

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LEAGUE - ATPAM PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/01/1963
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 LEAGUE - ATPAM PENSION FUND 140 SYLVAN AVENUE, SUITE 303 ENGLEWOOD CLIFFS, NJ 07632-2560	2b Employer Identification Number (EIN) 13-2928856 2c Plan Sponsor's telephone number 201-592-6800 2d Business code (see instructions) 713900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2025	RINA L SALTZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2025	CHRISTOPHER BROCKMEYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor		3b Administrator's EIN 13-2928856	
BOARD OF TRUSTEES LEAGUE - ATPAM PENSION FUND 140 SYLVAN AVENUE, SUITE 3030 ENGLEWOOD CLIFFS, NJ 07632-2560		3c Administrator's telephone number 201-592-6800	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year		5	727
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)	264
a(2) Total number of active participants at the end of the plan year		6a(2)	269
b Retired or separated participants receiving benefits.....		6b	194
c Other retired or separated participants entitled to future benefits.....		6c	233
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	696
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	12
f Total. Add lines 6d and 6e		6f	708
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	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	193
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ A (Insurance Information) – Number Attached <u>1</u>	
(4) ☐ DCG (Individual Plan Information) – Number Attached _____		(4) ☒ C (Service Provider Information)	
(5) ☐ MEP (Multiple-Employer Retirement Plan Information)		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan LEAGUE - ATPAM 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 LEAGUE - ATPAM PENSION FUND	D Employer Identification Number (EIN) 13-2928856	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030434	708	09/01/2023	08/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6235976

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

A Name of plan LEAGUE - ATPAM 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 LEAGUE - ATPAM PENSION FUND	D Employer Identification Number (EIN) 13-2928856

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

1a Enter the valuation date: Month 09 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 70371266
(2) Actuarial value of assets for funding standard account.....	1b(2) 73446714
c (1) Accrued liability for plan using immediate gain methods	1c(1) 92646557
(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) 90301441
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) 159786628
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3118641
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5931144
(3) Expected plan disbursements for the plan year	1d(3) 6531144

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		
Signature of actuary JOSHUA KAPLAN, FSA, FCA, MAAA	Date 23-05487	
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000	
Firm name 333 WEST 34TH STREET NEW YORK, NY 10001-2402	Telephone number (including area code)	
Address of the firm		

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

a Current value of assets (see instructions)		2a	70371266
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	206	53290012
(2)	For terminated vested participants	233	55296817
(3)	For active participants:		
(a)	Non-vested benefits		2423229
(b)	Vested benefits		48776570
(c)	Total active.....	269	51199799
(4)	Total.....	708	159786628
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	44.04 %

(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	
03/15/2024	3594724					
			Totals ►	3(b)	3594724	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	81.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

j	If box h is checked, enter period of use of shortfall method	5j	19
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	2.99 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A	Post-retirement ☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9
(2) Females	6c(2)	9F
d Valuation liability interest rate	6d	7.25 %
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	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.1 %
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)	577795
(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

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	5857421

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1414692

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	39141852	2764490
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 302991**e** Total charges. Add lines 9a through 9d**9e** 4482173**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 7789324**g** Employer contributions. Total from column (b) of line 3**9g** 3594724**h** Amortization credits as of valuation date

	Outstanding balance	
9h	12152685	294802

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 705549**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	33884214	
9j(2)	73586189	
9j(3)		

k (1) Waived funding deficiency**(2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 12384399**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 7902226**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)****(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)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan LEAGUE - ATPAM 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 LEAGUE - ATPAM PENSION FUND	D Employer Identification Number (EIN) 13-2928856	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SEGal SELECT INSURANCE SERVICES	333 WEST 34TH STREET NEW YORK, NY 10001
46-0619194	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NB ALTERNATIVES ADVISERS LLC	325 NORTH PAUL STREET DALLAS, TX 75201
30-0536163	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CHEVY CHASE TRUST COMPANY	7501 WISCONSIN AVE SUITE 1500W BETHESDA, MD 20814
52-2037618	

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

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(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)

PRYOR CASHMAN LLP

7 TIMES SQUARE
NEW YORK, NY 10036

13-1859294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	138096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

