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 07/01/2023 and ending 06/30/2024

A This return/report is for:
- [X] 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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUILDING SERVICE 32BJ PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

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

25 WEST 18TH STREET
NEW YORK, NY 10011

2b Employer Identification Number (EIN) 13-1879376

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

2d Business code (see instructions) 561790

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/31/2025	MANNY PASTREICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/31/2025	HOWARD ROTHSCHILD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	120363
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)**	55540
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	53357
b	Retired or separated participants receiving benefits	**6b**	33171
c	Other retired or separated participants entitled to future benefits	**6c**	19980
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	106508
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12255
f	Total. Add lines **6d** and **6e**.	**6f**	118763
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**	3987

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

1A

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 07/01/2023 and ending 06/30/2024

▶ **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
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-1879376

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

1a	Enter the valuation date: Month 07 Day 01 Year 2023		
b	Assets		
(1)	Current value of assets	**1b(1)**	3508510694
(2)	Actuarial value of assets for funding standard account	**1b(2)**	3618805599
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	4625812592
(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)**	4625812592
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)**	8461387053
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	210368943
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	339198400
(3)	Expected plan disbursements for the plan year	**1d(3)**	358698400

Statement by Enrolled Actuary

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

SIGN HERE

	01/14/2025
Signature of actuary	Date
SUSAN L. BOYLE, FSA, FCA, MAAA	23-06862
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	3510643696
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		41573	3530582400
(2) For terminated vested participants		19517	1125102872
(3) For active participants:			
(a) Non-vested benefits			470690911
(b) Vested benefits			3335010870
(c) Total active		49999	3805701781
(4) Total		111089	8461387053
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	41.49 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/15/2024	342490950		04/23/2024	25000000	
01/16/2024	15500000		04/24/2024	5000000	
01/18/2024	14900000		05/24/2024	33000000	
01/23/2024	59600000		06/25/2024	30000000	
04/17/2024	5000000				
		Totals ► **3(b)**		530490950	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	2298346

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	78.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	E

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

d If the plan is in critical status or critical and declining status, 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**	

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

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

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

i [ ] Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.85 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.3 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.1 %	
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)**	18754940	
(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	44545364	4694345
3	2818843	297059
4	-52188793	-5499836

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**	93549294

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)**	1133401339		175891532
(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**	20208062
e Total charges. Add lines 9a through 9d			**9e**	289648888
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	28219566
g Employer contributions. Total from column (b) of line 3			**9g**	530490950
			Outstanding balance	
h Amortization credits as of valuation date	**9h**	98174780		10764235
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	18183940
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1332001065		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	4199943517		
(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**	587658691
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	298009803
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 ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-1879376

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ADAMS STREET PARTNERS LLC

92-0339021

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

AFL-CIO BUILDING INVESTMENT TRUST

22-1146430

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

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

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

IFM GLOBAL INFRASTRUCTURE L.P.

98-0567684

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

KKR EUROPEAN V ASP FUND

4 WORLD TRADE CENTER
NEW YORK, NY 10006

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

LEXINGTON PARTNERS VII

399 PARK AVENUE
20TH FLOOR
NEW YORK, NY 10022

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

POMONA ASSOCIATES VIII, LP

46-0715295

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

RELIANCE TRUST COMPANY

58-1428634

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

STEPSTONE GROUP

85-1138271

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

STRATEGIC PARTNERS VII ASP FUND

345 PARK AVE
NEW YORK, NY 10154

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

THE VANGUARD GROUP, INC.

21-1945930

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

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

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1384972	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

I SQUARED CAPITAL

98-1043772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1234542	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PARNASSUS

87-2269073

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	827459	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SHENKMAN CAPITAL MANAGEMENT, INC.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	556266	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VITECH SYSTEMS GROUP INC

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	517799	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INCOME RESEARCH+MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	499008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

H&H GRAPHIC PRINTING COMMUNICATIONS

27-0771521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	435779	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	400560	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	385651	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MEKETA INVESTMENT GROUP INC.

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27	NONE	355000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAAB, STURM, & GANCHROW, LLP

13-1566077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	337249	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRAIN MANAGEMENT, LLC

27-2066237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	332304	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

GLOBAL INFRASTRUCTURE PARTNERS IV-B

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	306634	Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	300914	Yes [X] No [ ]	Yes [X] No [ ]	360	Yes [ ] No [X]

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

POSTMASTER

421 8TH AVENUE
NEW YORK, NY 10199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	266872	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BRETON, REGINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	258570	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	255579	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ZENITH AMERICAN SOLUTIONS, INC.

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	230036	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

APONTE, KERRI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	219386	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTH MANAGEMENT SYSTEMS, INC.

13-2770433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	217713	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	216200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALTRINSIC GLOBAL ADVISORS, LLC

30-0016268

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68 72	NONE	208935	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BREDHOFF & KAISER PLLC

52-0969534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	198334	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JPMORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	194833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HILBERT, LUCINDA M

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	182482	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ENG, NINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	160938	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TERRELL, NINA L

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	149266	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

TORIBIO, YANET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	144879	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CINIGLIO, MICHELE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	139289	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAKRAVORTY, ISHITA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	130240	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WITHUMSMITH+BROWN, P.C.

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	127400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAJAN, JAISY SUSAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	122008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	120150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

FERNANDEZ, DAMARIS E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	120142	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CASILLA DE LEON, JUNI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	119239	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACOSTA, NANCY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	116830	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

IOVINE, JAMES

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	116495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELCIK, JANINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	116413	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORHOUS, MICHELLE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	115105	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CONVERGED TECHNOLOGY GROUP

20-4185989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	114873	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SPOLETI, MARK

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	114409	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RROJI, GRID

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	114278	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HERNANDEZ, VICTOR ENRIQUE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	113995	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DASILVA, DANIELLE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	111942	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NYAMEKYE, STEPHANIE A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	110525	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SANCHEZ, SILVIA L

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	108739	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TONG, CALVIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	108278	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROOM, JANICE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	107173	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

POVEROMO, DANIELA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106507	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RODRIGUEZ, ALEJANDRA E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	105838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELL MARKETING LP

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	104899	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LAFOND, JENNIFER

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	103814	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRANADA, CLARENCIO TAMPOS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	102006	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONSTITUTION CAPITAL EQUITY PTRS LP

74-3246212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	97540	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	97486	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FAULKNER, GILLAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96982	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHAMMAH, ANA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GIGLIOTTI, MILENA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91702	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOSADO, LUIS ANTONIO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88601	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCLAUGHLIN, MARGARET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88337	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

REYES, MIGUEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86761	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RIVERA, LIZZETTE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86169	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAN, KAR LAP

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	85745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ADAMES, KEILA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78063	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUSSAIN, SAFRAZ

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	77191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KHODOS, MAYA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76385	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHEN, QINAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62329	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FARBER, RANDI S

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HOLMSTROM, ANA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59691	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GAPINSKA, MALGORZATA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	54323	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBBINS, RICHARD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52502	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAVERTY JR, ROY H

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	51431	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GALDRI, ALBERTA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50293	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BACHRACH GROUP LTD

03-0408733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50 61	NONE	49781	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WINMILL SOFTWARE

52-2247044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	49236	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ORACLE AMERICA INC

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	49139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHIHA, ELIE CHENG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	49063	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BIKOFF, DANIEL R

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46729	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MICROSOFT CORPORATION

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	46275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GOLDBERGER, PETER

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46137	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KIM, DANIEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45517	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ADP INC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	45195	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRUZ, EVARISTO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45106	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HENDIN, ERIK

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44561	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COPELAND, ALEXANDER JOSEPH

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43313	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZHDANOV, OLEG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43312	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ILLIDGE, EDOUARD A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43086	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RODRIGUEZ, JOHN H

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42424	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUNTE JR., CLINTON

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHACK, SUSAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41985	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

TEJEDA, SUHAYDEE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41666	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

XU, FEI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41586	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAW, MAN YEUNG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LOPEZ, ROSA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40701	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALEXANDROVSKY, EUGENE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40521	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENKINS, STEVE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40310	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WEISNER, BONNIE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40078	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MULLESSERRIL, SANJOY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40045	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERMA, VISHAL AMIT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39681	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FENNELL, LORRAINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39470	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TALLAPRAGADA, SITARAM

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39004	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ORMSBY, THOMAS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

POMMELLS, ELAINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38908	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PELLEGRINO, LESLIE A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38678	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORD, SAKINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38003	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ROONEY, CHARLES JEFFREY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37882	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUKHEEJA, VARUN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37789	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RODNEY, DEANNE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37737	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THIRUMALAI, SHREYA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36755	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SZAIFF, AKOS E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVERN, KAREN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36004	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MOHAMMAD, MATHEEN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35759	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RODRIGUEZ, PHILLIP D

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KANG, MIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35428	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MCLAUGHLIN, CHRISTINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35176	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RETIREMENT CLEARINGHOUSE LLC

26-0008851

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	34831	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLNER, KERREN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34142	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MARTE, NOBEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34131	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SINGH, NAVIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33488	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CANNIZZARO, NICOLA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33133	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WEISMAN, MARC

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33003	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TONER, CAROL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32674	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MURCHISON, PAULETTA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COOPER, SAMUEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31991	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YANG, SEONG-MOH

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31955	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIMONIAN, SHANT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31911	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JEFFERY, TEKESHA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARTINEZ, MELISSA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31506	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YOUSSIF, MARCUS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31480	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FIS LOCKBOX OPERATIONS

10 DAN ROAD
DOCK 2
CANTON, MA 02021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	31015	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARTINEZ, HECTOR

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30795	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YANG, YANG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30703	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CARDOZA, EDDIE S

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZAYATS, SOFIYA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30537	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

QLIKVIEW

98-0151014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	30449	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SYNTONIC SYSTEMS INC

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30307	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEN, LI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30055	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOSADO, LUIS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHONG, CRISTINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29404	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHROEDER JR, ROBERT H

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIMPSON, LYNDA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29083	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FITZPATRICK, SEAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28854	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCCULLOUGH, CAROLYN V

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28629	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCCABE, JAMES

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28597	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SOE, MARCO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28358	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOORE, EDWIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COLLINS, IRALMA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27782	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WANG, JHY-YEUAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27747	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LANZO, DAMARIS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27702	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACCOUNTING PRINCIPALS INC

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27647	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RODRIGUEZ, ANTONIO CURET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27534	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KOVACH JR, CHARLES

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27457	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OU, JINHAO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27114	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BECERRA, JESUS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27043	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ESPINAL, RONALD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26884	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NUNEZ, JANIE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26822	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BAEZ, JULY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26578	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DUNN, ANDREA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26546	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUSSAIN, NOWSHAD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26443	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FAIZAN, RAYAAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26343	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALCAIDE, LORENA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26318	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ESPINAL, DELMYS YADIRA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26318	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

VALENZUELA, ROBERT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26318	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENTILE, DOMENICK JIACOMO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26241	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPELLAN, ROSAURA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MORAN, ARNOLD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26022	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INFANTE, LUIS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25952	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUBIO, CAROLINA IZABEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25828	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PHILOGENE, WINNIE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25577	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEORGE, ALVIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25294	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALVAREZ & MARSAL

56-2409465

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	24724	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SOFTART SOLUTIONS INC

20-0067615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	24649	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HITOUCH BUSINESS SERVICES DBA HTBS

04-2896127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	24585	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CORPORATE TRANSLATION SERVICES LLC

91-1506430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22901	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LASTPASS US LP

87-3718653

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	22725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED PARCEL SERVICE INC

58-2480149

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22254	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAIGE INC

93-4117633

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	21600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LINKEDIN CORPORATION

47-0912023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19143	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INSIGHT DIRECT USA INC

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18942	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EVESTMENT ALLIANCE LLC

26-2574235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	18573	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ZENITH CONSULTING GROUP LLC

18 REMINGTON CT
MATAWAN, NJ 07747

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15462	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CQ FLUENCY INC

32-0102982

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15287	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DOCUFREE CORPORATION

58-2483016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MOTION RECRUITMENT PARTNERS LLC

13-3789932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13945	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METASOURCE LLC

26-0771758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	13845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OFFICE OF THE CONTRACT ARBITRATOR

13-2971195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13575	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DATEX INC

5995 AVEBURY RD SUITE 600
MISSISSAUGA, ON L5R3P9 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13537	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

365 OPERATING COMPANY LLC

85-2572101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13508	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEW MILLENIUM CONSULTANTS INC

21 MERRY LANE
EAST HANOVER, NJ 07936

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	13499	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLOUDBERRY CREATIVE INC

27-1271032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTERNATIONAL INTEGRATED SOLUTIONS

11-3006645

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	12852	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SMARTBEAR SOFTWARE INC

94-3340607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12238	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NMC MANAGED SERVICES, INC

86-2992524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11847	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACF TECHNOLOGIES, INC.

64 PEACHTREE ROAD
ASHEVILLE, NC 28803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11685	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARR BUSINESS SYSTEMS

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11591	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ATLAS ACON ELECTRIC SERVICE CORP

11-2215064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10511	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE PHOENIX GROUP ADVISORS INC

11-3799960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	10275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CORDATIUS LLC

82-2946904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MICHELE OCCHIOGROSSO

44 CRANE PARKWAY
CRANFORD, NJ 07016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9792	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPERLOGIX TECHNOLOGIES CANADA INC

98-0652700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9502	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INSIGHT GLOBAL, LLC

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8836	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STERICYCLE INC

2355 WAUKEGAN RD
BANNOCKBURN, IL 60015

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8820	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BMC SOFTWARE INC

2103 CITYWEST BLVD
HOUSTON, TX 77042

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8743	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMTRAK

1 MASSACHUSSETTS AVENUE NW
WASHINGTON, DC 20001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8464	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GAINOR TEMPORARIES INC

13-3246221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8381	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EPLUS TECHNOLOGY INC

13595 DULLES TECHNOLOGY DRIVE
HERNDON, VA 20171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HORIZON TEK INC

11-3448259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	7531	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DYNAMICS SOLUTIONS LLC

82-2486250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	6625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DOCUSIGN INC

91-2183967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6619	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PKF O'CONNOR DAVIES LLP

27-1728945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	6607	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WAGER CONTRACTING CO INC

13-4186161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6479	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEIU LOCAL 32BJ

13-0535740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	AFFILIATE	6172	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VITAL RECORDS HOLDING LLC

82-0796154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5786	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HOTELSCOM

5400 LBJ FWY
SUITE 500
DALLAS, TX 75240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5154	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WAGEWORKS INC

4906 REGENT BLVD
IRVING, TX 75063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5149	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL SELECT INS SERVICES, INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	65162	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC.	22 53	28262

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC.	22 53	20309

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC.	22 53	8496

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

Part I Service Provider Information (continued)

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

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC.	22 53	2000

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN INTERNATIONAL GROUP, INC. 13-2592361	INSURANCE COMMISSIONS

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

(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 07/01/2023 and ending 06/30/2024

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-1879376

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-009	C	580228043

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-088	C	473315424

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRST INST RTRMT TRST S 11

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6253445-011	C	263167292

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7634097-001	C	219336167

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-479	C	153358333

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-455	C	147261109

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-123	C	139090838

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-192	C	108536812

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-004	C	92697671

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-096	C	73356616

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-287	C	65001014

a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET 32BJ FUND LP

b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

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)
92-0339021-001	E	16297807

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

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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 07/01/2023 and ending 06/30/2024

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-1879376

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	31029308	27345564
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25617399	33285553
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8170571	8359444
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17760424	59039767
(2) U.S. Government securities	1c(2)	8652404	20843743
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	42781074	98546791
(B) All other	1c(3)(B)	56522038	150389164
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	257687412	240933019
(5) Partnership/joint venture interests	1c(5)	722412291	816136574
(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)	2086710712	2315349319
(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)		16297807
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	253070886	303394185
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	6516105	8709342
f	Total assets (add all amounts in lines 1a through 1e)	1f	3516930624	4098630272
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1881042	1841537
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4405886	304576
k	Total liabilities (add all amounts in lines 1g through1j)	1k	6286928	2146113
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3510643696	4096484159

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	530276970	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		530276970
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	884376	
	(B) U.S. Government securities	2b(1)(B)	728447	
	(C) Corporate debt instruments	2b(1)(C)	8265208	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	6695328	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16573359
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	2543666	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7913605	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10457271
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	245820905	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	232136119	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		13684786
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	40607845	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		40607845

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		306380130
(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)**		771542
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		6950969
c Other income	**2c**		1184516
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		926887388
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	311073400	
(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)**		311073400
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)**	12328349	
(2) Contract administrator fees	**2i(2)**		
(3) Recordkeeping fees	**2i(3)**	385651	
(4) IQPA audit fees	**2i(4)**	127400	
(5) Investment advisory and investment management fees	**2i(5)**	7763357	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	194833	
(7) Actuarial fees	**2i(7)**	386017	
(8) Legal fees	**2i(8)**	790620	
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**	2291	
(11) Other expenses	**2i(11)**	7995007	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		29973525
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		341046925
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		585840463
l Transfers of assets:			
(1) To this plan	**2l(1)**		
(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		3158277669
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 535363.

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 07/01/2023 and ending 06/30/2024

A Name of plan
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-1879376

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 6

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ABM JANITORIAL SERVICES, INC

b EIN 94-1369354 **c** Dollar amount contributed by employer 19377464

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer COLLINS BUILDING SERVICES INC

b EIN 51-0312606 **c** Dollar amount contributed by employer 13758156

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer GUARDIAN SERVICES INDUSTRIES INC.

b EIN 13-2878147 **c** Dollar amount contributed by employer 6782838

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer HARVARD MAINTENANCE

b EIN 13-1954860 **c** Dollar amount contributed by employer 6737986

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer PRITCHARD INDUSTRIES INC

b EIN 13-3353489 **c** Dollar amount contributed by employer 4841900

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer QUALITY BUILDING SERVICES CORP

b EIN 13-4125850 **c** Dollar amount contributed by employer 4691466

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) 134.75
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer FIRST QUALITY MAINTENANCE

b EIN 20-5708600 **c** Dollar amount contributed by employer 4174764

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer PBM, LLC

b EIN 26-3885918 **c** Dollar amount contributed by employer 3323697

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer VORNADO REALTY TRUST

b EIN 13-3940500 **c** Dollar amount contributed by employer 2789231

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) 134.75
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer BUILDING MAINTENANCE SERVICES

b EIN 13-3870172 **c** Dollar amount contributed by employer 2662976

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) 134.75
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	113
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**	115
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**	110

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**	0.98
b The corresponding number for the second preceding plan year	**15b**	1.03

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	7
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	528704

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: 51.00 % Private Equity: 14.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.00 %

High-Yield Debt: 4.00 % Real Assets: _____% Cash or Cash Equivalents: 1.00 % Other: _____%

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

[ ] 0-5 years [X] 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_____.

