTNERS FUND LP - COMMON STOCK	-	18,375,597	26,813,736
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD - COMMON STOCK	-	12,473,072	20,465,677
PZENA US BEST IDEAS FUND LP - COMMON STOCK	-	17,260,414	30,132,097
		\$ 153,561,358	\$ 205,339,911

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

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
400 CAPITAL ASSET BASED TERM FUND I AIV LP		\$ 1,333,022	\$ -
400 CAPITAL ASSET BASED TERM OFFSHORE FUND II LP		20,815,183	20,297,440
400 CAPITAL ASSET BASED TERM OFFSHORE FUND III LP		26,943,370	26,464,726
AC CARBON CAYMAN LP		9,500,000	9,500,000
AETOS CAP OPP FD CAYMAN LP		14,107,230	14,991,013
ALINDA INFRASTRUCTURE FUND II LP		1,314,505	205,186
ARBOUR LANE CRT OPP FD LP		22,583,663	21,864,588
ASF VIII LP		2,884,798	5,335,953
ATALAYA ASSET INCOME FUND EVERGREEN LP		16,368,896	16,492,644
ATALAYA ASSET INCOME FUND V LP		13,136,879	12,903,396
BALANCE POINT CAPITAL PARTNERS III LP		11,112,037	12,724,836
BALANCE POINT CAPITAL PARTNERS V LP		12,586,668	13,500,156
BARINGS NORTH AMERICAN PRIVATE LOAN FUND (CAYMAN)-A LP		836,172	9,328
BERKSHIRE FUND X LP		7,059,343	8,535,475
BLUE TORCH CREDIT OPPORTUNITIES FUND I LP		4,045,555	3,690,560
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND II LP		15,427,691	14,740,348
BLUE TORCH OFFSHORE CREDIT OPPORTUNITIES FUND III LP		7,110,501	7,155,181
BRIDGEWATER FUND LTD		8,417,651	8,828,052
CAMBER CAPITAL OFFSHORE FUND LTD		11,000,000	17,939,540
CAPITAL TODAY EVERGREEN FUND LP		13,566,713	15,957,501
CASTLELAKE V LP		12,190,344	16,363,581
CAT ROCK CAPITAL PARTNERS CAYMAN LTD		26,940,469	44,986,294
CEVIAN CAPITAL II LTD		15,334,409	30,274,422
CHARLES-LIM ASIA GLOBAL LIMITED		6,750,000	6,361,245
CONST BRAZIL US FUND LP		3,170,322	3,460,375
CRAYHILL PRINCIPAL STRATEGY II LP		15,344,370	15,082,826
CRAYHILL PRINCIPAL STRATEGY III LP		2,481,011	2,459,871
DAVIDSON KEMPNER INTERNATIONAL BVI LTD		43,505,562	54,104,183
DOVER STREET X LP		8,936,693	13,083,395
DOVER STREET XI LP		2,809,070	3,727,289
ELLIOTT INTERNATIONAL LIMITED		18,750,000	28,382,604
ENCAP ENERGY CAPITAL FUND XI LP		4,203,113	8,195,702
ENCAP FLATROCK MIDSTREAM FUND IV LP		2,305,383	2,316,655
FIRST RESERVE FUND XIII LP		12,128,410	10,674,192
FORTRESS CR OPP FD VI (A) LP		1,200,000	1,200,000
FORTRESS CREDIT OPPORTUNITIES FUND V EXP B LP		9,755,676	11,031,102
FORTRESS CREDIT OPPORTUNITIES FUND V LP		14,351,719	17,575,609
FORTRESS LENDING FD III A LP		18,301,043	18,268,369
FORTRESS LENDING FD IV A		2,000,000	1,954,534
GAOCHENG FUND I LP		10,512,931	9,715,785
GAOCHENG FUND II LP		2,333,093	2,333,093
GGV CAPITAL IX LP		80,000	80,000
GLENDON OPPORTUNITIES FUND II FEEDER B LP		15,966,125	20,100,373
GLENDON OPPORTUNITIES FUND III FEEDER B LP		11,407,567	11,409,719
GREAT HILL EQUITY PARTNERS VI LP		4,349,242	7,895,999
GREAT HILL EQUITY PARTNERS VII LP		4,101,685	6,238,794
GREAT HILL EQUITY PARTNERS VIII LP		3,544,186	3,512,178
HARBOURVEST PRNTS IX-BUYOUT FD LP		3,316,784	4,986,853
HBK MULTI-STRATEGY OFFSHORE FUND LTD		27,298,139	38,774,350
HILLHOUSE FUND IV FEEDER LP		9,537,252	9,524,189
INCA LATIN AMERICA FUND LP		1,773,311	2,857,717
INDABA CAPITAL PARTNERS (CAYMAN) LP		10,643,787	14,240,699
INDEPENDENT FRANCHISE		42,040,607	44,482,918
JACKSON SQUARE VENTURES III LP		5,844,056	7,467,137
JACKSON SQUARE VENTURES IV LP		395,062	395,062
JANCHOR PARTNERS OPPORTUNITIES OFFSHORE FUND II LP		9,741,182	9,741,182