11 TIMES SQUARE
NEW YORK, NY 10036

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	117428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENITH AMERICAN SOLUTIONS

140 SYLVAN AVE STE 303
ENGLEWOOD CLIFFS, NJ 07632

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?
14 50	THIRD PARTY ADMINSTRATOR	95040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY INC

333 WEST 34TH STREET
NEW YORK, NY 10001

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 50	NONE	82000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INSURANCE CO OF AMERICA

7 GIRALDA FARMS
MADISON, NJ 07940

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 72	NONE	36632	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50		58333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STERLING CAPITAL MANAGEMENT LLC

4064 COLONY ROAD STE 300
CHARLOTTE, NC 28211

42-1658828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	54132	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WELLINGTON MANAGEMENT CO

280 CONGRESS STREET
BOSTON, MA 02210

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	37295	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

FITZSIMMONS ABRAMS, LLP

7600 JERICHO TPKE STE 210
WOODBURY, NY 11797

13-2858927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	32000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMALGAMATED BANK OF CHICAGO

30 N. LASALLE STREET
CHICAGO, IL 60602

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62	NONE	18706	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

1 FINANCIAL CENTER, 25TH FL
BOSTON, MA 02111

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	17053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
GOLDMAN SACHS ASSET MANAGEMENT LP 200 WEST STREET NEW YORK, NY 10282 13-3575636	52	SCHEDULE C DISCLOSURE
GOLDMAN SACHS & CO LLC 200 WEST STREET NEW YORK, NY 10282 13-3501777	52	SCHEDULE C DISCLOSURE
HORIZON ENVIRONMENTAL CLIMATE SOLUT 200 WEST STREET NEW YORK, NY 10282 99-0000000	52	SCHEDULE C DISCLOSURE

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan LEAGUE - ATPAM PENSION FUND	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LEAGUE - ATPAM PENSION FUND	D Employer Identification Number (EIN) 13-2928856
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA SA

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY

c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6235976
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF INT'L OPP

b Name of sponsor of entity listed in (a): WELLINGTON MANAGEMENT CO

c EIN-PN 27-3649481-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8061881
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS HIGH YIELD DISC. FUND

b Name of sponsor of entity listed in (a): LOOMIS SAYLES & CO

c EIN-PN 20-8080381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3909705
------------------------------------	----------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST CO

c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8746134
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan LEAGUE - ATPAM 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 LEAGUE - ATPAM PENSION FUND	D Employer Identification Number (EIN) 13-2928856	

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	1491027	831494
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	241206	285804
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9998757	7678391
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1760795	1711312
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7176608	8317691
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	18227544	20717720
(10) Value of interest in pooled separate accounts	1c(10)	7354973	6235976
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13405511	14975839
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	18346603	18985787

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	78003024	79740014
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	239837	239417
i Acquisition indebtedness	1i		
j Other liabilities	1j	7391921	5250369
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7631758	5489786
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	70371266	74250228

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3594724	
(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)		3594724
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16650	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	287814	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		304464
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	55722	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		55722
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6451617	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4301499	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2150118
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3346942	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		166588
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		648851
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10267409

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5489912	
(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)		5489912
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)		
(2) Contract administrator fees.....	2i(2)	95103	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	32000	
(5) Investment advisory and investment management fees	2i(5)	338728	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	82000	
(8) Legal fees	2i(8)	255524	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	95180	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		898535
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6388447

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3878962
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FITZSIMMONS ABRAMS, LLP

(2) EIN: 13-2858927

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		22751414
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 538987.