BUILDING SERVICE 32BJ PENSION FUND
Financial Statements
June 30, 2024 and 2023
With Independent Auditor's Reports

withum
ADVISORY TAX AUDIT

Building Service 32BJ Pension Fund
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June 30, 2024 and 2023

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withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Building Service 32BJ Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Building Service 32BJ Pension Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2023, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Building Service 32BJ Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Building Service 32BJ Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Withum Smith + Brown, PC

March 5, 2025

GCCIBT 27-B

Building Service 32BJ Pension Fund
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	2024	2023
Assets		
Investments - at fair value	$ 4,020,930,369	$ 3,445,597,241
Cash and cash equivalents	27,345,564	31,029,308
Receivables		
Employers' contributions	33,285,553	25,617,399
Due from withdrawing employers - net of allowance for credit losses of $1,446,199 and $0, respectively	3,286,383	2,468,476
Accrued interest and dividends	3,193,822	1,704,763
Due from brokers for securities sold	128,800	3,162,376
Due from affiliates - net	1,750,439	834,956
Total receivables	41,644,997	33,787,970
Other assets		
Property and equipment - net	7,663,024	5,435,249
Other assets	1,046,318	1,080,856
Total other assets	8,709,342	6,516,105
Total assets	4,098,630,272	3,516,930,624
Liabilities		
Accounts payable and accrued expenses	1,841,537	1,881,042
Due to brokers for securities purchased	304,576	4,405,886
Total liabilities	2,146,113	6,286,928
Net assets available for benefits	$ 4,096,484,159	$ 3,510,643,696

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

Building Service 32BJ Pension Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	$ 368,395,272	$ 276,309,862
Interest and dividends	27,030,630	23,642,348
	395,425,902	299,952,210
Investment expenses	(7,763,357)	(6,555,096)
Net investment income	387,662,545	293,397,114
Employers' contributions	527,322,274	317,471,438
Withdrawal liability income	2,954,696	420,678
Interest income - employers	1,027,427	900,543
Liquidated damages - employers	4,460	4,815
Other income	152,629	89,860
Total additions	919,124,031	612,284,448
Deductions		
Benefits paid	311,073,400	304,927,295
Administrative expenses	22,210,168	19,183,625
Total deductions	333,283,568	324,110,920
Change in net assets available for benefits	585,840,463	288,173,528
Net assets available for benefits		
Beginning of year	3,510,643,696	3,222,470,168
End of year	$ 4,096,484,159	$ 3,510,643,696

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

Building Service 32BJ Pension Fund
Statement of Accumulated Plan Benefits
June 30, 2023

Vested benefits	
Participants currently receiving benefits	$ 2,415,645,055
Other vested benefits	2,045,891,497
Total vested benefits	4,461,536,552
Nonvested benefits	164,276,040
Total actuarial present value of accumulated plan benefits before administrative expenses	4,625,812,592
Actuarial present value of administrative expenses	291,000,000
Total actuarial present value of accumulated plan benefits	$ 4,916,812,592

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

Building Service 32BJ Pension Fund
Statement of Changes in Accumulated Plan Benefits
Year Ended June 30, 2023

Actuarial present value of accumulated plan benefits at the beginning of the year	$ 4,816,922,449
Increase (decrease) during the year attributable to	
Interest	330,296,512
Plan amendments	2,818,843
Benefits accumulated, net experience gain or loss, changes in data	80,690,876
Benefits paid	(304,927,295)
Changes in actuarial assumptions	(52,188,793)
Changes in present value of administrative expenses	43,200,000
Net change in accumulated plan benefits	99,890,143
Actuarial present value of accumulated plan benefits at the end of the year	$ 4,916,812,592

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

1. PLAN DESCRIPTION AND FUNDING

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

General

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

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

Plan Benefits and Vesting

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

Plan Funding

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

Actuarial Certification of Funded Status
On September 28, 2022 and September 28, 2023, the Plan's independent actuary certified that for the Plan years beginning July 1, 2022 and 2023, the Plan was in "endangered" status, respectively, under the Pension Protection Act of 2006 ("PPA").

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

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

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

As of July 1, 2023 and 2022, the Plan's independent actuary certified that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan and funding improvement plan, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies followed by the Plan:

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

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

Cash Equivalents
Highly liquid investments with a maturity of three months or less, when acquired, are considered cash equivalents.

Employers' Contributions Receivable
The Plan reports as employers' contributions receivable any contributions due that relate to work completed on or before June 30. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of June 30, 2024 and 2023, there was no allowance for uncollectible amounts established.

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

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

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

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

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

Recognition of Benefits
Benefits are recognized when paid.

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

Recently Adopted Accounting Standards
In June 2016, the Financial Accounting Standards Board ("FASB") issued an Accounting Standards Update ("ASU") 2016-13, *Financial Instruments – Credit Losses* (Topic 326), amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective July 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets.

Subsequent Events
In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through March 5, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the valuations as of June 30, 2023 were as follows:

- Benefit Election: All participants are assumed to elect the 36-Month Benefit Guarantee form of payment (12-Month Guarantee for Program B and 60-Month Guarantee for Program D).
- Actuarial Cost Method - Unit credit actuarial cost method
- Net investment return – 7.50%
- Actuarial value of assets - Based on the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
- Postretirement mortality rates:
  - Non-annuitant – Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012.
  - Healthy annuitant – Pri-2012 Blue Collar Healthy Annuitant Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012.
  - Disabled annuitant – Pri-2012 Disabled Retiree Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012.

- Administrative expenses - $19,500,000 for the year beginning July 1, 2023
- Current liability interest rate - 2.85%
- Termination rates before retirement are as follows:

	Mortality			Withdrawal (Based on Years of Service)			
Age	Male	Female	Disability	Less than 2 Years	2-4 Years	5-9 Years	10 Years or More
20	0.07	0.02	-	9.00	7.10	-	-
25	0.07	0.03	-	10.87	8.57	6.48	-
30	0.07	0.03	-	9.31	6.79	4.20	2.42
35	0.07	0.04	-	8.39	5.51	3.58	2.51
40	0.09	0.06	-	7.96	5.18	3.01	2.08
45	0.12	0.09	-	7.74	4.74	2.91	1.87
50	0.18	0.13	0.15	7.80	4.45	2.66	1.75
55	0.28	0.20	0.25	6.76	3.91	1.30	0.44
60	0.44	0.30	0.41	6.82	3.92	1.06	0.10

- Rates for retirement for active participants are as follows:

Age	Rate of Retirement
55 - 61	1%
62	16%
63 - 65	10%
66 - 67	20%
68 - 69	15%
70 - 71	50%
72 and older	100%

In developing the actuarial present value of accumulated plan benefits as of June 30, 2023, the following changes in actuarial assumptions were made from the assumptions used for the June 30, 2022 valuation:

- Mortality for healthy lives, previously RP-2006 Blue-Collar Employee and Annuitant mortality tables (sex-specific), projected forward generationally using scale MP-2017.
- Mortality for disabled lives, previously RP-2006 Disabled Annuitant mortality tables (sex-specific), and projected forward generationally using scale MP-2017.
- Disability rates changed year over year as follows:

2024		2023	
Age	Rate	Age	Rate
50	15%	50	30%
55	25%	55	50%
60	41%	60	81%

- Retirement rates for active participants changed year over year as follows:

2024		2023	
Age	**Rate**	**Age**	**Rate**
55 - 61	1%	55 - 61	1%
62	16%	62	16%
63 - 65	10%	63 - 64	10%
66 - 67	20%	65 - 66	20%
68 - 69	15%	67 - 70	15%
70 - 71	50%	71 and older	100%
72 and older	100%		

- For purposes of determining current liability, the current liability interest rate was changed from 2.27% to 2.85% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of Internal Revenue Code ("IRC") Section 431(c)(6)(E), and the mortality tables were changed in accordance with Internal Revenue Service ("IRS") Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of July 1, 2023. Had the valuation been performed as of June 30, 2023, there would be no material difference. The Plan is operating in accordance with its Funding Improvement Plan and therefore is not subject to minimum funding standards.

4. RISKS AND UNCERTAINTIES

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

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

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

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

Credit risk associated with accounts receivable is considered limited due to the historically high collection rate of receivables.

5. FAIR VALUE MEASUREMENTS

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. During the years ended June 30, 2024 and 2023, there were no transfers in or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodologies were not changed during the years ended June 30, 2024 and 2023.

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

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

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

Limited Partnerships: Shares in limited partnerships that are publicly traded are valued based on closing market prices in active markets in which the securities are traded. Ownership in limited partnerships that are not publicly traded is valued based on the net asset value of the partnership interests owned by the Plan at year-end, as determined by the respective general partners of the limited partnerships based on the fair value of the underlying investments of the limited partnerships. The net asset value, as provided by the investment advisor, is used as a practical expedient to estimate fair value.

In establishing the fair value of partnership investments, general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

	2024			
	Level 1	**Level 2**	**Level 3**	**Total Fair Value**
Corporate stocks and REITs	$ 240,933,019	$ -	$ -	$ 240,933,019
U.S. government and agency obligations	12,733,188	8,110,555	-	20,843,743
Corporate and other bonds	-	248,935,955	-	248,935,955
Registered investment company	292,900,216	-	-	292,900,216
Short-term investments	-	59,039,767	-	59,039,767
Total investments in the fair value hierarchy	$ 546,566,423	$ 316,086,277	$ -	862,652,700
Investments measured at net asset value *				3,158,277,669
Total recurring fair value measurements				$ 4,020,930,369

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

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of the investments held by the Plan with a reported fair value based on net asset value as of June 30, 2024 and 2023:

	Fair Value		Unfunded Commitments		Redemption	Redemption
	2024	2023	2024	2023	Frequency	Notice Period
Collective investment funds						
Altrinsic International Equity	$ 219,336,167	$ 240,057,335	$ -	$ -	Daily	1 day
Longview Largecap 500 Index Fund	580,228,043	507,001,109	-	-	Daily	1 day
NT Collective S&P 400 Index Fund NL	92,697,671	81,625,287	-	-	Daily	None
NT Collective Aggregate Bond Fund NL	473,315,424	280,172,269	-	-	Daily	None
NT Russell 2000 Index Fund	73,356,616	66,674,631	-	-	Daily	None
State Street Daily MSCI Emerging Markets	108,536,812	202,867,264	-	-	Daily	None
State Street MSCI EAFE 100% Hedged	147,261,109	150,500,426	-	-	Daily	None
State Street Russell 1000 (R) Value	139,090,838	122,990,640	-	-	Daily	None
SSGA Long U.S. Treasury Index	153,358,333	131,694,511	-	-	Daily	None
State Street S&P Global LargeMidCap	65,001,014	61,663,717	-	-	Daily	None
Reliance Trust Inst Retirement Trust Series 11	263,167,292	241,463,523	-	-	Daily	15 days
103-12 investment entities						
Adams Street Partners (a)	16,297,807	7,901,265	333,750,000	241,375,000	*	*
Limited partnerships						
LSV Emerging Markets Equity Fund LP (b)	123,769,288	204,742,109	-	-	Monthly	1 week
IFM Global Infrastructure (US), LP (c)	167,784,277	128,690,478	-	35,000,000	Quarterly	90 days
ISQ Global Infrastructure Fund I (d)	32,500,502	34,731,618	2,769,731	3,065,827	*	*
ISQ Global Infrastructure Fund II (d)	58,180,618	52,247,258	5,832,086	7,943,922	*	*
ISQ Global Infrastructure Fund III (d)	27,049,519	14,663,399	26,378,015	35,842,206		
Ironsides Direct Investment Fund IV LP (e)	9,239,253	15,530,843	2,105,467	2,846,922	*	*
Ironsides Partnership Fund IV LP (f)	68,419,038	71,467,540	28,105,171	28,691,715	*	*
Lexington Capital Partners VII LP (g)	907,622	5,664,633	7,667,619	7,692,233	*	*
Pomona Capital VIII (h)	230,754	4,674,735	10,020,152	10,020,152	*	*
Grain Communications Opportunity Fund II LP (i)	41,223,411	43,522,734	4,019,723	5,343,410	*	*
Grain Communications Opportunity Fund III LP (i)	18,488,434	15,225,622	3,617,719	7,294,244	*	*
Global Renewable Power Infrastructure Fund III (B), L.P. (j)	32,029,657	22,069,448	8,231,652	15,394,687	*	*
StepStone VC Global Partners X, L.P.(k)	36,222,185	32,451,881	13,500,000	18,500,000	*	*
KKR European V ASP Fund (l)	771,040	671,770	106,500	120,900	*	*
Primus High Yield Bond Fund LP (m)	152,668,502	35,473,512	-	-	Monthly	10 days
Global Infrastructure Partners IV-B Feeder Fund LP (n)	33,892,843	28,388,019	7,716,907	10,093,528	*	*
Strategic Partners VII ASP Fund (o)	264,791	375,706	217,153	229,903	*	*
Global Infrastructure Fund IV B, SCSP (p)	12,494,840	3,919,721	22,792,505	30,744,809	*	*
Registered investment company						
AFL-CIO Housing Investment Trust (q)	10,493,969	10,141,120	-	-	Monthly	15 days
	$ 3,158,277,669	$ 2,819,264,123	$ 476,830,400	$ 460,199,458		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. DUE FROM WITHDRAWING EMPLOYERS

During the years ended June 30, 2024 and 2023, the Plan had receivables from withdrawing employers, which represent their share of the Plan's unfunded vested benefits as determined by the Plan's independent consulting actuary. As of June 30, 2024 and 2023, the allowance for uncollectible amounts totaled $1,446,199 and $0, respectively.

7. PROPERTY AND EQUIPMENT

At June 30, 2024 and 2023, property and equipment consisted of the following:

	2024	2023
Computer equipment and software	$ 10,336,937	$ 9,035,711
Building improvements	1,687,532	817,930
Office furniture and equipment	512,358	345,856
Construction in progress	2,846,518	1,775,845
	15,383,345	11,975,342
Accumulated depreciation and amortization	(7,720,321)	(6,540,093)
Total property and equipment - net	$ 7,663,024	$ 5,435,249

Depreciation and amortization expense for the years ended June 30, 2024 and 2023, totaled $1,186,546 and $908,933, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office, payroll, certain computer equipment and software, and certain administrative expenses with affiliated funds and the Union. Shared expenses are allocated in proportion to the benefit derived by each entity based on an analysis of the related expenses. The Plan's share of allocated expenses totaled $19,568,642 and $15,479,736 for the years ended June 30, 2024 and 2023, respectively. The Plan pays building operating expenses under a space sharing arrangement with the Building Service 32BJ Health Fund (the "Health Fund"). The Plan's share of these expenses totaled $1,583,257 and $1,458,029 for the years ended June 30, 2024 and 2023, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

At June 30, 2024 and 2023, the Plan had the following amounts due from and due to affiliated entities:

	2024	2023
Due from affiliates		
Building Service 32BJ Health Fund	$ 1,731,165	$ 775,805
32BJ School Workers Pension Fund	49,629	16,142
32BJ North Benefit Funds	-	27,429
32BJ/Broadway League Pension Fund	542	3,031
32BJ Connecticut Pension Fund	-	5,442
Building Service 32BJ Supplemental Retirement Savings Plan	1,765	81
Massachusetts Service Employees Pension Fund	-	11,185
	1,783,101	839,115
Due to affiliates		
32BJ North Benefit Funds	20,977	-
Thomas Shortman Training, Scholarship and Safety Fund	10,184	4,159
Massachusetts Service Employees Pension Fund	1,501	-
	32,662	4,159
Due from affiliates - net	$ 1,750,439	$ 834,956

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

The Plan holds investments managed by BNY Mellon, the Plan's custodian. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA and the IRC.

9. EMPLOYEE BENEFIT PLANS

Defined Benefit Plans

Certain employees of the Health Fund who are represented by the Office & Professional Employees International Union ("Local 153") under a collective bargaining agreement are covered under the Local 153 Pension Fund upon meeting the eligibility requirements. The pension benefit is based on age and years of service. Non-represented employees of the Health Fund are covered under the Plan upon meeting the eligibility requirements. Pension benefits are based on age and years of service. The Plan shares in the contributions to these defined benefit plans in proportion to the benefit derived by the Plan based on an analysis of the related expenses.

The risks of participating in these multiemployer plans are different from single-employer plans in the following aspects:

a. Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to a multiemployer plan, the unfunded obligations of a multiemployer plan may be borne by the remaining participating employers.

c. If the Plan chooses to stop participating in a multiemployer plan, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the multiemployer plan, referred to as withdrawal liability.

The Plan's allocable portion of contributions to these multiemployer pension plans for the years ended June 30, 2024 and 2023 is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three digit plan number. The 2023 and 2022 Pension Protection Act ("PPA") zone status, for the years beginning July 1, 2023 and 2022 for the Building Service 32BJ Pension Fund and January 1, 2023 and 2022 for the Local 153 Pension Fund, is based on information reported on the Form 5500 for that year. Among other factors, plans in the red zone are generally less than 65% funded or projected to have a deficit in their funding standard account within four years, plans in the yellow zone are less than 80% funded and plans in the green zone are at least 80% funded. The "RP Implemented" column indicates whether a rehabilitation plan ("RP") has been implemented. The last column lists the expiration date of the collective bargaining agreement to which Plan contributions are subject.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status 2023	Pension Protection Act Zone Status 2022	RP Implemented	Contributions 2024	Contributions 2023	Surcharge Imposed	Expiration Date of Collective-Bargaining Agreement
Building Service 32BJ Pension Fund	13-1879376 #001	Yellow	Yellow	Yes	$ 345,014	$ 278,020	None	N/A
Local 153 Pension Fund	13-2864289 #001	Red	Red	Yes	225,561	199,602	None	2/20/2025
					$ 570,575	$ 477,622		

There were no changes that affect the comparability of the Plan's allocable portion of contributions for the years ended June 30, 2024 and 2023. The Plan's allocable portion of contributions was less than 5% of total Plan contributions to the Local 153 Pension Fund for the years ended December 31, 2023 and 2022 and the Plan for the years ended June 30, 2024 and 2023.

The Plan's allocable portion of contributions to the Health Fund totaled $1,783,243 and $1,823,165 in 2024 and 2023, respectively. The Health Fund provides health benefits to its participants.