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	JUNTO OFFSHORE FUND LTD		28,042,636	45,401,892
	KABOUTER INTERNATIONAL OPPORTUNITIES OFFSHORE FUND II LTD		34,000,000	23,457,471
	KENNEDY LEWIS CAPITAL PARTNERS ERISA FUND E2 (US) LP		23,724,085	24,758,453
	KLCP COINV OPP DOM III LP		4,156,997	4,318,642
	KLCP ERISA FUND E III LP		9,227,219	10,207,839
	KPS SPECIAL SITUATIONS FUND V LP		10,147,096	10,456,743
	LANDMARK REAL ESTATE PARTNERS IV LP		-	85,783
	LCM PARTNERS COPS 4 (USD) SLP		13,150,755	12,345,538
	LIGHTSPEED OPPORTUNITY FUND II LP		7,245,130	7,284,542
	LIGHTSPEED OPPORTUNITY FUND LP		10,229,095	9,267,878
	LIGHTSPEED VENTURE PARTNERS SELECT IV LP		8,628,216	12,014,395
	LIGHTSPEED VENTURE PARTNERS SELECT V LP		1,751,372	1,744,294
	LIGHTSPEED VENTURE PARTNERS XIV-A (INCEPTION) LP		1,863,082	2,139,677
	LIGHTSPEED VENTURE PARTNERS XIV-B (IGNITE) LP		1,948,421	2,492,037
	LSC SELECT II LP		1,363,581	1,636,890
	LSC V LP		992,589	1,219,177
	MALABAR INDIA FUND LP		3,000,000	7,842,035
	MATRIX CAPITAL MANAGEMENT FUND (OFFSHORE) LTD		11,181,595	21,022,940
	MCP PRIVATE CAPITAL FEEDER FUND III SCSP		19,198,996	26,390,504
	MCP PRIVATE CAPITAL FEEDER FUND IV SCSP		14,474,811	19,012,960
	MERITECH CAPITAL PARTNERS VI LP		7,662,638	7,455,097
	MERITECH CAPITAL PARTNERS VII LP		5,679,307	6,738,327
	MERITECH FRANCHISE FUND LP		1,827,457	1,965,647
	OCP ASIA FUND III LP		20,516,888	19,520,670
	OCP ASIA FUND IV LP		15,397,691	15,256,190
	ORBIS INSTITUTIONAL GLOBAL EQUITY LP		28,430,882	51,180,781
	PEMBERTON STRATEGIC CAPITAL FUND I LP		9,414,139	15,935,587
	QUAN VENTURE FUND II LP		8,643,799	8,647,074
	QUAN VENTURES FUND III LP		5,638,039	5,643,643
	REVELATION HEALTHCARE IV LP		349,501	783,951
	RIVERSIDE STRATEGIC CAPITAL FUND I LP		31,476,437	30,155,353
	SENATOR GLOBAL OPPORTUNITY OFFSHORE FUND LTD		11,729,431	21,301,535
	SILVER LAKE PARTNERS V LP		4,774,703	8,398,573
	SILVER LAKE PARTNERS VI LP		7,934,986	11,224,313
	SILVER LAKE PARTNERS VII LP		1,772,190	2,252,355
	SOROBAN OPPORTUNITIES CAYMAN FUND LTD		8,525,733	15,223,738
	TENZING PRIVATE EQUITY II LP		4,453,871	6,226,366
	THE CHILDREN'S INVESTMENT FUND		23,221,256	51,865,896
	THOMA BRAVO FUND X III-A LP		6,254,866	10,923,412
	THOMA BRAVO FUND X IV-A LP		11,357,674	13,306,104
	THOMA BRAVO FUND X V-A LP		10,097,363	11,544,117
	THOMPSON ST CAPITAL PTNS VI LP		8,142,975	8,612,952
	THOMPSON STREET CAPITAL PARTNERS V LP		3,500,385	6,582,870
	TIGER GLOBAL LONG OPPORTUNITIES LTD		26,198,875	28,440,650
	TRIDENT IX LP		7,480,907	9,537,500
	TRIDENT VIII LP		7,117,315	12,587,077
	TWO SIGMA CHINA CORE FUND		6,750,000	5,965,377
	VENROCK ASSOCIATES IX LP		3,988,661	4,297,322
	VENROCK ASSOCIATES VIII LP		4,792,862	8,594,168
	VENROCK HEALTHCARE CAPITAL PARTNERS EG LP		14,538,191	30,536,937
	VENROCK HEALTHCARE CAPITAL PARTNERS III LP		5,484,583	8,132,694
	VENROCK OPPORTUNITIES FUND LP		5,608,462	5,489,609
	VIKING GLOBAL EQUITIES III LTD		20,000,000	24,326,526
	VITRUVIAN INVESTMENT PARTNERSHIP III FEEDER LP		4,122,629	9,082,578
	VITRUVIAN INVESTMENT PARTNERSHIP IV LP		8,141,475	10,889,630
	VITRUVIAN INVESTMENT PARTNERSHIP V LP		494,402	473,179