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 09/01/2023 and ending 08/31/2024					
A Name of plan LEAGUE - ATPAM 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 LEAGUE - ATPAM PENSION FUND				D Employer Identification Number (EIN) 13-2928856	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ALLADIN

b EIN 13-3710515

c Dollar amount contributed by employer 124892

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 08 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 124892.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 8% GROSS WAGES

a Name of contributing employer KENNEDY CENTER

b EIN 53-0245017

c Dollar amount contributed by employer 86493

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 08 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 86493.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 8% GROSS WAGES

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**LEAGUE-ATPAM PENSION FUND
FINANCIAL REPORT
AUGUST 31, 2024 AND 2023**



**FITZSIMMONS
ABRAMS, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

**LEAGUE-ATPAM PENSION FUND
FINANCIAL REPORT
AUGUST 31, 2024 AND 2023**

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**FITZSIMMONS
ABRAMS, LLP**

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees of
League ATPAM Pension Fund

Opinion

We have audited the accompanying financial statements of the League ATPAM Pension Fund, a multi-employer defined benefit plan, subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the League ATPAM Pension Fund as of August 31, 2024 and 2023, and the changes in its net assets available for benefits for the years 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. 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 League ATPAM 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 League ATPAM Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the League ATPAM 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 League ATPAM 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 24 through 25 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 22 through 23 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Fitzsimmons Abrams LLP

Woodbury, New York
June 13, 2025



LEAGUE ATPAM PENSION FUND
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	August 31,	
	2024	2023
<u>ASSETS</u>		
Investments at fair value:		
Short term investments	\$ 333,177	\$ 494,351
Common stocks	8,317,691	7,176,608
Mutual funds	14,975,839	13,405,511
Common collective trusts	20,717,720	18,227,544
Private placement funds	16,964,493	16,843,151
Real estate funds	6,235,976	7,354,973
LLC membership interest	4,626,231	4,141,345
Limited partnership	1,160,690	1,239,321
Total Investments	73,331,817	68,882,804
Receivables:		
Tax relief	191,079	183,180
Employers' contributions	94,725	58,026
Accrued interest and dividends	4,447	3,555
Due from broker	30,195	6,275
Other receivables	1,712	1,472
Total Receivables	322,158	252,508
Other assets:		
Cash (non interest bearing)	831,494	1,471,651
Prepaid expenses	4,177	4,140
Total other assets	835,671	1,475,791
Total Assets	74,489,646	70,611,103
<u>LIABILITIES</u>		
Accounts payable and other liabilities	239,417	239,837
Total Liabilities	239,417	239,837
NET ASSETS AVAILABLE FOR BENEFITS	\$ 74,250,229	\$ 70,371,266

See accompanying independent auditors' report and notes to the financial statements.

LEAGUE ATPAM PENSION FUND
STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended August 31,	
	2024	2023
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 5,497,060	\$ 1,756,397
Interest and dividends	1,175,625	1,506,847
	<u>6,672,685</u>	<u>3,263,244</u>
Less: Investment expenses	<u>(338,728)</u>	<u>(477,270)</u>
Total investment income	<u>6,333,957</u>	<u>2,785,974</u>
Contributions:		
Tax relief	2,502,877	2,634,097
Employers' contributions	1,091,847	1,044,262
	<u>3,594,724</u>	<u>3,678,359</u>
Total Contributions	<u>3,594,724</u>	<u>3,678,359</u>
Total Additions	<u>9,928,681</u>	<u>6,464,333</u>
DEDUCTIONS		
Benefits paid to participants	5,489,912	5,341,210
General and administrative expenses	559,806	626,457
	<u>6,049,718</u>	<u>5,967,667</u>
Total Deductions	<u>6,049,718</u>	<u>5,967,667</u>
NET INCREASE	3,878,963	496,666
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>70,371,266</u>	<u>69,874,600</u>
End of Year	<u>\$ 74,250,229</u>	<u>\$ 70,371,266</u>

See accompanying independent auditors' report and notes to the financial statements.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the League-ATPAM Pension Fund (the “Fund” or “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General - The Fund is a multi-employer, non-contributory defined benefit pension plan that was established in 1963 as a result of collective bargaining agreements between the Association of Theatrical Press Agents and Managers (“Union”) and various contributing employers. The Fund provides retirement benefits including disability pensions for eligible union employers’ participants. The Fund is administered by a Board of Trustees with equal representation from the Union and employers. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), and has complied with the minimum funding requirements of ERISA.