Defined Contribution Plan

Employees of the Health Fund who meet eligibility requirements participate in the Building Service 32BJ Supplemental Retirement Savings Plan ("SRSP"), a defined contribution plan. Under the SRSP, employees may elect to have a portion of their compensation directed into the SRSP on a pretax basis. Contributions to SRSP are based on a fixed rate per week or a percentage of compensation in accordance with the employees' respective collective bargaining agreement or participation agreement. Employees are immediately vested in both their voluntary and employer contributions plus actual earnings and losses thereon.

The Plan's allocable portion of contributions to SRSP totaled $310,495 and $258,979 for the years ended June 30, 2024 and 2023, respectively, on behalf of covered employees of the Health Fund.

10. TAX STATUS

The Plan obtained its latest determination letter dated February 19, 2016, in which the IRS stated that the Plan, as then designed, was qualified under Section 401(a) of the IRC, and therefore, the underlying trust was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan was qualified, and the underlying trust was exempt from income tax, as of the financial statement date. The Plan is subject to unrelated business income tax on earnings from its limited partnership investments. Management has determined that any income tax liability is insignificant for the years ended June 30, 2024 and 2023.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and to recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

11. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents in accordance with applicable law. In the event that the Plan terminates, the net assets of the Plan will be used for the payment of benefits and administrative expenses as prescribed by ERISA and its related regulations and will not revert to any employer, the Union or any other union under any condition. Benefits are generally paid in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the “PBGC”), a U.S. government agency, up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Additional information describing pension guarantees can be found in the summary plan description, as well as the annual funding notice.

SUPPLEMENTARY INFORMATION

withum
ADVISORY TAX AUDIT

REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

INDEPENDENT AUDITOR'S REPORT

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. We have audited the financial statements of the Building Service 32BJ Pension Fund as of and for the years ended June 30, 2024 and 2023, and our report thereon, dated March 5, 2025 contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules, schedule H, line 4i - schedule of assets (held at end of year) as of June 30, 2024, and schedule H, line 4j - schedule of reportable transactions for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing principles generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

March 5, 2025

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	U.S. GOVERNMENT AND AGENCY OBLIGATIONS							
	ALABAMA ECON SETTLEMENT AUTH B	OTHER	N/A	4.263%	09/15/2032	800,000	$ 756,848	$ 769,264
	CHICAGO IL O'HARE INTERNATIONA	OTHER	N/A	2.166%	01/01/2028	255,000	226,797	232,603
	CHICAGO IL TRANSIT AUTH SALES	OTHER	N/A	2.064%	12/01/2024	295,000	280,610	290,767
	FHLMC POOL #E0-9010	BONDS	N/A	2.500%	09/01/2027	6,140	5,851	5,914
	FHLMC POOL #E0-9012	BONDS	N/A	2.500%	10/01/2027	23,757	22,623	22,865
	FHLMC POOL #G1-6597	BONDS	N/A	2.500%	09/01/2028	26,326	24,971	25,255
	FHLMC POOL #G1-8472	BONDS	N/A	2.500%	07/01/2028	60,273	57,036	57,647
	FHLMC MULTICLASS MTG K071 A2	BONDS	N/A	3.286%	11/25/2027	305,000	288,455	289,852
	FNMA POOL #0AP7534	BONDS	N/A	2.500%	09/01/2027	5,684	5,410	5,468
	FNMA POOL #0AQ8719	BONDS	N/A	2.500%	12/01/2027	8,643	8,211	8,296
	FNMA POOL #0AT5836	BONDS	N/A	2.500%	05/01/2028	21,929	20,764	20,989
	GNMA POOL #0780817	BONDS	N/A	7.500%	06/15/2028	1,332	1,352	1,349
	GNMA GTD REMIC P/T 13-50 A	BONDS	N/A	1.569%	05/16/2043	1,672	1,648	1,655
	GNMA GTD REMIC P/T 18-117 AB	BONDS	N/A	2.500%	07/16/2046	4,859	4,791	4,782
	MICHIGAN ST FIN AUTH REVENUE	OTHER	N/A	3.084%	12/01/2034	265,000	228,160	230,518
	NEW YORK ST URBAN DEV CORP REV	OTHER	N/A	5.770%	03/15/2039	360,000	376,614	364,777
	OREGON ST SCH BRDS ASSN SHORT-	OTHER	N/A	5.550%	06/30/2028	566,200	571,318	570,124
	SBA GTD PARTN CTFS 2014-20K 1	BONDS	N/A	2.800%	11/01/2034	70,529	63,956	64,454
	SBA GTD PARTN CTFS 2015-20J 1	BONDS	N/A	2.720%	10/01/2035	249,845	228,351	227,625
	SBA GTD PARTN CTFS 2022-25J 1	BONDS	N/A	5.040%	10/01/2047	812,873	796,108	805,782
	SBA GTD PARTN CTFS 2023-10A 1	BONDS	N/A	5.168%	03/10/2033	680,641	673,959	681,165
	SBA GTD PARTN CTFS 2023-10B 1	BONDS	N/A	5.688%	09/10/2033	795,882	795,882	813,953
	SBA GTD PARTN CTFS 2023-25E 1	BONDS	N/A	4.620%	05/01/2048	440,212	434,456	425,943
	SBA GTD PARTN CTFS 2023-25H 1	BONDS	N/A	5.150%	08/01/2048	390,217	390,217	391,696
	SBA GTD PARTN CTFS 2023-25I 1	BONDS	N/A	5.410%	09/01/2048	769,007	769,007	783,685
	SBA GTD PARTN CTFS 2024-10A 1	BONDS	N/A	5.035%	03/10/2034	1,020,000	1,020,000	1,014,127
	U S TREASURY NOTE	BONDS	N/A	0.625%	05/15/2030	174,000	141,130	140,648
	U S TREASURY NOTE	BONDS	N/A	4.000%	01/31/2029	7,034,000	6,895,225	6,925,742
	U S TREASURY NOTE	BONDS	N/A	4.000%	02/15/2034	2,687,000	2,572,328	2,608,069
	U S TREASURY NOTE	BONDS	N/A	4.625%	04/30/2029	3,024,000	3,043,416	3,058,729
							20,705,494	20,843,743
	CORPORATE BONDS - PREFERRED							
	AIA GROUP LTD 144A	CORPORATE BONDS	N/A	5.625%	10/25/2027	448,000	458,975	455,053

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value: Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS - PREFERRED							
	AIA GROUP LTD 144A	CORPORATE BONDS	N/A	5.625%	10/25/2027	448,000	458,975	455,053
	ALIGNED DATA CENTER 1A A2 144A	CORPORATE BONDS	N/A	1.937%	08/15/2046	352,000	307,782	324,195
	AMERICAN EXPRESS CO	CORPORATE BONDS	N/A	VAR RT	05/01/2034	779,000	749,645	761,813
	AMGEN INC	CORPORATE BONDS	N/A	5.250%	03/02/2030	550,000	553,031	554,035
	AMSR 2020-SFR5 TRU SFR5 A 144A	CORPORATE BONDS	N/A	1.379%	11/17/2037	1,224,347	1,112,625	1,159,423
	ANGLO AMERICAN CAPITAL PL 144A	CORPORATE BONDS	N/A	4.750%	04/10/2027	1,265,000	1,221,685	1,241,615
	ANHEUSER-BUSCH INBEV WORLDWIDE	CORPORATE BONDS	N/A	4.750%	01/23/2029	1,963,000	1,939,508	1,951,867
	ANTARES HOLDINGS LP 144A	CORPORATE BONDS	N/A	3.750%	07/15/2027	663,000	559,429	606,737
	ARTHUR J GALLAGHER & CO	CORPORATE BONDS	N/A	5.450%	07/15/2034	603,000	601,324	598,065
	ASCENSION HEALTH	CORPORATE BONDS	N/A	2.532%	11/15/2029	580,000	498,789	515,832
	AT&T INC	CORPORATE BONDS	N/A	2.300%	06/01/2027	501,000	450,580	463,451
	BANC OF AMERICA COMMER UBS7 A4	CORPORATE BONDS	N/A	3.705%	09/15/2048	765,000	722,720	743,897
	BANK 2018-BNK10 BN10 A5	CORPORATE BONDS	N/A	3.688%	02/15/2061	562,000	518,284	530,310
	BANK 2020-BNK26 BN26 A2	CORPORATE BONDS	N/A	2.041%	03/15/2063	270,000	236,812	239,698
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	01/23/2026	90,000	86,230	88,755
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	12/20/2028	951,000	868,217	894,248
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	07/23/2029	1,350,000	1,288,391	1,300,743
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	04/23/2027	884,000	835,556	854,802
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	07/23/2031	624,000	508,223	513,983
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	10/20/2032	1,233,000	992,659	1,021,977
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	07/22/2028	1,768,000	1,722,546	1,753,790
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	11/10/2028	452,000	464,588	465,482
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	04/25/2034	1,295,000	1,254,628	1,281,408
	BANK OF MONTREAL	CORPORATE BONDS	N/A	1.250%	09/15/2026	631,000	556,374	577,981
	BANK OF NEW YORK MELLON CORP/T	CORPORATE BONDS	N/A	VAR RT	04/26/2034	476,000	457,231	464,367
	BANK OF NEW YORK MELLON CORP/T	CORPORATE BONDS	N/A	VAR RT	10/25/2034	383,000	383,000	413,064
	BENCHMARK 2020-B17 MORT B17 A2	CORPORATE BONDS	N/A	2.211%	03/15/2053	235,000	218,507	218,737
	BENCHMARK 2020-B20 MORT B20 A2	CORPORATE BONDS	N/A	1.750%	10/15/2053	313,000	284,935	297,938
	BENCHMARK 2020-IG3 IG3 A4 144A	CORPORATE BONDS	N/A	2.437%	09/15/2048	500,000	411,769	405,807
	BERKSHIRE HATHAWAY ENERGY CO	CORPORATE BONDS	N/A	1.650%	05/15/2031	825,000	633,811	656,470
	BHP BILLITON FINANCE USA LTD	CORPORATE BONDS	N/A	6.420%	03/01/2026	60,000	61,543	61,062
	BLACKSTONE HOLDINGS FINAN 144A	CORPORATE BONDS	N/A	2.500%	01/10/2030	950,000	776,982	829,758
	BMO 2024-5C4 MORTGAGE T 5C4 A3	CORPORATE BONDS	N/A	VAR RT	05/15/2057	1,230,000	1,266,900	1,288,175
	BP CAPITAL MARKETS AMERICA INC	CORPORATE BONDS	N/A	2.721%	01/12/2032	517,000	436,962	439,183
	BROOKFIELD FINANCE INC	CORPORATE BONDS	N/A	2.724%	04/15/2031	465,000	377,831	393,324
	BX COMMERCIAL MORT VOLT A 144A	CORPORATE BONDS	N/A	VAR RT	09/15/2036	600,000	585,375	592,505
	BX COMMERCIAL MORTG XL3 A 144A	CORPORATE BONDS	N/A	VAR RT	12/09/2040	700,000	698,250	700,436
	CAMERON LNG LLC 144A	CORPORATE BONDS	N/A	2.902%	07/15/2031	292,000	249,414	251,357
	CHARLES SCHWAB CORP/THE	CORPORATE BONDS	N/A	VAR RT	05/19/2034	850,000	852,152	866,591
	CIGNA GROUP/THE	CORPORATE BONDS	N/A	3.400%	03/01/2027	363,000	341,957	347,051
	CITIGROUP INC	CORPORATE BONDS	N/A	3.400%	05/01/2026	2,029,000	1,920,596	1,959,604

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Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2024

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		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	11/03/2032	669,000	540,733	549,670
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	02/13/2030	1,097,000	1,097,000	1,090,610
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	05/25/2034	1,001,000	996,536	1,018,007
	CITIZENS AUTO RECEIV 1 A3 144A	CORPORATE BONDS	N/A	5.110%	04/17/2028	727,000	726,997	724,748
	CMS ENERGY CORP	CORPORATE BONDS	N/A	VAR RT	06/01/2050	350,000	302,705	320,510
	COMCAST CORP	CORPORATE BONDS	N/A	4.800%	05/15/2033	703,000	676,292	683,840
	COMM 2015-CCRE26 MORTG CR26 A4	CORPORATE BONDS	N/A	3.630%	10/10/2048	350,000	330,283	339,368
	COMM 2015-CCRE27 MORTG CR27 A4	CORPORATE BONDS	N/A	3.612%	10/10/2048	293,000	276,169	284,834
	COMM 2015-DC1 MORTGAGE DC1 A4	CORPORATE BONDS	N/A	3.078%	02/10/2048	729,029	709,778	723,851
	CSL FINANCE PLC 144A	CORPORATE BONDS	N/A	4.050%	04/27/2029	645,000	608,023	616,875
	CSX CORP	CORPORATE BONDS	N/A	5.200%	11/15/2033	624,000	629,254	625,318
	DELTA AIR LINES 2020-1 CLASS A	CORPORATE BONDS	N/A	2.000%	12/10/2029	339,328	298,720	308,485
	DOMINION ENERGY INC	CORPORATE BONDS	N/A	VAR RT	02/01/2055	571,000	571,267	582,905
	DTE ENERGY CO	CORPORATE BONDS	N/A	4.875%	06/01/2028	1,161,000	1,130,667	1,142,764
	ENERGY TRANSFER LP	CORPORATE BONDS	N/A	5.750%	02/15/2033	1,605,000	1,578,181	1,621,530
	EXXON MOBIL CORP	CORPORATE BONDS	N/A	2.610%	10/15/2030	586,000	512,535	514,157
	F&G GLOBAL FUNDING 144A	CORPORATE BONDS	N/A	2.300%	04/11/2027	452,000	398,921	408,971
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.650%	04/20/2032	555,000	518,678	525,272
	FIVE 2023-V1 MORTGAGE TR V1 A3	CORPORATE BONDS	N/A	VAR RT	02/10/2056	1,322,000	1,329,746	1,328,145
	FORD CREDIT FLOORPLAN 2 A 144A	CORPORATE BONDS	N/A	5.240%	04/15/2031	1,354,000	1,353,971	1,364,773
	FORD CREDIT FLOORPLAN MAST 4 A	CORPORATE BONDS	N/A	2.440%	09/15/2026	245,000	235,184	243,351
	FORD MOTOR CREDIT CO LLC	CORPORATE BONDS	N/A	4.000%	11/13/2030	1,308,000	1,096,525	1,167,670
	FOUNDRY JV HOLDCO LLC 144A	CORPORATE BONDS	N/A	6.150%	01/25/2032	609,000	612,489	620,793
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	2.400%	10/15/2028	520,000	439,317	459,543
	GENPACT LUXEMBOURG SARL/GENPAC	CORPORATE BONDS	N/A	1.750%	04/10/2026	741,000	665,361	691,146
	GLOBAL ATLANTIC FIN CO 144A	CORPORATE BONDS	N/A	3.125%	06/15/2031	857,000	632,151	708,805
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	05/01/2029	1,962,000	1,839,406	1,888,669
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	12/09/2026	1,617,000	1,444,305	1,511,561
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	10/21/2032	1,382,000	1,059,814	1,148,896
	GS MORTGAGE-BACKED PJ4 A2 144A	CORPORATE BONDS	N/A	VAR RT	01/25/2051	88,136	74,583	73,456
	GS MORTGAGE-BACKED PJ4 A8 144A	CORPORATE BONDS	N/A	VAR RT	09/25/2051	368,355	315,105	319,039
	HOME PARTNERS OF AMER 1 A 144A	CORPORATE BONDS	N/A	3.930%	04/17/2039	557,055	520,660	536,072
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR RT	08/14/2027	980,000	975,698	987,348
	HYUNDAI CAPITAL AMERICA 144A	CORPORATE BONDS	N/A	5.875%	04/07/2025	801,000	800,689	801,598
	INTERCONTINENTAL EXCHANGE INC	CORPORATE BONDS	N/A	5.250%	06/15/2031	839,000	838,203	845,300
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	01/23/2029	4,081,000	3,753,167	3,859,250
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	11/08/2032	299,000	244,978	248,973
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	01/25/2033	731,000	615,804	623,256
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	07/25/2033	2,315,000	2,218,767	2,248,414
	KKR GROUP FINANCE CO VI L 144A	CORPORATE BONDS	N/A	3.750%	07/01/2029	1,292,000	1,157,111	1,210,957
	LOWE'S COS INC	CORPORATE BONDS	N/A	2.500%	04/15/2026	696,000	662,676	662,917
	LUBRIZOL CORP/THE	CORPORATE BONDS	N/A	7.250%	06/15/2025	60,000	61,776	60,650

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EIN #13-1879376, Plan #001
June 30, 2024