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
WCP REAL ESTATE FUND IV (ERISA) LP		11,016,643	3,031,180
XIANG HE CAPITAL FUND II LP		8,147,309	11,735,980
YUN QI PARTNERS IV LP		651,123	593,883
NB CROSSROADS FUND XX - PARTNERSHIP		19,914,829	35,879,597
		\$ 1,199,068,633	\$ 1,497,832,347

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

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	20,274,571	\$ 20,274,571	\$ 20,274,571
			\$ 20,274,571	\$ 20,274,571

* PARTY-IN-INTEREST

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF 103-12 INVESTMENT ENTITIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADIAN EMERGING MARKETS EQUITY FUND	6,886	\$ 30,577,997	\$ 51,682,814
HARBOURVEST PRTNS IX-CAYMAN CR OPP	1,482,145	1,509,680	1,482,145
HARBOURVEST PRTNS IX-CAYMAN VENTURE	5,047,145	2,241,659	5,047,145
HIPEP VI-CAYMAN PRTNS FD L.P.	2,318,919	2,735,080	2,517,418
THE SILCHESTER INTERNATIONAL INVESTORS			
INTERNATIONAL VALUE EQUITY GROUP TRUST	584,018	64,897,305	96,640,536
TWO SIGMA INTERNATIONAL CORE FD LP	98,316,013	<u>65,126,945</u>	<u>98,316,013</u>
		<u>\$ 167,088,666</u>	<u>\$ 255,686,071</u>

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL-CIO HOUSING INVESTMENT TRUST	2,079	\$ 2,240,734	\$ 1,975,689
ARTISAN INTERNATIONAL VALUE FUND	1,238,463	44,584,308	61,464,929
DOUBLELINE SELECTIVE CREDIT FUND I	1,692,005	13,763,329	12,317,794
FIDELITY INVESTMENT MONEY MARKET TREASURY 680	40,413,710	40,413,710	40,413,710
PIMCO FDS PAC INVT MGMT SER	6,222,430	50,881,850	51,141,714
VANGUARD RUSSELL 1000 VALUE	431,814	30,001,286	33,564,903
		\$ 181,885,217	\$ 200,878,739

THE EQUITY-LEAGUE PENSION PLAN

SCHEDULE OF OTHER INVESTMENTS

MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
ISSUER		COST	CURRENT VALUE
PARK PRESIDIO CAPITAL OFFSHORE FUND LTD - OTHER INVESTMENTS		\$ 471,286	\$ 773,281
		\$ 471,286	\$ 773,281

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

THE EQUITY-LEAGUE PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2024

EIN 13-6696817, PLAN NO. 001

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	BNY MELLON CASH RESERVE	\$ 148,294,541	\$ -	\$ -	\$ -	\$ -	\$ 148,294,541	\$ -
*	BNY MELLON CASH RESERVE	-	148,686,543	-	-	148,686,543	148,686,543	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	228,305,875	-	-	-	-	228,305,875	-
	FIDELITY INVESTMENT MONEY MARKET TREASURY 680	-	234,238,885	-	-	234,238,885	234,238,885	-

* PARTY-IN-INTEREST