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	LUBRIZOL CORP/THE	CORPORATE BONDS	N/A	6.500%	10/01/2034	227,000	264,535	253,570
	MARSH & MCLENNAN COS INC	CORPORATE BONDS	N/A	2.250%	11/15/2030	540,000	457,288	459,988
	METROPOLITAN LIFE INSURAN 144A	CORPORATE BONDS	N/A	7.800%	11/01/2025	435,000	447,928	445,984
	MITSUBISHI UFJ FINANCIAL GROUP	CORPORATE BONDS	N/A	VAR RT	01/19/2028	700,000	626,078	650,425
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	01/21/2033	1,159,000	969,650	985,056
	MORGAN STANLEY BANK OF C22 A4	CORPORATE BONDS	N/A	3.306%	04/15/2048	444,000	421,062	434,445
	MORGAN STANLEY BANK OF C24 A4	CORPORATE BONDS	N/A	3.732%	05/15/2048	257,000	243,920	250,884
	MORGAN STANLEY BANK OF C25 A4	CORPORATE BONDS	N/A	3.372%	10/15/2048	1,550,000	1,475,043	1,512,279
	MORGAN STANLEY CAPITAL HR8 A4	CORPORATE BONDS	N/A	2.041%	07/15/2053	212,000	169,604	176,781
	NATIONAL RURAL UTILITIES COOPE	CORPORATE BONDS	N/A	VAR RT	04/30/2043	147,000	142,531	147,000
	ONCOR ELECTRIC DELIVERY CO LLC	CORPORATE BONDS	N/A	2.750%	05/15/2030	855,000	734,602	755,288
	PACCAR FINANCIAL CORP	CORPORATE BONDS	N/A	5.000%	03/22/2034	765,000	768,947	762,037
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	3.950%	03/10/2025	294,000	282,563	290,401
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.000%	07/15/2025	248,000	237,223	243,715
	PFS FINANCING CORP A A 144A	CORPORATE BONDS	N/A	5.800%	03/15/2028	1,096,000	1,101,266	1,102,867
	PFS FINANCING CORP C A 144A	CORPORATE BONDS	N/A	5.520%	10/15/2028	600,000	597,680	602,847
	PHILLIPS 66	CORPORATE BONDS	N/A	3.850%	04/09/2025	1,585,000	1,540,272	1,564,001
	PNC FINANCIAL SERVICES GROUP I	CORPORATE BONDS	N/A	2.550%	01/22/2030	60,000	50,405	52,639
	PNC FINANCIAL SERVICES GROUP I	CORPORATE BONDS	N/A	VAR RT	10/20/2034	772,000	801,257	841,378
	PRINCIPAL FINANCIAL GROUP INC	CORPORATE BONDS	N/A	3.700%	05/15/2029	815,000	743,271	760,403
	PROGRESS RESIDENTI SFR2 A 144A	CORPORATE BONDS	N/A	1.546%	04/19/2038	869,799	776,363	810,887
	PROGRESS RESIDENTI SFR6 A 144A	CORPORATE BONDS	N/A	1.524%	07/17/2038	472,297	414,571	436,151
	PROVIDENCE ST JOSEPH HEALTH OB	CORPORATE BONDS	N/A	2.532%	10/01/2029	412,000	346,859	361,195
	PRUDENTIAL FUNDING ASIA PLC	CORPORATE BONDS	N/A	3.125%	04/14/2030	1,047,000	915,263	938,024
	RELX CAPITAL INC	CORPORATE BONDS	N/A	4.000%	03/18/2029	642,000	607,748	617,056
	ROCHE HOLDINGS INC 144A	CORPORATE BONDS	N/A	5.593%	11/13/2033	814,000	814,000	844,206
	RTX CORP	CORPORATE BONDS	N/A	6.100%	03/15/2034	702,000	700,680	738,931
	SCENTRE GROUP TRUST 1 / S 144A	CORPORATE BONDS	N/A	3.625%	01/28/2026	331,000	314,492	322,075
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	3.375%	06/15/2027	629,000	584,939	600,000
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	5.500%	03/08/2033	1,203,000	1,180,112	1,209,732
	SOUTHERN CO/THE	CORPORATE BONDS	N/A	5.200%	06/15/2033	1,166,000	1,134,116	1,144,739
	STATE STREET CORP	CORPORATE BONDS	N/A	VAR RT	02/07/2028	505,000	456,013	469,867
	STATE STREET CORP	CORPORATE BONDS	N/A	VAR RT	05/18/2034	557,000	543,028	550,459
	TOYOTA MOTOR CREDIT CORP	CORPORATE BONDS	N/A	3.375%	04/01/2030	536,000	491,133	492,960
	TRANSURBAN FINANCE CO PTY 144A	CORPORATE BONDS	N/A	3.375%	03/22/2027	650,000	601,836	617,665
	TRICON AMERICAN HO SFR2 A 144A	CORPORATE BONDS	N/A	1.482%	11/17/2039	267,172	225,165	236,382
	TTX CO 144A	CORPORATE BONDS	N/A	5.500%	09/25/2026	730,000	729,182	731,388
	UBS AG/STAMFORD CT	CORPORATE BONDS	N/A	1.250%	08/07/2026	750,000	657,338	689,497
	UNITED AIRLINES 2014-1 CLASS A	CORPORATE BONDS	N/A	4.000%	10/11/2027	127,096	118,717	123,161
	UNITED AIRLINES 2016-1 CLASS A	CORPORATE BONDS	N/A	3.100%	01/07/2030	72,272	65,316	67,080
	UNITEDHEALTH GROUP INC	CORPORATE BONDS	N/A	4.500%	04/15/2033	508,000	479,872	485,492
	US BANCORP	CORPORATE BONDS	N/A	VAR RT	10/21/2033	670,000	661,731	680,428

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	US BANCORP	CORPORATE BONDS	N/A	VAR RT	02/01/2034	445,000	415,642	421,877
	VENTAS REALTY LP	CORPORATE BONDS	N/A	3.250%	10/15/2026	278,000	254,520	264,169
	VERIZON MASTER TRUST 4 A	CORPORATE BONDS	N/A	3.400%	11/20/2028	359,000	345,955	352,439
	VICI PROPERTIES LP	CORPORATE BONDS	N/A	5.750%	04/01/2034	804,000	797,455	796,466
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	2.850%	09/26/2024	300,000	289,214	297,833
	WALMART INC	CORPORATE BONDS	N/A	4.100%	04/15/2033	438,000	425,281	417,296
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	04/04/2031	1,150,000	1,103,471	1,101,004
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	07/25/2028	2,364,000	2,283,577	2,331,341
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	04/24/2034	828,000	806,540	818,534
	WESTINGHOUSE AIR BRAKE TECHNOL	CORPORATE BONDS	N/A	3.200%	06/15/2025	370,000	351,182	361,057
	WORKDAY INC	CORPORATE BONDS	N/A	3.800%	04/01/2032	373,000	335,802	335,154
	WORLD OMNI AUTO RECEIVABL B A3	CORPORATE BONDS	N/A	5.270%	09/17/2029	811,000	810,887	813,372
							96,429,166	98,546,791
	CORPORATE BONDS - ALL OTHER							
	AEP TEXAS INC	CORPORATE BONDS	N/A	5.450%	05/15/2029	859,000	858,751	863,474
	AERCAP IRELAND CAPITAL DAC / A	CORPORATE BONDS	N/A	1.650%	10/29/2024	270,000	255,105	266,342
	AERCAP IRELAND CAPITAL DAC / A	CORPORATE BONDS	N/A	3.300%	01/30/2032	598,000	510,901	513,811
	AERCAP IRELAND CAPITAL DAC / A	CORPORATE BONDS	N/A	6.450%	04/15/2027	686,000	695,419	701,656
	AGREE LP	CORPORATE BONDS	N/A	2.900%	10/01/2030	880,000	725,569	758,495
	AIR LEASE CORP	CORPORATE BONDS	N/A	1.875%	08/15/2026	865,000	769,939	802,122
	AIRCASTLE LTD 144A	CORPORATE BONDS	N/A	5.950%	02/15/2029	636,000	632,127	635,817
	AKER BP ASA 144A	CORPORATE BONDS	N/A	2.000%	07/15/2026	236,000	211,949	219,568
	AMCOR FLEXIBLES NORTH AMERICA	CORPORATE BONDS	N/A	4.000%	05/17/2025	822,000	794,945	810,073
	AMEREN CORP	CORPORATE BONDS	N/A	2.500%	09/15/2024	300,000	287,475	297,806
	AMEREN CORP	CORPORATE BONDS	N/A	5.000%	01/15/2029	1,013,000	1,010,711	1,002,826
	AMERICAN ELECTRIC POWER CO INC	CORPORATE BONDS	N/A	5.699%	08/15/2025	976,000	970,650	976,772
	AMERICAN EXPRESS CO	CORPORATE BONDS	N/A	VAR RT	07/27/2029	476,000	474,279	476,948
	AMPHENOL CORP	CORPORATE BONDS	N/A	2.800%	02/15/2030	570,000	494,120	507,429
	*AMSR 2020-SFR3 TRU SFR3 A 144A	CORPORATE BONDS	N/A	1.355%	09/17/2037	722,397	660,881	687,055
	APTIV PLC / APTIV CORP	CORPORATE BONDS	N/A	3.250%	03/01/2032	880,000	741,952	762,983
	ASHTEAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.550%	05/30/2033	200,000	194,957	194,873
	ASHTEAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.800%	04/15/2034	476,000	474,148	472,381
	ASHTEAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.500%	08/11/2032	600,000	570,209	585,359
	AT&T INC	CORPORATE BONDS	N/A	2.250%	02/01/2032	1,183,000	920,436	959,650
	AUTOZONE INC	CORPORATE BONDS	N/A	3.750%	06/01/2027	399,000	379,701	383,533
	AUTOZONE INC	CORPORATE BONDS	N/A	6.250%	11/01/2028	579,000	578,450	603,689
	AVIATION CAPITAL GROUP LL 144A	CORPORATE BONDS	N/A	1.950%	01/30/2026	1,245,000	1,119,108	1,171,517
	AVIS BUDGET RENTAL C 1A A 144A	CORPORATE BONDS	N/A	5.360%	06/20/2030	504,000	503,913	501,666
	BAE SYSTEMS FINANCE INC 144A	CORPORATE BONDS	N/A	7.500%	07/01/2027	300,000	320,572	317,965
	BAE SYSTEMS HOLDINGS INC 144A	CORPORATE BONDS	N/A	3.800%	10/07/2024	395,000	384,498	392,782
	BAE SYSTEMS PLC 144A	CORPORATE BONDS	N/A	1.900%	02/15/2031	833,000	658,329	676,668

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	BARCLAYS PLC	CORPORATE BONDS	N/A	VAR RT	03/12/2030	681,000	684,037	682,826
	*BARINGS BDC INC	CORPORATE BONDS	N/A	3.300%	11/23/2026	337,000	293,574	311,160
	BLACKROCK TCP CAPITAL CORP	CORPORATE BONDS	N/A	2.850%	02/09/2026	273,000	245,543	257,767
	BLUE CROSS AND BLUE SHIEL 144A	CORPORATE BONDS	N/A	3.790%	05/01/2025	269,000	255,177	264,286
	BLUE OWL CREDIT INCOME CORP	CORPORATE BONDS	N/A	4.700%	02/08/2027	509,000	463,142	484,354
	BLUE OWL FINANCE LLC 144A	CORPORATE BONDS	N/A	3.125%	06/10/2031	695,000	528,436	578,998
	BLUE OWL FINANCE LLC 144A	CORPORATE BONDS	N/A	6.250%	04/18/2034	253,000	249,423	253,668
	BMW US CAPITAL LLC 144A	CORPORATE BONDS	N/A	3.450%	04/01/2027	1,023,000	966,942	980,613
	BOEING CO/THE	CORPORATE BONDS	N/A	2.196%	02/04/2026	1,066,000	979,302	1,001,907
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	2.750%	10/01/2026	951,000	848,753	887,405
	BROADCOM INC	CORPORATE BONDS	N/A	4.300%	11/15/2032	2,035,000	1,813,002	1,902,053
	BROADCOM INC 144A	CORPORATE BONDS	N/A	4.000%	04/15/2029	647,000	596,829	616,421
	*BX COMMERCIAL MORTG XL4 A 144A	CORPORATE BONDS	N/A	VAR RT	02/15/2039	326,021	325,206	324,900
	CANADIAN NATURAL RESOURCES LTD	CORPORATE BONDS	N/A	3.850%	06/01/2027	1,035,000	972,591	995,435
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	2.050%	03/05/2030	730,000	603,460	622,674
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	3.125%	06/01/2026	830,000	780,122	794,706
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	2.875%	11/15/2029	177,000	156,261	158,454
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	3.300%	10/30/2024	175,000	168,144	173,554
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	05/10/2028	807,000	772,823	795,560
	CARLISLE COS INC	CORPORATE BONDS	N/A	2.750%	03/01/2030	641,000	544,770	564,573
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	3.750%	02/15/2028	800,000	740,792	743,531
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	4.200%	03/15/2028	1,603,000	1,476,428	1,514,893
	CHENIERE CORPUS CHRISTI HOLDIN	CORPORATE BONDS	N/A	5.125%	06/30/2027	535,000	526,179	534,106
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	03/17/2033	935,000	802,217	833,112
	CMS ENERGY CORP	CORPORATE BONDS	N/A	3.450%	08/15/2027	1,039,000	966,963	988,924
	CMS ENERGY CORP	CORPORATE BONDS	N/A	VAR RT	12/01/2050	500,000	379,753	417,990
	CNH EQUIPMENT TRUST 2024- B A3	CORPORATE BONDS	N/A	5.190%	09/17/2029	582,000	581,949	583,600
	CNH INDUSTRIAL CAPITAL LLC	CORPORATE BONDS	N/A	1.450%	07/15/2026	1,100,000	980,056	1,016,988
	COLUMBIA PIPELINES OPERAT 144A	CORPORATE BONDS	N/A	6.036%	11/15/2033	758,000	755,467	774,613
	CONSOLIDATED EDISON CO OF NEW	CORPORATE BONDS	N/A	5.375%	05/15/2034	1,140,000	1,138,153	1,145,667
	CONSTELLATION SOFTWARE IN 144A	CORPORATE BONDS	N/A	5.158%	02/16/2029	548,000	548,000	547,804
	COOPERATIEVE RABOBANK UA	CORPORATE BONDS	N/A	3.750%	07/21/2026	664,000	621,045	639,170
	COREBRIDGE FINANCIAL INC	CORPORATE BONDS	N/A	3.650%	04/05/2027	1,017,000	951,243	973,195
	COX COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	5.700%	06/15/2033	996,000	983,669	990,618
	CROWN CASTLE INC	CORPORATE BONDS	N/A	2.900%	03/15/2027	741,000	676,943	695,469
	CUMMINS INC	CORPORATE BONDS	N/A	5.150%	02/20/2034	758,000	764,943	758,810
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	5.880%	01/10/2028	133,105	130,445	130,259
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	6.036%	12/10/2028	110,682	109,770	110,957
	CVS PASS-THROUGH TRUST 144A	CORPORATE BONDS	N/A	5.773%	01/10/2033	750,284	729,586	743,601
	CVS PASS-THROUGH TRUST 144A	CORPORATE BONDS	N/A	5.926%	01/10/2034	683,146	673,002	677,016
	DB MASTER FINANCE 1A A2II 144A	CORPORATE BONDS	N/A	4.030%	11/20/2047	234,375	214,198	222,502
	DB MASTER FINANCE 1A A2II 144A	CORPORATE BONDS	N/A	2.493%	11/20/2051	893,100	751,251	784,397

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Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	DELTA AIR LINES 2015-1 CLASS A	CORPORATE BONDS	N/A	3.875%	01/30/2029	112,060	100,359	105,877
	DIAMONDBACK ENERGY INC	CORPORATE BONDS	N/A	5.400%	04/18/2034	713,000	710,711	705,904
	DLLAA 2021-1 LLC 1A A3 144A	CORPORATE BONDS	N/A	0.670%	04/17/2026	82,996	79,683	81,541
	DOMINION ENERGY INC	CORPORATE BONDS	N/A	1.450%	04/15/2026	1,130,000	1,016,385	1,052,332
	DOMINO'S PIZZA MA 1A A2II 144A	CORPORATE BONDS	N/A	3.151%	04/25/2051	181,858	149,601	156,191
	DOMINO'S PIZZA MAS 1A A2I 144A	CORPORATE BONDS	N/A	4.116%	07/25/2048	985,400	937,285	961,727
	DOMINO'S PIZZA MAS 1A A2I 144A	CORPORATE BONDS	N/A	2.662%	04/25/2051	693,393	585,781	615,395
	DOMINO'S PIZZA MAST 1A A2 144A	CORPORATE BONDS	N/A	3.668%	10/25/2049	480,000	418,725	437,298
	DOW CHEMICAL CO/THE	CORPORATE BONDS	N/A	4.550%	11/30/2025	43,000	41,900	42,476
	DTE ENERGY CO	CORPORATE BONDS	N/A	STEP	10/01/2024	255,000	244,165	252,666
	DTE ENERGY CO	CORPORATE BONDS	N/A	1.050%	06/01/2025	378,000	346,221	362,435
	DUKE ENERGY CORP	CORPORATE BONDS	N/A	4.500%	08/15/2032	1,330,000	1,233,683	1,243,617
	DUKE ENERGY FLORIDA LLC	CORPORATE BONDS	N/A	3.800%	07/15/2028	128,000	121,800	122,270
	EASTERN ENERGY GAS HOLDINGS LL	CORPORATE BONDS	N/A	2.500%	11/15/2024	410,000	391,557	405,182
	ELEMENT FLEET MANAGEMENT 144A	CORPORATE BONDS	N/A	6.271%	06/26/2026	805,000	804,441	814,420
	ELEVANCE HEALTH INC	CORPORATE BONDS	N/A	2.550%	03/15/2031	1,272,000	1,073,998	1,084,383
	ENTERGY ARKANSAS LLC	CORPORATE BONDS	N/A	5.450%	06/01/2034	1,069,000	1,068,209	1,070,463
	ERAC USA FINANCE LLC 144A	CORPORATE BONDS	N/A	3.850%	11/15/2024	243,000	236,666	241,201
	EVERSOURCE ENERGY	CORPORATE BONDS	N/A	0.800%	08/15/2025	390,000	351,172	369,535
	EVERSOURCE ENERGY	CORPORATE BONDS	N/A	5.450%	03/01/2028	900,000	898,983	902,656
	EVERSOURCE ENERGY	CORPORATE BONDS	N/A	5.850%	04/15/2031	1,100,000	1,118,249	1,113,723
	EXELON CORP	CORPORATE BONDS	N/A	2.750%	03/15/2027	1,490,000	1,360,702	1,396,477
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.500%	10/24/2028	1,087,000	1,030,119	1,061,087
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	3.250%	06/02/2030	400,000	347,096	360,881
	*FIRSTKEY HOMES 202 SFR1 A 144A	CORPORATE BONDS	N/A	1.339%	08/17/2037	1,191,594	1,084,514	1,133,749
	FORD MOTOR CREDIT CO LLC	CORPORATE BONDS	N/A	5.113%	05/03/2029	640,000	581,357	618,290
	*FREDDIE MAC SEASONED CRED 2 MA	CORPORATE BONDS	N/A	3.500%	08/26/2058	151,447	141,423	140,593
	*FREDDIE MAC SEASONED CRED 4 MA	CORPORATE BONDS	N/A	3.500%	03/25/2058	470,990	441,661	439,144
	*FREDDIE MAC SEASONED CRED 4 MA	CORPORATE BONDS	N/A	3.000%	02/25/2059	214,691	195,876	193,697
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	4.300%	04/06/2029	2,134,000	1,949,157	2,027,388
	GENPACT LUXEMBOURG SARL	CORPORATE BONDS	N/A	3.375%	12/01/2024	1,037,000	998,203	1,023,917
	GENPACT LUXEMBOURG SARL/GENPAC	CORPORATE BONDS	N/A	6.000%	06/04/2029	811,000	810,362	820,302
	GENUINE PARTS CO	CORPORATE BONDS	N/A	2.750%	02/01/2032	773,000	627,100	641,989
	GLENCORE FUNDING LLC 144A	CORPORATE BONDS	N/A	1.625%	04/27/2026	1,509,000	1,362,150	1,410,751
	GOLDENTREE LOAN MAN 10A A 144A	CORPORATE BONDS	N/A	VAR RT	07/20/2034	366,000	357,531	366,934
	GOLUB CAPITAL BDC INC	CORPORATE BONDS	N/A	2.500%	08/24/2026	575,000	501,334	528,912
	GOLUB CAPITAL BDC INC	CORPORATE BONDS	N/A	7.050%	12/05/2028	726,000	718,210	741,257
	*GS MORTGAGE SECURI SHIP A 144A	CORPORATE BONDS	N/A	VAR RT	09/10/2038	1,593,000	1,522,756	1,551,276
	GS MORTGAGE SECURITIES GC30 A3	CORPORATE BONDS	N/A	3.119%	05/10/2050	485,110	459,030	475,166
	HEALTHPEAK OP LLC	CORPORATE BONDS	N/A	3.250%	07/15/2026	522,000	489,421	499,935
	HEALTHPEAK OP LLC	CORPORATE BONDS	N/A	5.250%	12/15/2032	520,000	498,557	510,571
	HEICO CORP	CORPORATE BONDS	N/A	5.350%	08/01/2033	691,000	679,069	684,805

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Building Service 32BJ Pension Fund
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EIN #13-1879376, Plan #001
June 30, 2024

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		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	HERCULES CAPITAL INC	CORPORATE BONDS	N/A	3.375%	01/20/2027	1,115,000	974,109	1,032,501
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR RT	11/03/2033	400,000	437,150	451,861
	INFOR INC 144A	CORPORATE BONDS	N/A	1.750%	07/15/2025	106,000	96,783	101,629
	INVITATION HOMES OPERATING PAR	CORPORATE BONDS	N/A	2.300%	11/15/2028	700,000	586,236	619,843
	JOHN DEERE CAPITAL CORP	CORPORATE BONDS	N/A	5.100%	04/11/2034	765,000	764,526	762,820
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	09/14/2033	568,000	559,929	575,863
	L3HARRIS TECHNOLOGIES INC	CORPORATE BONDS	N/A	5.400%	01/15/2027	855,000	852,938	858,456
	L3HARRIS TECHNOLOGIES INC	CORPORATE BONDS	N/A	5.250%	06/01/2031	470,000	465,117	468,427
	LIBERTY MUTUAL GROUP INC 144A	CORPORATE BONDS	N/A	4.569%	02/01/2029	689,000	651,604	671,690
	LKQ CORP	CORPORATE BONDS	N/A	5.750%	06/15/2028	705,000	697,363	711,641
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	VAR RT	02/05/2026	300,000	282,440	293,940
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	VAR RT	08/07/2027	1,000,000	997,446	1,005,919
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	VAR RT	01/05/2035	500,000	500,000	497,986
	LOWE'S COS INC	CORPORATE BONDS	N/A	1.700%	10/15/2030	861,000	693,458	702,982
	LOWE'S COS INC	CORPORATE BONDS	N/A	1.700%	09/15/2028	470,000	398,197	410,679
	MACQUARIE GROUP LTD 144A	CORPORATE BONDS	N/A	VAR RT	01/12/2027	1,108,000	986,866	1,037,142
	MACQUARIE GROUP LTD 144A	CORPORATE BONDS	N/A	6.207%	11/22/2024	367,000	366,547	367,497
	MACY'S RETAIL HOLDINGS LL 144A	CORPORATE BONDS	N/A	5.875%	03/15/2030	684,000	606,419	656,044
	MARATHON OIL CORP	CORPORATE BONDS	N/A	5.300%	04/01/2029	650,000	644,027	652,673
	MCDONALD'S CORP	CORPORATE BONDS	N/A	3.600%	07/01/2030	182,000	169,322	168,533
	MCKESSON CORP	CORPORATE BONDS	N/A	0.900%	12/03/2025	453,000	407,072	425,590
	*MICROCHIP TECHNOLOGY INC	CORPORATE BONDS	N/A	5.050%	03/15/2029	640,000	636,198	634,873
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	07/21/2032	1,039,000	819,386	848,768
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	04/21/2034	1,003,000	966,409	987,308
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	05/04/2027	5,004,000	4,474,068	4,665,033
	MPLX LP	CORPORATE BONDS	N/A	1.750%	03/01/2026	800,000	725,240	751,768
	NATIONAL GRID PLC	CORPORATE BONDS	N/A	5.809%	06/12/2033	473,000	475,978	475,276
	NATIONAL RURAL UTILITIES COOPE	CORPORATE BONDS	N/A	VAR RT	09/15/2053	382,000	384,845	392,599
	*NEW YORK AND PRESBYTERIAN HOSP	CORPORATE BONDS	N/A	1.651%	08/01/2030	410,000	326,986	336,357
	NIAGARA MOHAWK POWER CORP 144A	CORPORATE BONDS	N/A	1.960%	06/27/2030	765,000	606,157	636,104
	NISOURCE INC	CORPORATE BONDS	N/A	0.950%	08/15/2025	769,000	701,784	730,388
	NNN REIT INC	CORPORATE BONDS	N/A	4.000%	11/15/2025	1,025,000	983,002	1,003,641
	NORFOLK SOUTHERN CORP	CORPORATE BONDS	N/A	3.800%	08/01/2028	1,055,000	991,167	1,009,680
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	3.150%	05/01/2027	1,518,000	1,394,648	1,435,340
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	5.000%	01/15/2033	677,000	646,325	660,127
	OAKTREE SPECIALTY LENDING CORP	CORPORATE BONDS	N/A	2.700%	01/15/2027	582,000	503,386	528,353
	OCCIDENTAL PETROLEUM CORP	CORPORATE BONDS	N/A	0.000%	10/10/2036	1,000,000	530,994	538,265
	ORACLE CORP	CORPORATE BONDS	N/A	2.950%	04/01/2030	633,000	546,158	562,957
	ORACLE CORP	CORPORATE BONDS	N/A	1.650%	03/25/2026	751,000	681,132	703,948
	ORACLE CORP	CORPORATE BONDS	N/A	6.150%	11/09/2029	1,034,000	1,069,772	1,081,469
	O'REILLY AUTOMOTIVE INC	CORPORATE BONDS	N/A	4.200%	04/01/2030	422,000	392,850	401,649
	OVINTIV INC	CORPORATE BONDS	N/A	5.650%	05/15/2028	484,000	475,178	489,503

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June 30, 2024

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		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	PARKER-HANNIFIN CORP	CORPORATE BONDS	N/A	4.250%	09/15/2027	859,000	830,861	836,951
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	3.450%	07/01/2024	435,000	423,734	435,000
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.400%	07/01/2027	325,000	306,752	316,165
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	5.700%	02/01/2028	1,282,000	1,261,056	1,293,334
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	5.350%	01/12/2027	890,000	889,464	888,344
	PHILLIPS 66 CO	CORPORATE BONDS	N/A	3.605%	02/15/2025	694,000	670,489	684,268
	PLANET FITNESS MAS 1A A2I 144A	CORPORATE BONDS	N/A	5.765%	06/05/2054	766,000	766,000	764,582
	PROGRESS RESIDENTI SFR2 A 144A	CORPORATE BONDS	N/A	2.078%	06/17/2037	1,544,792	1,444,140	1,530,886
	PROLOGIS TARGETED US LOGI 144A	CORPORATE BONDS	N/A	5.250%	04/01/2029	774,000	774,805	774,523
	*PSMC 2020-2 TRUST 2 A2 144A	CORPORATE BONDS	N/A	VAR RT	05/25/2050	55,332	48,142	48,060
	PUBLIC SERVICE ENTERPRISE GROU	CORPORATE BONDS	N/A	0.800%	08/15/2025	1,204,000	1,093,550	1,143,159
	REALTY INCOME CORP	CORPORATE BONDS	N/A	2.100%	03/15/2028	705,000	597,980	631,727
	REGAL REXNORD CORP	CORPORATE BONDS	N/A	6.050%	02/15/2026	698,000	698,886	699,710
	ROGERS COMMUNICATIONS INC	CORPORATE BONDS	N/A	3.625%	12/15/2025	775,000	737,001	753,505
	ROGERS COMMUNICATIONS INC	CORPORATE BONDS	N/A	3.800%	03/15/2032	1,239,000	1,074,140	1,107,048
	ROPER TECHNOLOGIES INC	CORPORATE BONDS	N/A	1.000%	09/15/2025	470,000	427,339	445,239
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	5.650%	03/01/2028	1,405,000	1,404,639	1,425,624
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	6.300%	12/01/2028	500,000	520,825	520,349
	SABEY DATA CENTER IS 1 A2 144A	CORPORATE BONDS	N/A	3.812%	04/20/2045	356,000	336,409	348,596
	SABINE PASS LIQUEFACTION LLC	CORPORATE BONDS	N/A	4.200%	03/15/2028	1,005,000	947,473	969,582
	SAN DIEGO GAS & ELECTRIC CO	CORPORATE BONDS	N/A	1.700%	10/01/2030	670,000	530,590	549,817
	SBA TOWER TRUST 144A	CORPORATE BONDS	N/A	6.599%	11/15/2052	920,000	933,484	938,924
	SBL HOLDINGS INC 144A	CORPORATE BONDS	N/A	5.000%	02/18/2031	466,000	360,883	408,301
	SEALED AIR CORP 144A	CORPORATE BONDS	N/A	1.573%	10/15/2026	660,000	577,912	600,942
	SEMPRA	CORPORATE BONDS	N/A	5.400%	08/01/2026	1,200,000	1,188,684	1,198,916
	SERVPRO MASTER ISSU 1A A2 144A	CORPORATE BONDS	N/A	2.394%	04/25/2051	223,100	182,757	196,656
	SILGAN HOLDINGS INC 144A	CORPORATE BONDS	N/A	1.400%	04/01/2026	267,000	236,470	247,567
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	3.300%	01/15/2026	355,000	337,729	343,975
	SIXTH STREET SPECIALTY LENDING	CORPORATE BONDS	N/A	6.950%	08/14/2028	500,000	494,865	510,845
	SIXTH STREET SPECIALTY LENDING	CORPORATE BONDS	N/A	6.125%	03/01/2029	380,000	376,337	375,081
	SOLVENTUM CORP 144A	CORPORATE BONDS	N/A	5.400%	03/01/2029	670,000	665,069	667,955
	STORE MASTER FUNDIN 1A A2 144A	CORPORATE BONDS	N/A	4.170%	04/20/2045	147,896	138,852	145,300
	SUBWAY FUNDING LL 1A A2II 144A	CORPORATE BONDS	N/A	6.268%	07/30/2054	738,000	738,000	747,725
	TACO BELL FUNDING 1A A2II 144A	CORPORATE BONDS	N/A	2.294%	08/25/2051	2,433,653	2,001,295	2,110,064
	TAKEDA PHARMACEUTICAL CO LTD	CORPORATE BONDS	N/A	2.050%	03/31/2030	849,000	698,447	716,485
	TARGA RESOURCES CORP	CORPORATE BONDS	N/A	6.125%	03/15/2033	650,000	656,092	667,541
	TD SYNNEX CORP	CORPORATE BONDS	N/A	6.100%	04/12/2034	751,000	751,941	753,089
	TEXAS EASTERN TRANSMISSIO 144A	CORPORATE BONDS	N/A	3.500%	01/15/2028	1,224,000	1,127,548	1,154,853
	THERMO FISHER SCIENTIFIC INC	CORPORATE BONDS	N/A	5.200%	01/31/2034	691,000	689,936	695,188
	T-MOBILE USA INC	CORPORATE BONDS	N/A	3.875%	04/15/2030	2,240,000	2,040,685	2,094,012
	T-MOBILE USA INC	CORPORATE BONDS	N/A	3.375%	04/15/2029	1,079,000	957,893	996,428
	TRICON AMERICAN HO SFR1 A 144A	CORPORATE BONDS	N/A	1.499%	07/17/2038	733,396	647,329	677,454

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EIN #13-1879376, Plan #001
June 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	*TRICON RESIDENTIAL SFR2 A 144A	CORPORATE BONDS	N/A	5.000%	12/17/2040	1,145,884	1,112,681	1,129,132
	TRITON CONTAINER INTERNAT 144A	CORPORATE BONDS	N/A	3.150%	06/15/2031	995,000	761,176	826,996
	TRITON CONTAINER INTERNATIONAL	CORPORATE BONDS	N/A	3.250%	03/15/2032	377,000	295,085	309,150
	TRUIST FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	10/28/2033	933,000	927,324	954,046
	TTX CO 144A	CORPORATE BONDS	N/A	3.600%	01/15/2025	282,000	272,944	278,673
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	VAR RT	08/10/2027	875,000	758,674	802,776
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	4.125%	09/24/2025	755,000	723,015	740,286
	UNIVERSAL HEALTH SERVICES INC	CORPORATE BONDS	N/A	2.650%	10/15/2030	495,000	394,700	422,604
	VENTAS REALTY LP	CORPORATE BONDS	N/A	4.125%	01/15/2026	325,000	310,849	317,553
	VERISIGN INC	CORPORATE BONDS	N/A	2.700%	06/15/2031	563,000	461,750	471,137
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.500%	08/10/2033	1,010,000	929,835	949,513
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	3.875%	02/08/2029	222,000	208,211	210,999
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.016%	12/03/2029	491,000	452,924	464,062
	VIATRIS INC	CORPORATE BONDS	N/A	1.650%	06/22/2025	260,000	239,207	249,880
	VIRGINIA ELECTRIC AND POWER CO	CORPORATE BONDS	N/A	2.875%	07/15/2029	292,000	259,109	263,723
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	3.200%	09/26/2026	215,000	199,916	204,689
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	4.600%	06/08/2029	1,135,000	1,080,166	1,100,116
	VORNADO REALTY LP	CORPORATE BONDS	N/A	3.500%	01/15/2025	379,000	356,778	373,320
	WARNERMEDIA HOLDINGS INC	CORPORATE BONDS	N/A	4.279%	03/15/2032	1,374,000	1,200,498	1,199,265
	WEC ENERGY GROUP INC	CORPORATE BONDS	N/A	1.375%	10/15/2027	1,130,000	967,841	1,001,561
	WENDY'S FUNDING LL 1A A2I 144A	CORPORATE BONDS	N/A	3.783%	06/15/2049	214,788	198,857	205,791
	XCEL ENERGY INC	CORPORATE BONDS	N/A	4.600%	06/01/2032	388,000	366,390	362,791
							146,567,510	150,389,164
	CORPORATE STOCKS AND REITS							
	ADOBE INC	COMMON STOCK	N/A	N/A	N/A	7,264	3,610,731	4,035,443
	ALPHABET INC	COMMON STOCK	N/A	N/A	N/A	86,629	10,701,819	15,779,472
	APPLE INC	COMMON STOCK	N/A	N/A	N/A	52,235	10,111,458	11,001,736
	APPLIED MATERIALS INC	COMMON STOCK	N/A	N/A	N/A	27,476	3,971,381	6,484,061
	AUTOZONE INC	COMMON STOCK	N/A	N/A	N/A	2,031	5,263,577	6,020,087
	BALL CORP	COMMON STOCK	N/A	N/A	N/A	113,191	6,606,110	6,793,724
	BANK OF AMERICA CORP	COMMON STOCK	N/A	N/A	N/A	123,217	3,583,530	4,900,340
	BROADCOM INC	COMMON STOCK	N/A	N/A	N/A	3,331	4,704,119	5,348,020
	CHARTER COMMUNICATIONS INC	COMMON STOCK	N/A	N/A	N/A	14,738	5,680,657	4,406,072
	CIGNA GROUP/THE	COMMON STOCK	N/A	N/A	N/A	16,210	4,786,098	5,358,540
	CME GROUP INC	COMMON STOCK	N/A	N/A	N/A	30,488	5,649,366	5,993,941
	COSTCO WHOLESALE CORP	COMMON STOCK	N/A	N/A	N/A	5,002	2,741,566	4,251,650
	DANAHER CORP	COMMON STOCK	N/A	N/A	N/A	15,598	3,344,492	3,897,160
	DEERE & CO	COMMON STOCK	N/A	N/A	N/A	22,042	8,817,171	8,235,552
	DR HORTON INC	COMMON STOCK	N/A	N/A	N/A	18,631	2,267,206	2,625,667
	EQUIFAX INC	COMMON STOCK	N/A	N/A	N/A	12,112	2,646,230	2,936,676
	FISERV INC	COMMON STOCK	N/A	N/A	N/A	37,661	4,750,935	5,612,995

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value: Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	INTEL CORP	COMMON STOCK	N/A	N/A	N/A	122,727	4,254,561	3,800,855
	INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	N/A	N/A	N/A	48,908	5,670,495	6,695,016
	INTUIT INC	COMMON STOCK	N/A	N/A	N/A	8,439	4,439,620	5,546,195
	LINDE PLC	COMMON STOCK	N/A	N/A	N/A	15,146	5,771,838	6,646,216
	MARRIOTT INTERNATIONAL INC/MD	COMMON STOCK	N/A	N/A	N/A	15,058	2,953,626	3,640,573
	MARSH & MCLENNAN COS INC	COMMON STOCK	N/A	N/A	N/A	27,601	5,216,360	5,816,083
	MASTERCARD INC	COMMON STOCK	N/A	N/A	N/A	17,343	6,860,995	7,651,038
	MICRON TECHNOLOGY INC	COMMON STOCK	N/A	N/A	N/A	17,724	1,561,124	2,331,238
	MICROSOFT CORP	COMMON STOCK	N/A	N/A	N/A	37,773	12,863,217	16,882,642
	MONDELEZ INTERNATIONAL INC	COMMON STOCK	N/A	N/A	N/A	43,805	3,190,366	2,866,599
	NVIDIA CORP	COMMON STOCK	N/A	N/A	N/A	132,580	5,983,854	16,378,933
	ORACLE CORP	COMMON STOCK	N/A	N/A	N/A	45,999	5,351,429	6,495,059
	PROCTER & GAMBLE CO/THE	COMMON STOCK	N/A	N/A	N/A	25,262	3,844,935	4,166,209
	REALTY INCOME CORP	COMMON STOCK	N/A	N/A	N/A	146,335	7,736,883	7,729,415
	S&P GLOBAL INC	COMMON STOCK	N/A	N/A	N/A	13,504	5,427,805	6,022,784
	SALESFORCE INC	COMMON STOCK	N/A	N/A	N/A	39,441	8,398,499	10,140,281
	SHERWIN-WILLIAMS CO/THE	COMMON STOCK	N/A	N/A	N/A	13,801	3,690,583	4,118,632
	SYSCO CORP	COMMON STOCK	N/A	N/A	N/A	41,761	3,098,666	2,981,318
	THERMO FISHER SCIENTIFIC INC	COMMON STOCK	N/A	N/A	N/A	7,591	3,965,659	4,197,823
	VERISK ANALYTICS INC	COMMON STOCK	N/A	N/A	N/A	13,466	3,043,720	3,629,760
	VERIZON COMMUNICATIONS INC	COMMON STOCK	N/A	N/A	N/A	80,531	3,397,594	3,321,098
	WASTE MANAGEMENT INC	COMMON STOCK	N/A	N/A	N/A	29,034	5,035,076	6,194,116
							200,993,351	240,933,019
	COMMON INVESTMENT FUNDS							
	ALTRINSIC INTERNATIONAL EQUITY	COLLECTIVE TRUST	N/A	N/A	N/A	15,994,780	177,250,081	219,336,167
	LONGVIEW LARGECAP 500 INDEX FUND	COLLECTIVE TRUST	N/A	N/A	N/A	282,830	98,324,588	580,228,043
	NT COLLECTIVE AGGREGATE BOND FD NL	COLLECTIVE TRUST	N/A	N/A	N/A	3,213,711	460,472,917	473,315,424
	NT COLLECTIVE RUSSELL 2000 INDEX FD	COLLECTIVE TRUST	N/A	N/A	N/A	1,305,603	66,846,670	73,356,616
	NT COLLECTIVE S&P 400 INDEX FUND NL	COLLECTIVE TRUST	N/A	N/A	N/A	26,368	51,063,331	92,697,671
	RELIANCE TRST INST RTRMT TRST S 11	COLLECTIVE TRUST	N/A	N/A	N/A	13,763,980	179,730,829	263,167,292
	STATE STREET LONG U.S. TREASURY IDX	COLLECTIVE TRUST	N/A	N/A	N/A	7,223,661	199,000,000	153,358,333
	STATE STREET DAILY MSCI EMRG MKTS	COLLECTIVE TRUST	N/A	N/A	N/A	2,617,742	95,238,731	108,536,812
	STATE STREET MSCI EAFE 100 HEDGED	COLLECTIVE TRUST	N/A	N/A	N/A	1,068,278	131,136,515	147,261,109
	STATE STREET RUSSELL 1000 (R) VALUE	COLLECTIVE TRUST	N/A	N/A	N/A	889,612	47,633,305	139,090,838
	STATE STREET S&P GLOBAL LARGEMIDCAP	COLLECTIVE TRUST	N/A	N/A	N/A	3,720,509	38,403,380	65,001,014
							1,367,650,266	2,315,349,319
	103-12 INVESTMENT ENTITIES							
	ADAMS STREET PARTNERS	LIMITED PARTNERSHIP	N/A	N/A	N/A	16,250,000	16,250,000	16,297,807
	LIMITED PARTNERSHIPS							
	BLACKROCK GLOBAL INFRA FD IV	LIMITED PARTNERSHIP	N/A	N/A	N/A	11,839,689	11,997,691	12,494,840
	GIP IV-B FEEDER FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	32,996,382	29,453,306	33,892,843

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Building Service 32BJ Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #13-1879376, Plan #001
June 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value: Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	IFM GLOBAL INFRA US LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	167,784,277	158,326,768	167,784,277
	IRONSIDES DIR INVEST FD IV LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	8,931,582	13,966,440	9,239,253
	IRONSIDES PTNRSHP FUND IV LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	68,730,571	66,929,958	68,419,038
	ISQ GLOBAL INFRA FD III (USTE) LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	23,653,759	23,653,759	27,049,519
	ISQ GLOBAL INFRA FUND II USTE LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	56,751,678	48,273,810	58,180,618
	ISQ GLOBAL INFRA USTE LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	32,324,509	32,886,004	32,500,502
	KKR EUROPEAN V ASP FUND	LIMITED PARTNERSHIP	N/A	N/A	N/A	657,145	657,145	771,040
	LEXINGTON CAPITAL PTNRS VII	LIMITED PARTNERSHIP	N/A	N/A	N/A	4,537,800	5,341,009	907,622
	LSV EMERGING MARKETS EQUITY FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	274,867	84,626,501	123,769,288
	POMONA CAPITAL VIII LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	8,975	5,798,344	230,754
	PRIMUS HIGH YIELD BOND FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	151,434,214	139,385,645	152,668,502
	STEPSTONE VC GBL PARTNERS X LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	37,916,868	39,109,878	36,222,185
	STRATEGIC PARTNERS VII ASP FD	LIMITED PARTNERSHIP	N/A	N/A	N/A	531,413	531,413	264,791
							766,220,403	816,136,574
	REGISTERED INVESTMENT COMPANIES							
	AFL-CIO HOUSING INVESTMENT TR	REGISTERED INVESTMENT COMPANY	N/A	N/A	N/A	10,943	10,513,264	10,493,969
	VANGUARD S/T INFL PROT-INST	REGISTERED INVESTMENT COMPANY	N/A	N/A	N/A	12,133,398	309,092,978	292,900,216
							319,606,242	303,394,185
	CASH AND SHORT TERM INVESTMENTS							
	FIDELITY INV MMKT TREAS 680	SHORT TERM INVESTMENT	N/A	VAR	12/31/2049	59,039,767	59,039,767	59,039,767
	TOTAL INVESTMENTS							$ 4,020,930,369

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Building Service 32BJ Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #13-1879376, Plan #001
Year Ended June 30, 2024

(a)	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	SINGLE REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS							
	NONE							
	SERIES OF REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS							
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	$ 317,211,968	N/A	N/A	-	$ 317,211,968	$ 317,211,968	N/A
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	N/A	$ 317,211,968	N/A	-	$ 317,211,968	$ 317,211,968	-
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	$ 636,985,748	N/A	N/A	-	$ 636,985,748	$ 636,985,748	N/A
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	N/A	$ 595,840,971	N/A	-	$ 595,840,971	$ 595,840,971	-

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations:
  - The first calculation 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.
- Reductions in accrued benefits or contribution surcharges for a plan in critical status (Red Zone) are disregarded in determining an employer's allocation of the UVB. The Trustees have adopted a method for calculating the UVB effective for withdrawals that occur on and after July 1, 2011. The method is based on the PBGC's Technical Update 10-3, which describes how to account for the effect of benefit reductions that are implemented as part of a Rehabilitation Plan ("Affected Benefits") when a pension plan is in critical status. As of June 30, 2023, no benefits have been reduced or eliminated that would be considered Affected Benefits. Therefore, the Affected Benefits pool is zero.

Interest	For liabilities up to market value of assets, 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.
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 30, 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 30, 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.

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non-annuitant: Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

Healthy annuitant: Pri-2012 Blue Collar Healthy Annuitant Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

Disabled annuitant: Pri-2012 Disabled Retiree Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

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

Annuitant Mortality Rates

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

[1] Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Termination Rates

	Rate (%)						
	Mortality[1]			Withdrawal[2] Years of Service			
Age	Male	Female	Disability	Less than 2 Years	2-4 Years	5-9 Years	10 years or More
20	0.07	0.02	0.00	9.00	7.10	- -	- -
25	0.07	0.03	0.00	10.87	8.57	6.48	- -
30	0.07	0.03	0.00	9.31	6.79	4.20	2.42
35	0.07	0.04	0.00	8.39	5.51	3.58	2.51
40	0.09	0.06	0.00	7.96	5.18	3.01	2.08
45	0.12	0.09	0.00	7.74	4.74	2.91	1.87
50	0.18	0.13	0.15	7.80	4.45	2.66	1.75
55	0.28	0.20	0.25	6.76	3.91	1.30	0.44
60	0.44	0.30	0.41	6.82	3.92	1.06	0.10

[1] Rates shown are for the base table and do not reflect any mortality projection.

[2] Withdrawal rates cut out at first eligibility for an immediate pension.

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

Retirement Rates for Active Participants

Age	Annual Retirement Rates[1]
55 – 61	1%
62	16
63 – 65	10
66 – 67	20
68 – 69	15
70 – 71	50
72 and older	100

[1] *if eligible*

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

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 67, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2023 actuarial valuation.
Retirement Rates for Inactive Vested Participants	<table><tr><th>Age</th><th>Annual Retirement Rates[1]</th></tr><tr><td>55</td><td>5%</td></tr><tr><td>56 – 61</td><td>4</td></tr><tr><td>62</td><td>20</td></tr><tr><td>63</td><td>7</td></tr><tr><td>64</td><td>20</td></tr><tr><td>65</td><td>40</td></tr><tr><td>66 – 67</td><td>20</td></tr><tr><td>68 – 70</td><td>10</td></tr><tr><td>71 and older</td><td>100</td></tr></table> [1] *if eligible* The retirement rates for inactive vested participants was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to retirements and the projected number and liability change based on the prior year's assumption over recent years.
Future Benefit Accruals	One service credit per year except for Program B and C part-time employees who are expected to earn 0.5 service credit per year The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual benefit accruals over recent years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 3 months (or 13 weeks) worked during the year who have accumulated at least one year of service credit, and have not retired as of the valuation date. Program C active participants are defined as those who had at least one year of vesting service.
Exclusion of Inactive Vested Participants	Inactive participants over age 75 are excluded from the valuation. The exclusion of inactive vested participants over age 75 was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	80%

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	All participants are assumed to elect the 36-Month Benefit Guarantee form of payment (12-Month Guarantee for Program B and 60-Month Guarantee for Program D). The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual option election patterns over recent years.
Net Investment Return	7.50% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Meketa Investment Group, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$19,500,000 for the year beginning July 1, 2023 (equivalent to $18,754,940 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.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Current Liability Assumptions	*Interest:* 2.85%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2021 (previously, MP-2020)
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 6.3%, for the Plan Year ending June 30, 2023 *On current (market) value of assets (Schedule MB, line 6h):* 9.1%, for the Plan Year ending June 30, 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 January 15 contribution date.

Section 3: Certificate of Actuarial Valuation

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. 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.

333 West 34th Street, 3rd Floor
New York, NY 10001-2402
segalco.com T:212.251.5000

September 28, 2023

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of July 1, 2023 for the following plan:

Name of Plan: Building Service 32BJ Pension Fund
Plan number: EIN 13-1879376/PN 001
Plan sponsor: Board of Trustees, Building Service 32BJ Pension Fund
Address: 25 West 18th Street, New York, New York 10011
Phone number: 212.388.3500

As of July 1, 2023, the Plan is in endangered status.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

If you have any questions on the attached certification, you may contact me at the following:

Segal
333 West 34th Street, 3rd Floor
New York, NY 10001-2402
Phone number: 212.251.5000

Sincerely,

Susan L. Boyle, FSA, FCA, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 23-06862

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
07/2023	$28,054.02	$386,978.00	$415,032.02
08/2023	$31,738.92	$83,899.94	$115,638.86
09/2023	$27,765.57	$476,182.00	$503,947.57
10/2023	$29,641.59	$0.00	$29,641.59
11/2023	$37,400.90	$0.00	$37,400.90
12/2023	$131,089.22	$0.00	$131,089.22
01/2024	$68,432.13	$0.00	$68,432.13
02/2024	$20,764.59	$201,656.81	$222,421.40
03/2024	$35,705.01	$18,418.00	$54,123.01
04/2024	$22,481.05	$632,350.00	$654,831.05
05/2024	$21,573.10	$0.00	$21,573.10
06/2024	$44,215.63	$0.00	$44,215.63
Total	$498,861.73	$1,799,484.75	$2,298,346.48

Actuarial Status Certification as of July 1, 2023 under IRC Section 432

September 28, 2023

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Building Service 32BJ Pension Fund as of July 1, 2023 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the July 1, 2022 actuarial valuation, dated February 9, 2023. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal's understanding as an actuarial firm.

This certification assumed that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. In addition, as allowed by IRC Section 432(b)(3)(B), in my opinion, the contributions used for Insolvency Projections are reasonable. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity and contributions as otherwise specified, takes into account information provided by the plan sponsor.

Susan L. Boyle, FSA, FCA, MAAA	
EA#	23-06862
Title	Senior Vice President and Actuary
Email	**sboyle@segalco.com**

Certificate Contents

Exhibit 1	Status Determination as of July 1, 2023
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After July 1, 2022
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of July 1, 2023

Status	Condition	Component Result	Final Result
Critical Status:			
	1. Initial critical status tests:		
	C1. A funding deficiency is projected in four years (ignoring any amortization extensions)?	No	No
	C2. a. A funding deficiency is projected in five years (ignoring any amortization extensions),	No	
	b. **and** the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. **and** the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
	C3. a. A funding deficiency is projected in five years (ignoring any amortization extensions),	No	
	b. **and** the funded percentage is less than 65%?	No	No
	C4. a. The funded percentage is less than 65%,	No	
	b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	In Critical Status?		**No**
	C6. a. Any of (C1) through (C5) are Yes?	No	No
	C7. a. Is not in critical status,	Yes	
	b. **and** is projected to be in critical status in any of the next five years?	No	No
	2. In Critical Status in any of the five succeeding plan years?		**No**

Status	Condition	Component Result	Final Result
Endangered Status:			
	E1. a. Is not in critical status,	Yes	
	b. **and** the funded percentage is less than 80%?	Yes	Yes
	E2. a. Is not in critical status,	Yes	
	b. **and** a funding deficiency is projected in seven years?	No	No
	In Endangered Status? (Yes when either (E1) or (E2) is Yes)		**Yes**
	In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)		**No**
Neither Critical Status nor Endangered Status:			
	Neither Critical nor Endangered Status?		**No**

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of July 1, 2023 (based on projections from the July 1, 2022 valuation certificate):

1.	Financial Information			
	a. Market value of assets			$3,466,135,670
	b. Actuarial value of assets			3,609,511,438
	c. Reasonably anticipated contributions (including withdrawal liability payments from previously withdrawn employers)			
	1) Upcoming year (including $506,056 in withdrawal liability payments)			327,187,989
	2) Present value for the next five years (including $1,870,443 in withdrawal liability payments)			1,369,454,065
	3) Present value for the next seven years (including $2,388,903 in withdrawal liability payments)			1,792,803,447
	d. Projected benefit payments			336,846,639
	e. Projected administrative expenses (beginning of year)			16,186,956
2.	Liabilities			
	a. Present value of vested benefits for active participants			1,507,090,701
	b. Present value of vested benefits for non-active participants			3,010,314,370
	c. Total unit credit accrued liability			4,678,742,025
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$1,493,938,011	$73,066,068	$1,567,004,079
	2) Next seven years	2,002,129,069	97,326,543	2,099,455,612
	e. Unit credit normal cost plus expenses			90,697,134
	f. Ratio of inactive participants to active participants			1.2140
3.	Funded Percentage (1.b)/(2.c)			77.1%
4.	Funding Standard Account			
	a. Credit Balance as of the end of prior year			$27,282,456
	b. Years to projected funding deficiency			N/A
5.	Years to Projected Insolvency			N/A

Exhibit 3: Funding Standard Account Projections

The table below presents the Funding Standard Account Projections for the Plan Years beginning July 1.

		Year Beginning July 1,					
		2022	**2023**	**2024**	**2025**	**2026**	**2027**
1.	Credit balance (BOY)	($17,858,547)	$27,282,456	$85,809,476	$146,876,073	$215,845,583	$287,507,065
2.	Interest on (1)	(1,339,391)	2,046,184	6,435,711	11,015,705	16,188,419	21,563,030
3.	Normal cost	73,333,325	74,510,178	75,404,300	76,309,152	77,224,862	78,151,560
4.	Administrative expenses	15,869,565	16,186,956	16,510,695	16,840,909	17,177,727	17,521,282
5.	Net amortization charges	174,011,773	171,585,880	172,094,042	167,837,124	168,892,263	162,478,865
6.	Interest on (3), (4) and (5)	19,741,100	19,671,226	19,800,678	19,574,039	19,747,114	19,361,378
7.	Expected contributions	318,488,128	327,187,989	327,193,330	327,265,285	327,265,285	327,265,285
8.	Interest on (7)	10,948,029	11,247,087	11,247,271	11,249,744	11,249,744	11,249,744
9.	**Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**$27,282,456**	**$85,809,476**	**$146,876,073**	**$215,845,583**	**$287,507,065**	**$370,072,038**

		2028	**2029**	**2030**	**2031**	**2032**
1.	Credit balance (BOY)	$370,072,038	$458,163,880	$586,780,544	$745,582,449	$925,874,774
2.	Interest on (1)	27,755,403	34,362,291	44,008,541	55,918,684	69,440,608
3.	Normal cost	79,089,379	80,038,452	80,998,913	81,970,900	82,954,551
4.	Administrative expenses	17,871,708	18,229,142	18,593,725	18,965,600	19,344,912
5.	Net amortization charges	161,791,250	128,914,463	108,347,895	98,056,645	81,439,594
6.	Interest on (3), (4) and (5)	19,406,425	17,038,654	15,595,540	14,924,486	13,780,429
7.	Expected contributions	327,246,117	327,226,668	327,085,862	327,048,964	327,048,964
8.	Interest on (7)	11,249,085	11,248,417	11,243,576	11,242,308	11,242,308
9.	**Credit balance at end of year: (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**$458,163,880**	**$586,780,544**	**$745,582,449**	**$925,874,774**	**$1,136,087,168**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after July 1, 2022

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial loss	7/ 1/2023	$51,044,779	15	$5,379,276
Plan amendment	7/ 1/2023	5,417,119	15	570,875
Actuarial loss	7/ 1/2024	42,940,058	15	4,525,173
Actuarial loss	7/ 1/2025	15,914,096	15	1,677,083
Actuarial loss	7/ 1/2026	113,983,206	15	12,011,946
Actuarial gain	7/ 1/2027	(2,793,060)	15	(294,342)

Exhibit 5: Solvency Projections

The table below presents the projected Market Value of Assets for the Plan Years beginning July 1, 2022 through June 30, 2043.

		Year Beginning July 1,						
		2022	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
1.	Market Value at beginning of year	$3,219,405,071	$3,466,135,670	$3,696,598,910	$3,933,315,480	$4,178,832,386	$4,431,773,436	$4,692,477,422
2.	Contributions	317,471,438	326,681,933	326,764,035	326,835,990	326,835,990	326,835,990	326,835,990
3.	Withdrawal liability payments/ other income	1,106,550	506,056	429,295	429,295	429,295	429,295	410,127
4.	Benefit payments	304,927,376	336,846,639	347,118,272	355,452,547	365,665,202	376,080,406	385,924,859
5.	Administrative expenses	19,275,857	16,830,000	17,166,600	17,509,932	17,860,131	18,217,334	18,581,681
6.	Interest earnings	252,355,844	256,951,890	273,808,112	291,214,100	309,201,098	327,736,441	346,876,289
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$3,466,135,670	$3,696,598,910	$3,933,315,480	$4,178,832,386	$4,431,773,436	$4,692,477,422	$4,962,093,288
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$3,771,063,046**	**$4,033,445,549**	**$4,280,433,752**	**$4,534,284,933**	**$4,797,438,638**	**$5,068,557,828**	**$5,348,018,147**

		2029	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**
1.	Market Value at beginning of year	$4,962,093,288	$5,241,738,388	$5,532,761,774	$5,836,896,522	$6,156,118,531	$6,492,328,214	$6,847,923,849
2.	Contributions	326,835,990	326,835,990	326,835,990	326,835,990	326,835,990	326,835,990	326,835,990
3.	Withdrawal liability payments	390,678	249,872	212,974	212,974	212,974	212,974	133,065
4.	Benefit payments	395,330,357	404,034,284	411,988,600	419,018,111	425,300,932	430,495,445	434,286,037
5.	Administrative expenses	18,953,315	19,332,381	19,719,029	20,113,410	20,515,678	20,925,992	21,344,512
6.	Interest earnings	366,702,104	387,304,189	408,793,413	431,304,566	454,977,329	479,968,108	506,466,842
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$5,241,738,388	$5,532,761,774	$5,836,896,522	$6,156,118,531	$6,492,328,214	$6,847,923,849	$7,225,729,197
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$5,637,068,745**	**$5,936,796,058**	**$6,248,885,122**	**$6,575,136,642**	**$6,917,629,146**	**$7,278,419,294**	**$7,660,015,234**

		2036	2037	2038	2039	2040	2041	2042
1.	Market Value at beginning of year	$7,225,729,197	$7,629,056,453	$8,061,101,985	$8,525,124,981	$9,024,691,700	$9,562,952,408	$10,143,823,786
2.	Contributions	326,835,990	326,835,990	326,835,990	326,835,990	326,835,990	326,835,990	326,835,990
3.	Withdrawal liability payments	54,629	54,629	27,314	0	0	0	0
4.	Benefit payments	436,487,587	437,526,451	437,467,344	436,277,060	434,639,351	432,017,438	428,539,883
5.	Administrative expenses	21,771,402	22,206,830	22,650,967	23,103,986	23,566,066	24,037,387	24,518,135
6.	Interest earnings	534,695,626	564,888,194	597,278,003	632,111,775	669,630,135	710,090,213	753,780,532
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$7,629,056,453	$8,061,101,985	$8,525,124,981	$9,024,691,700	$9,562,952,408	$10,143,823,786	$10,771,382,290
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$8,065,544,040**	**$8,498,628,436**	**$8,962,592,325**	**$9,460,968,760**	**$9,997,591,759**	**$10,575,841,224**	**$11,199,922,173**

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the July 1, 2022 actuarial valuation certificate, dated February 9, 2023, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Plan of Benefits:	The following changes to the Disability Pension are effective July 1, 2023: • The definition of totally and permanently disabled to include participants who receive a 3-year Social Security Disability Award, and • All future awardees will have their pension amounts increased from 82% of Normal Retirement Pension to 100% of Normal Retirement Pension at Normal Retirement Age or reduced 0.5% per month of age younger than 65 if elect Early Retirement Pension
Contribution Rates:	The certification reflects contribution rates negotiated through January 1, 2023 For Program A, January 1, 2025 for Program B, and July 1, 2025 for Program D. The average contribution rate is projected to increase from $125.63 per week for the plan year beginning July 1, 2022 to $127.65 per week for the plan year beginning July 1, 2025.
Asset Information:	The financial information as of June 30, 2023 was based on an unaudited financial statement provided by the Fund Administrator. For projections after that date, the assumed administrative expenses were increased by 2% per year and the benefit payments were projected based on the July 1, 2022 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2023 - 2042 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants is assumed to remain level and, on the average, contributions will be made for each full-time active for the equivalent of 52 weeks and each part-time active for the equivalent of 26 weeks each year.
Future Normal Costs:	Based on the assumed industry activity and the unit credit cost method and generational mortality assumptions, we have assumed that the Normal Cost will increase by 1.2% per year.

Future Withdrawal Liability Income:

In addition to projections of industry activity directly linked to the level of ongoing employment, these determinations also project the following contribution amounts derived from withdrawal liability assessments, based on information from the fund office as follows:

Plan Year Ending June 30	Amount	Plan Year Ending June 30	Amount
2024	$506,056	2032	$212,974
2025	429,295	2033	212,974
2026	429,295	2034	212,974
2027	429,295	2035	212,974
2028	429,295	2036	133,065
2029	410,127	2037	54,629
2030	390,678	2038	54,629
2031	249,872	2039	27,314

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

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended June 30, 2024

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1996	$27,119,022	3	$9,700,730
Plan amendment	07/01/1997	11,992,820	4	3,330,852
Assumption change	07/01/1999	9,730,704	6	1,928,444
Plan amendment	07/01/1999	17,716,741	6	3,511,127
Plan amendment	07/01/1999	30,050,699	6	5,955,486
Plan amendment	07/01/2000	3,834,234	7	673,400
Plan amendment	07/01/2000	93,443,789	7	16,411,364
Assumption change	07/01/2002	7,465,995	9	1,088,765
Plan amendment	07/01/2002	12,546,648	9	1,829,677
Plan amendment	07/01/2002	17,427,443	9	2,541,443
Plan amendment	07/01/2003	27,527,656	10	3,730,597
Plan amendment	07/01/2004	1,228,129	11	156,169
Plan amendment	07/01/2005	1,617,171	12	194,478
Assumption change	07/01/2006	51,613,855	13	5,908,668
Plan amendment	07/01/2009	63,004	1	63,004
Actuarial loss	07/01/2009	3,954,006	1	3,954,006
June 30, 2009 investment loss subject to relief	07/01/2009	165,052,691	15	17,393,826
Assumption change	07/01/2010	11,454,005	2	5,934,003
Actuarial loss	07/01/2011	3,511,441	3	1,256,076
Actuarial loss	07/01/2012	10,039,009	4	2,788,206
June 30, 2009 investment loss subject to relief	07/01/2012	34,993,594	15	3,687,747
Assumption change	07/01/2013	2,990,651	5	687,612
June 30, 2009 investment loss subject to relief	07/01/2013	55,305,981	15	5,828,336

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
June 30, 2009 investment loss subject to relief	07/01/2014	47,809,142	15	5,038,294
Assumption change	07/01/2014	108,394,339	6	21,481,730
Actuarial loss	07/01/2015	19,824,866	7	3,481,806
Actuarial loss	07/01/2016	64,799,878	8	10,291,247
Assumption change	07/01/2017	17,180,195	9	2,505,386
Actuarial loss	07/01/2017	59,327,906	9	8,651,784
Actuarial loss	07/01/2018	36,710,173	10	4,975,028
Actuarial loss	07/01/2019	48,747,957	11	6,198,812
Actuarial loss	07/01/2020	63,187,950	12	7,598,885
Actuarial loss	07/01/2022	19,375,438	14	2,123,140
Plan amendment	07/01/2023	2,818,843	15	297,059
Actuarial loss	07/01/2023	44,545,364	15	4,694,345
Total		**$1,133,401,339**		**$175,891,532**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	07/01/2021	$45,985,987	13	$5,264,399
Assumption change	07/01/2023	52,188,793	15	5,499,836
Total		**$98,174,780**		**$10,764,235**

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 07/01/2023 and ending 06/30/2024

▶ **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
BUILDING SERVICE 32BJ PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-1879376

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

1a	Enter the valuation date: Month 07 Day 01 Year 2023		
b	Assets		
	(1) Current value of assets	**1b(1)**	3,508,510,694
	(2) Actuarial value of assets for funding standard account	**1b(2)**	3,618,805,599
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	4,625,812,592
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	**1c(2)(a)**	
	(b) Accrued liability under entry age normal method	**1c(2)(b)**	
	(c) Normal cost under entry age normal method	**1c(2)(c)**	
	(3) Accrued liability under unit credit cost method	**1c(3)**	4,625,812,592
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)**	8,461,387,053
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	210,368,943
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	339,198,400
	(3) Expected plan disbursements for the plan year	**1d(3)**	358,698,400

Statement by Enrolled Actuary

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

SIGN HERE Susan L. Boyle

Signature of actuary

01/14/2025
Date

SUSAN L. BOYLE, FSA, FCA, MAAA
Type or print name of actuary

2306862
Most recent enrollment number

SEGAL
Firm name

212-251-5000
Telephone number (including area code)

333 WEST 34TH STREET
NEW YORK NY 10001-2402
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	3,510,643,696
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		41,573	3,530,582,400
(2) For terminated vested participants		19,517	1,125,102,872
(3) For active participants:			
(a) Non-vested benefits			470,690,911
(b) Vested benefits			3,335,010,870
(c) Total active		49,999	3,805,701,781
(4) Total		111,089	8,461,387,053
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	41.49 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/15/2024	342,490,950				
01/16/2024	15,500,000				
01/18/2024	14,900,000				
01/23/2024	59,600,000				
04/17/2024	5,000,000				
04/23/2024	25,000,000				
04/24/2024	5,000,000				
05/24/2024	33,000,000				
06/25/2024	30,000,000				
			Totals ► **3(b)**	530,490,950	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 2,298,346

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	78.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		[X] Yes [ ] No
d If the plan is in critical status or critical and declining status, 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**	

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

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

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

i [ ] Other (specify):

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ 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** 2.85 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.1 %
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)**	18,754,940
(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	44,545,364	4,694,345
3	2,818,843	297,059
4	-52,188,793	-5,499,836

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**	93,549,294
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1,133,401,339	175,891,532
(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**	20,208,062
e Total charges. Add lines 9a through 9d		**9e**	289,648,888
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	28,219,566
g Employer contributions. Total from column (b) of line 3		**9g**	530,490,950
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	98,174,780	10,764,235
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	18,183,940
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1,332,001,065	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	4,199,943,517	
(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**	587,658,691
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	298,009,803
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			[X] Yes [ ] No

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	$23,809,028	$8,614,792	$306,126,539	$338,550,359
2024	39,042,941	13,736,368	294,039,039	346,818,348
2025	54,811,529	18,710,942	281,657,107	355,179,578
2026	68,894,086	23,232,283	269,210,035	361,336,404
2027	83,658,183	27,832,530	256,902,808	368,393,521
2028	98,052,688	32,322,014	244,561,995	374,936,697
2029	112,157,407	36,532,256	232,212,225	380,901,888
2030	125,457,886	40,344,003	219,878,468	385,680,357
2031	137,930,860	43,799,049	207,569,529	389,299,438
2032	149,594,896	46,851,304	195,343,358	391,789,558
2033	160,263,560	49,728,354	183,223,770	393,215,684
2034	169,904,203	52,343,368	171,261,623	393,509,194
2035	178,293,040	54,552,498	159,479,580	392,325,118
2036	185,504,424	56,304,366	147,914,477	389,723,267
2037	191,656,181	57,678,973	136,603,685	385,938,839
2038	196,620,038	58,698,522	125,584,139	380,902,699
2039	200,564,932	59,507,854	114,892,138	374,964,924
2040	203,540,570	59,992,312	104,564,456	368,097,338

This assumes the following:

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

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	$205,485,989	$60,188,147	$94,637,956	$360,312,092
2042	206,406,303	60,103,092	85,149,027	351,658,422
2043	206,427,633	59,722,269	76,132,906	342,282,808
2044	205,469,057	59,066,568	67,622,497	332,158,122
2045	203,720,744	58,137,411	59,647,222	321,505,377
2046	201,049,301	57,044,104	52,231,998	310,325,403
2047	197,630,677	55,796,693	45,396,007	298,823,377
2048	193,465,269	54,384,289	39,151,586	287,001,144
2049	188,580,404	52,807,488	33,502,994	274,890,886
2050	183,028,457	51,126,339	28,445,544	262,600,340
2051	176,936,996	49,279,855	23,965,321	250,182,172
2052	170,363,896	47,364,276	20,039,342	237,767,514
2053	163,396,537	45,387,381	16,636,337	225,420,255
2054	156,072,510	43,318,373	13,718,260	213,109,143
2055	148,502,146	41,214,071	11,242,204	200,958,421
2056	140,756,043	39,085,076	9,162,448	189,003,567
2057	132,904,478	36,879,459	7,432,479	177,216,416
2058	125,035,916	34,680,218	6,006,564	165,722,698

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	$117,234,571	$32,508,835	$4,841,162	$154,584,568
2060	109,553,219	30,336,612	3,895,926	143,785,757
2061	102,024,698	28,197,786	3,134,297	133,356,781
2062	94,671,302	26,082,403	2,523,896	123,277,601
2063	87,547,645	24,040,650	2,036,615	113,624,910
2064	80,695,257	22,082,124	1,648,541	104,425,922
2065	74,132,902	20,214,440	1,339,730	95,687,072
2066	67,867,633	18,438,120	1,093,834	87,399,587
2067	61,917,525	16,763,011	897,642	79,578,178
2068	56,292,241	15,182,848	740,593	72,215,682
2069	51,002,627	13,702,666	614,329	65,319,622
2070	46,041,245	12,323,922	512,286	58,877,453
2071	41,401,676	11,042,452	429,318	52,873,446
2072	37,083,373	9,853,187	361,404	47,297,964

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Segal

Exhibit K: Summary of Plan Provisions as of July 1, 2023

(Schedule MB, Line 6)

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

Plan Year	July 1 through June 30
Pension Credit Year	July 1 through June 30
Plan Status	Ongoing plan
Regular Pension: **Program A**	• *Age and Service Requirement:* 65 with at least 294 months of service credit, or 62 at termination with at least 300 months of service credit • *Amount:* the highest benefit based on up to 300 months of service: – For service before July 1, 2008, $4.17 per month of service credit to a maximum of $1,250 after 300 months of service credit. – For service on or after July 1, 2008, $4.67 per month of service credit to a maximum of $1,400 after 300 months of service credit.
Program B	• *Age and Service Requirement:* 65 with at least 25 years of service credit, or 62 at termination with at least 25 years of service credit • *Amount:* based on monthly contribution rate as of December 31, 2010:

Monthly Contribution Rate as of December 31, 2010	Maximum Monthly Benefit Level after 25 or more years of service credit
$204.16	$1,160
145.60	1,000
55.99	425

Program C

- *Age and Service Requirement:* 65 with at least 300 months of service credits
- *Amount:*

Hourly Contribution Rate	Maximum Monthly Benefit Level after 300* or more months of service credit
$0.28	$210
0.32	250
0.38	310
0.58	500
0.83	750
1.08	1,000

Program D

- *Age and Service Requirement:* 65 with at least 10 pension credits
- *Amount:* Equal to the sum of the following based on a maximum of 30 pension credits based on benefit levels in the Plan Document.

  The accrued benefit earned as of December 31, 2007, which is based on service accrued on December 31, 2007 multiplied by the benefit amount that corresponds to the contribution rate in effect as of that date. Plus

  Benefits earned after January 1, 2008 are based on the benefit level corresponding to the contribution rate for that plan year, and the applicable accrual rate chart for that Plan Year as detailed in the Program D Plan document.

Early Retirement

- *Age Requirement:* 55
- *Service Requirement:* 120 months of service credit (10 years of service credit for Programs B and D)
- *Amount:* Regular or Vested pension accrued, reduced by 6% for each year of age less than 65

Disability

- *Age Requirement:* None (50 for Program B and Program C, 45 for Program D)
- *Service Requirement:* 120 months of service credit (15 years of service credit for Program B and Program D, 180 months of service credit for Program C)
- *Amount:*

  Program A and Program C: Regular or Vested pension accrued reduced by 6% for each year of age less than 65, with no further reduction for ages less than 62. Pension amounts will be increased from 82% of Normal Retirement Pension to 100% of Normal Retirement Pension at Normal Retirement Age or reduced 0.5% per month of age younger than 65 if elect Early Retirement Pension.

  Program B: Regular or Vested pension accrued

  Program D: Early Retirement Pension (but not reduced below age 55) plus 10% except that in no event shall the Disability Pension exceed the Regular Pension

Vested / Basic Deferred (Program D)

- *Age Requirements:* None
- *Service Requirements:* 5 years of vesting service (or 10 years of participation for Program D)
- *Amount:*

Program A:

Months of service credit:	Accrual Rate per month of service credit for service earned: before July 1, 2008	after July 1, 2008
294 to 300	$4.17	$4.67
240 to 293	3.44	3.85
Less than 240	3.13	3.50
Maximum monthly benefit	$1,250	$1,400

Program B: Regular pension, proportionately reduced for service less than 25 years

Program C:

- less than 240 months of service credits: 1/12 of 3% of the maximum Regular Pension benefit level for each month of credited service.
- at least 240 months of service credits but less than 300 months of service credits: 1/12 of 3⅓% of the maximum Regular Pension benefit level for each month of credited service.

Program D: 90% of the Regular Pension with monthly amounts payable at Normal Retirement Age based on a maximum of 33-1/3 pension credits

- *Normal Retirement Age:* Later of age 65 or 5th anniversary of participation

Special Deferred Benefit (Program D)

- *Age Requirement:* 50 upon termination
- *Service Requirement:* 15 pension credits
- *Amount:* Regular or Early pension accrued

Spouse's Pre-Retirement Death Benefit

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service
- *Amount:* 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have reached his or her earliest retirement age.
- *Charge for Coverage:* None

Pre-Retirement One-Year Payment Certain (Program B)	• *Requirement:* Eligible for Regular, Vested or Early pension, and active at the time of death • *Amount:* Monthly benefit to which employee would have been entitled had he or she retired the day before he or she died, payable for one year. Not applicable if employee is covered under spouse's benefit
Post-Retirement Death Benefit	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with three years of payment (for Program B: one year of payment; for Program D: 5 years of payments) guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	75% Participant and Spouse Option 60 Certain Payment Option (Program D only) 120 Certain Payment Option (Program D only) 12 Month Guarantee (Program B only) 36 Month Guarantee (Program A only)
Participation	The earliest January 1 or July 1 following completion of a 12 consecutive month period during which the employee worked at least 22 weeks in Covered Employment (1,000 hours for Programs B and C; 750 hours for Program D)
Vesting Credit	22 weeks of covered employment or 1,000 hours equals one year of vesting service credit for Programs A, B, and C. 750 or more hours of service (excluding overtime) equals one year of vesting service for Program D

Service Credit

Program A:

Weeks of Employment	Months of Service Credit
50 and over	12
46 - 49	11
42 - 45	10
38 - 41	9
34 - 37	8
30 - 33	7
25 - 29	6
21 - 24	5
17 - 20	4
13 - 16	3
9 - 12	2
5 - 8	1

Program B:

Hours	Service Credits
1,820 or more	1 year
1,365 – 1,819	¾ year
910 – 1,364	½ year

Program C:

Hours	Months of Service Credit
1,430 or more	12
1,072 – 1,429	9
715 – 1,071	6

Program D:

Hours	Months of Service Credit
150 to 274	1
275 to 399	2
400 to 524	3
525 to 644	4
645 to 809	5
810 to 974	6
975 to 1,139	7
1,140 to 1,304	8
1,305 to 1,469	9
1,470 to 1,634	10
1,635 to 1799	11
1,800 and over	12

Contribution Rates

Program A:

- Effective January 1, 2022, $126.75 per week
- Effective January 1, 2023, $130.75 per week
- Effective January 1, 2024, $134.75 per week
- Effective January 1, 2025, $138.75 per week
- Effective January 1, 2026, $142.75 per week
- Effective January 1, 2027, $146.75 per week

Program B:

	Contribution Rates for Monthly Maximum Regular Pension		
Effective January 1	**$425.00**	**$1,000.00**	**$1,160.00**
2022	$0.57 per hour	$223.25 per month	$312.75 per month
2023	$0.58 per hour	$230.25 per month	$322.75 per month
2024	$0.60 per hour	$237.25 per month	$332.75 per month
2025	$0.62 per hour	$244.25 per month	$342.75 per month
2026	$0.64 per hour	$251.25 per month	$352.75 per month
2027	$0.66 per hour	$258.25 per month	$362.75 per month

The average equivalent monthly contribution rate for Program B participants is $251.04 for the plan year beginning July 1, 2023.

Program C:

Contribution rates range from $0.30 to $1.08 per hour, with an average contribution rate of $0.73 per hour for the 2023 plan year.

Program D:

Contribution rates range from $0.30 to $4.66 per hour as of July 1, 2023 and increase to an ultimate negotiated contribution rate of 0.30 to $4.99 per hour. The average contribution rate increases from $3.58 for the 2023 plan year to $3.76 for the 2026 plan year.

Changes in Plan Provisions

The following changes to the Disability Pension for Programs A and C are effective July 1, 2023, are reflected in the July 1, 2023 Funding Standard Account:

- The definition of totally and permanently disabled was changed to include participants who receive a 3-year or longer Social Security Disability Award, and
- All future awardees will have their pension amounts increased from 82% of Normal Retirement Pension to 100% of Normal Retirement Pension at Normal Retirement Age or reduced 0.5% per month of age younger than 65 if elect Early Retirement Pension.

The following changes are not reflected in the July 1, 2023 Funding Standard Account, but will increase the future cost of the plan:

- Effective July 1, 2024, Program A and B participants who are actively employed will receive a 10% increase to their monthly accrual rates for all years of service
- A Voluntary Early Retirement Incentive Program (VERIP) is available for Program A and B participants that meet the following criteria will receive a 15% increase in their accrued benefit and no reduction for Early Retirement, instead of the 10% increase noted above:
  - Age 60 as of August 31, 2024
  - 15 years of service as of July 1, 2024
  - Actively employed through June 1, 2024
  - Commence benefits between July 1, 2024 and September 1, 2024.

9888521v7/00304.001

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	$326,681,933	$506,056	$327,187,989
2024	$326,764,035	$429,295	$327,193,330
2025	$326,835,990	$429,295	$327,265,285
2026	$326,835,990	$429,295	$327,265,285
2027	$326,835,990	$429,295	$327,265,285
2028	$326,835,990	$410,127	$327,246,117
2029	$326,835,990	$390,678	$327,226,668
2030	$326,835,990	$249,872	$327,085,862
2031	$326,835,990	$212,974	$327,048,964
2032	$326,835,990	$212,974	$327,048,964

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 2.27% to 2.85% 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 assumptions were changed as of July 1, 2023:

- Mortality for healthy lives, previously RP-2006 Blue-Collar Employee and Annuitant mortality tables (sex-specific), projected forward generationally using scale MP-2017
- Mortality for disabled lives, previously RP-2006 Disabled Annuitant mortality tables (sex-specific), and projected forward generationally using scale MP-2017
- Disability Rates, previously

Age	Rate
50	0.30
55	0.50
60	0.81

- Retirement Rates for Active participants, previously:

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

- Retirement Rates for Inactive Vested participants, previously:

Age	Rate
55	10%
56 – 61	4
62	20
63 – 64	7
65	45
66 – 70	10
71 and older	100

* *if eligible*

Annual Administrative Expenses, previously, $16,500,000 per year.

The July 1, 2023 assumption changes will be reflected in the June 30, 2024 unfunded vested liability for withdrawal liability purposes.

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended June 30, 2024

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended June 30, 2023

		Service Credits Average Accrued Monthly Benefit Payable at Normal Retirement Age								
Age	**Total**	**Less than 5**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 20	17	17	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
20 - 24	760	744	15	1	-	-	-	-	-	-
	$66	$62	-	-	-	-	-	-	-	-
25 - 29	2,086	1,593	487	5	1	-	-	-	-	-
	$126	$85	$255	-	-	-	-	-	-	-
30 - 34	3,666	1,850	1,463	336	17	-	-	-	-	-
	$207	$94	$283	$476	-	-	-	-	-	-
35 - 39	4,491	1,613	1,467	944	460	7	-	-	-	-
	$302	$94	$288	$501	$665	-	-	-	-	-
40 - 44	5,475	1,611	1,435	988	1,169	271	1	-	-	-
	$389	$91	$286	$505	$698	$935	-	-	-	-
45 - 49	6,050	1,511	1,284	957	1,254	808	228	8	-	-
	$489	$92	$282	$507	$704	$958	$1,335	-	-	-
50 - 54	7,325	1,499	1,312	982	1,405	1,065	676	366	20	-
	$607	$91	$284	$507	$697	$972	$1,339	$1,342	$1,344	-
55 - 59	8,261	1,240	1,233	1,023	1,466	1,239	823	854	371	12
	$721	$92	$284	$500	$703	$965	$1,332	$1,338	$1,343	-
60 - 64	7,456	811	908	832	1,365	1,142	718	885	632	163
	$807	$97	$283	$503	$699	$963	$1,332	$1,340	$1,342	$1,340
65 - 69	3,270	236	405	400	598	477	316	336	302	200
	$837	$102	$287	$497	$693	$939	$1,308	$1,340	$1,340	$1,341
70 & over	1,140	48	53	99	191	199	130	123	101	196
	$980	$73	$257	$517	$672	$944	$1,314	$1,337	$1,340	$1,335
Unknown	2	1	1	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
Total	**49,999**	**12,774**	**10,063**	**6,567**	**7,926**	**5,208**	**2,892**	**2,572**	**1,426**	**571**
	$556	**$90**	**$283**	**$502**	**$697**	**$960**	**$1,331**	**$1,339**	**$1,342**	**$1,339**

Note: Excludes 4,093 participants with less than one pension credit

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended June 30, 2024

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376
Plan No. 001
Plan Year Ended JUNE 30, 2024

Form 5500, Schedule R, Line 13e
Schedule of Employer Contribution Rates

Employer	Contribution Rate	Base Unit Measure
ABM JANITORIAL SERVICES, INC - PROGRAM A	$134.75	WEEKLY
ABM JANITORIAL SERVICES, INC - PROGRAM B	$0.60	HOUR
ABM JANITORIAL SERVICES, INC - PROGRAM C	$0.58	HOUR
ABM JANITORIAL SERVICES, INC - PROGRAM C	$0.83	HOUR
COLLINS BUILDING SERVICES INC - PROGRAM A	$134.75	WEEKLY
COLLINS BUILDING SERVICES INC - PROGRAM B	$0.60	HOUR
COLLINS BUILDING SERVICES INC - PROGRAM C	$0.83	HOUR
FIRST QUALITY MAINTENANCE - PROGRAM A	$134.75	WEEKLY
FIRST QUALITY MAINTENANCE - PROGRAM C	$0.83	HOUR
GUARDIAN SERVICES INDUSTRIES INC. - PROGRAM A	$134.75	WEEKLY
GUARDIAN SERVICES INDUSTRIES INC. - PROGRAM C	$0.58	HOUR
GUARDIAN SERVICES INDUSTRIES INC. - PROGRAM C	$0.83	HOUR
HARVARD MAINTENANCE - PROGRAM A	$134.75	WEEKLY
HARVARD MAINTENANCE - PROGRAM C	$0.83	HOUR
PBM, LLC - PROGRAM A	$134.75	WEEKLY
PBM, LLC - PROGRAM D	$1.81	HOUR
PRITCHARD INDUSTRIES INC - PROGRAM A	$134.75	WEEKLY
PRITCHARD INDUSTRIES INC - PROGRAM C	$0.58	HOUR
PRITCHARD INDUSTRIES INC - PROGRAM C	$0.83	HOUR

BUILDING SERVICE 32BJ PENSION FUND

FUNDING IMPROVEMENT PLAN

December 14, 2022

I. INTRODUCTION

The Pension Protection Act of 2006 ("PPA"), as amended, requires an annual actuarial status determination for multiemployer pension plans including the Building Service 32BJ Pension Fund (the "Plan"). On September 28, 2022, the Plan was certified by its actuary, The Segal Company ("Segal"), to be in endangered status, also known as the "yellow zone," for the plan year beginning on July 1, 2022 (the "2022 Plan Year"). The certification of endangered status was based upon Segal's determination that the Plan's projected funded percentage of 74.66% is less than 80%, but greater than 65%.

The PPA requires that the board of trustees of a multiemployer pension plan that has been certified by its actuary as being in endangered status develop a funding improvement plan that is intended to improve the plan's funding over a period of years. A funding improvement plan sets forth the actions to be taken by the pension plan's trustees, as well as the collective bargaining parties, to enable the plan to achieve the "applicable benchmarks"[1] by the end of the plan's "Funding Improvement Period."[2] The funding improvement plan must be based on reasonably anticipated experience and reasonable actuarial assumptions regarding investment income and other experience of the plan over a period of future years.[3]

This Funding Improvement Plan sets forth the actions to be taken by the bargaining parties and the Board of Trustees (the "Trustees") of the Plan, based on reasonably anticipated experience and reasonable actuarial assumptions, to enable the Plan to achieve the "applicable benchmarks" at the end of the Plan's 10-year Funding Improvement Period.

II. OVERVIEW OF FUNDING IMPROVEMENT PLAN

This Funding Improvement Plan established by the Trustees, based on the actuary's reasonable assumptions, is designed and intended to enable the Plan to achieve the "applicable benchmarks" by June 30, 2035, the end of the Funding Improvement Period. The Plan will achieve the "applicable benchmarks" when the Plan's funded percentage as of the end of the

---

[1] "Applicable benchmarks" means the requirements set forth in Section 305(c)(3) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and Section 432(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). "Applicable benchmarks" include increase in the plan's funding percentage and avoidance of accumulated funding deficiencies.

[2] The Funding Improvement Period for this Plan is a 10-year period that begins July 1, 2025.

[3] All of these requirements are set forth in Section 305(c) of ERISA and Section 432(c) of the Code.

Funding Improvement Period equals or exceeds 83.02%, and there is no accumulated funding deficiency for the last plan year during the Funding Improvement Period.

If the actuary certifies before the end of the Funding Improvement Period that the Fund is no longer in endangered status for a plan year, and is not in Critical status as defined in the PPA, the Funding Improvement Period will end as of the close of the preceding plan year.

As used in this Funding Improvement Plan, the term "collective bargaining agreement" includes any other agreement governing an employer's contribution obligation to the Plan, including participation and adoption agreements.

III. SCHEDULES

After consulting with Segal, the Trustees determined that, based on reasonably anticipated experience and reasonable actuarial assumptions, no changes to the current plan of benefits and/or increases in contributions are necessary in order for the Plan to achieve the "applicable benchmarks" by the end of its Funding Improvement Period. Accordingly, the following schedule is both the default schedule (the schedule that would be applicable should a schedule not be adopted in collective bargaining on a timely basis as described below) and the alternative schedule:

1. The contribution rates in effect on July 1, 2022, as follows:

    a. **PROGRAM A EMPLOYERS**. For employers contributing to Program A of the Plan, the weekly contribution rate in effect on July 1, 2022, is $126.75. Any contribution rate increases above this amount are not needed for the Plan to meet the requirements of the Funding Improvement Plan.

    b. **PROGRAM B EMPLOYERS**. For employers contributing to Program B of the Plan, the monthly and hourly contribution rate in effect on July 1, 2022, is set forth in the chart below based on the maximum monthly regular pension after 25 or more years of service. Any contribution rate increases above this amount are not needed for the Plan to meet the requirements of the Funding Improvement Plan.

Maximum Monthly Regular Pension	$425.00		$1,000		$1,160.00	
	Monthly	Hourly	Monthly	Hourly	Monthly	Hourly
In effect on July 1, 2022	$86.00	$0.57	$223.25	$1.47	$312.75	$2.06

    c. **PROGRAM C EMPLOYERS.** For employers contributing to Program C of the Plan, the applicable hourly contribution rate that corresponds to the

maximum monthly benefit after 300 or more months of service credit in effect on July 1, 2022, is set forth in the chart below. Any contribution rate increases above these amounts are not needed for the Plan to meet the requirements of the Funding Improvement Plan.

Maximum Monthly Benefit	Hourly Contribution Rate
$210	$0.28
$250	$0.32
$500	$0.58
$750	$0.83
$1,000	$1.08

d. **PROGRAM D EMPLOYERS.** For employers contributing to Program D of the Plan, the contribution rates set forth in Appendix No. 2 of the Program D plan document shall be increased annually by 3.5% beginning with the first collective bargaining agreement negotiated by each applicable employer on or after July 1, 2020, or, if earlier, the date agreed upon by the Trustees, union, and employer. Any contribution rate increases above the rates in effect on July 1, 2022, are not needed for the Plan to meet the requirements of the Funding Improvement Plan.

2. The plan of benefits in effect and amendments previously adopted as of the day before the date of initial certification of endangered status (September 27, 2022), for all current and future active participants (including beneficiaries and alternate payees) and for every year that the Plan is in endangered status, except for:

   a. any benefit changes required for the Plan to continue meeting the requirements to maintain its tax qualification under the Internal Revenue Code and comply with other applicable law, or

   b. after adoption of the Funding Improvement Plan, specific benefit increases, if the Plan's actuary certifies that such increases will be financed out of additional contributions not contemplated by the Funding Improvement Plan and, after taking into account the benefit increases, the Plan still is reasonably expected to meet the "applicable benchmarks" contemplated in this Funding Improvement Plan.

The Trustees will only accept a collective bargaining agreement from existing or new contributing employers if it provides for a contribution schedule that is consistent with the above schedules and is consistent with the rates established by the Trustees for participation in the applicable program.

IV. AUTOMATIC IMPLEMENTATION OF FUNDING IMPROVEMENT PLAN DEFAULT SCHEDULE AND SUBSEQUENT SCHEDULES

Initial Default Schedule. If a collective bargaining agreement providing for contributions under the Plan that was in effect on July 1, 2022 expires, and after receiving these schedules (as set forth above), the bargaining parties fail to adopt a collective bargaining agreement that provides for contributions at the scheduled rates, the default schedule will be implemented automatically 180 days after the date on which the collective bargaining agreement that was in effect as of the date the Plan entered endangered status expires, provided the employer has not withdrawn from the Plan. Upon implementation of the default schedule, the bargaining parties will be deemed to have adopted, and shall be bound by, the default schedule.

Subsequent Schedules. If a collective bargaining agreement expires after the bargaining parties adopted or were deemed to have adopted a schedule, and the bargaining parties fail to adopt an updated schedule within 180 days after the date on which their collective bargaining agreement expired, the Trustees will implement the schedule that applied to the expired collective bargaining agreement, as updated and in effect on the date the collective bargaining agreement expired. Upon such implementation, the bargaining parties will be deemed to have adopted, and shall be bound by, such updated schedule.

V. NON-COLLECTIVELY BARGAINED PARTICIPANTS UNDER FUNDING IMPROVEMENT PLAN

In the case of an employer that contributes to the Plan on behalf of non-collectively bargained employees, the rules contained in this Funding Improvement Plan shall be applied as if the employer were the bargaining party with respect to Program A, and its participation agreement (or other operative agreement) were a collective bargaining agreement with a term ending on the July 1st following the date when the employer is provided with the schedules contained herein.

VI. UPDATING OF FUNDING IMPROVEMENT PLAN

Pursuant to the PPA, the Plan has adopted the following procedures:

(i) Each year, the Plan's actuary shall certify the status of the Fund under the PPA funding rules and whether the Fund is making the scheduled progress toward the requirements of the Funding Improvement Plan.

(ii) The Plan's actuary shall report to the Trustees the results of its annual review.

(iii) In consultation with the Plan's actuary, the Trustees shall update annually the Funding Improvement Plan and the contribution rates contained in its schedules to reflect the experience of the Plan.

Notwithstanding the foregoing and except as provided in the next sentence, schedules of contribution rates provided by the Trustees and relied upon by bargaining parties in negotiating

a collective bargaining agreement shall remain in effect for the duration of that collective bargaining agreement. The schedules may be amended for any benefit changes that may be required for the Plan to continue meeting the requirements necessary to maintain its tax-qualified status under the Internal Revenue Code and comply with other applicable law. Collective bargaining agreements that are entered, renewed, or extended after the date of any changes to the Funding Improvement Plan will be subject to the Funding Improvement Plan then in effect at the time of such entry, renewal, or extension. The Trustees have the sole authority and discretion to amend, modify, interpret, and apply the provisions of the Funding Improvement Plan and the schedules (including any subsequent updates, amendments or modifications). All such actions by the Trustees shall be final and binding on all persons.

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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for:
- [X] 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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUILDING SERVICE 32BJ PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

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

BOARD OF TRUSTEES OF THE BUILDING
SERVICE 32BJ PENSION FUND

25 WEST 18TH STREET

NEW YORK NY 10011

2b Employer Identification Number (EIN) 13-1879376

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

2d Business code (see instructions) 561790

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

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

SIGN HERE	DocuSigned by: Manny Pastreich 16D99F258B554EF...		Manny Pastreich
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: Howard I. Rothschild 4AE3E31DCEFF417...		Howard Rothschild
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	120,363
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)**	55,540
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	53,357
b	Retired or separated participants receiving benefits	**6b**	33,171
c	Other retired or separated participants entitled to future benefits	**6c**	19,980
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	106,508
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12,255
f	Total. Add lines **6d** and **6e**.	**6f**	118,763
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**	3,987

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

1A

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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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_____