Plan benefits - The Fund provides as a basic benefit a Normal Pension for participants who have achieved certain minimum earnings levels and pension credits, as defined. Generally, a participant vests with five or more years of credited service. A vested participant is entitled to receive a Normal Pension at normal retirement age (62), as defined. Benefits are paid in the form of a Surviving Spouse Pension, unless rejected with spousal consent. If a participant leaves covered employment and incurs a permanent break in service, the Fund provides for a cancellation of their accumulated plan benefits.

Disability pensions - The Fund provides participants who become totally disabled, as defined in the plan document, a Disability Pension equal in amount to a Normal Pension that would be payable if the participant had attained age 62. To be eligible for a Disability Pension, a participant must be at least age 55 with 15 pension credits and have worked in Covered Employment for at least 12 weeks in the 24 month period before becoming disabled.

Death benefits - The Fund provides for the payment of certain benefits to a participant’s designated beneficiary upon the death of a participant. The calculation and form of death benefits are determined by the participant’s status at the time of death.

Plan funding - The Plan is funded by employers’ contributions pursuant to the terms of the applicable collective bargaining agreements between various employers and the Union, or by the applicable agreement between the Union and the League-ATPAM Pension Fund, as well as by tax relief income.

See independent auditors’ report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Cont'd)

Plan termination - It is the intent of the Trustees to continue the Fund in full force and effect. However, in order to safeguard against any unforeseen contingencies, the right to discontinue the Fund is reserved to the Trustees. Termination shall not permit any part of the Fund's assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners and beneficiaries, and for the payment of administrative expenses. In the event the Fund terminates, the net assets of the Fund will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Whether all participants receive their benefits should the Fund terminate at some future time will depend on the sufficiency, at that time, of the Fund's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the "PBGC"). The PBGC provides financial assistance to plans to help them avoid insolvency. Should a plan become insolvent, the PBGC guarantees certain benefits to participants; however, the benefits guaranteed are generally only a portion of the normal pension benefit. In addition, no benefit increases as a result of plan amendments in effect for five years are guaranteed.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Fund's management to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from those estimates.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Concentration of credit risk - Financial instruments that potentially expose the Fund to concentrations of credit risk throughout the year include cash. In assessing its risk, the Fund's policy is to maintain funds only with reputable financial institutions. The Fund has not experienced any losses on such accounts.

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. See Note 3 for discussion of fair value measurements.

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

Risk 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 in the statement of net assets available for benefits.

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

Reclassification - Certain amounts on the prior year's financial statements may have been reclassified to conform to the current year's presentation.

Income from employers' contributions - The Fund records income received from contributing employers which is based on reports for eligible employees. Contributions receivable at August 31, 2024 and 2023 was \$94,725 and \$58,026, respectively. This represents any amounts received by the Fund subsequent to the fiscal year end date for amounts due before year end for eligible employees.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Tax relief income - The Fund shares with other theatrical multi-employer benefit plans in the net tax savings that resulted from the repeal of the 5% New York City Amusement Tax on theatre admissions (tax relief income). The Fund's share of tax relief income is determined based on the type of theatrical production in accordance with an arbitration award. For the fiscal years ended August 31, 2024 and 2023, the Fund reported \$191,079 and \$183,180 as tax relief receivable for all amounts received by the Fund subsequent to year-end which related to performances occurring on or before August 31, 2024 and 2023, respectively.

Administrative expenses – Zenith American Solutions Inc., a third party administrator, administers the Fund. For the years ended August 31, 2024 and 2023 the third party administration fee totaled \$95,103 and \$95,084, respectively.

Payments of Benefits - Benefit payments to participants are recorded upon distribution.

Contingencies – Claims and lawsuits such as collection claims may arise in the normal course of business. Management has advised that there are no suits presenting claims against the Plan, which could materially affect the financial position of the Plan.

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 the participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries

Benefits under the Plan are based on the participants' number of years of service, earnings, and age at retirement. Benefits payable under all circumstances – retirement, death and disability – are included, to the extent they are deemed attributable to a participant's service rendered to the valuation date of September 1, 2023. The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, The Segal Company, 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, withdrawals, or retirement) between the valuation date and the expected date of payment.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Actuarial present value of accumulated plan benefits (cont'd)

The Segal Company determined actuarial present value of accumulated plan benefits attributed to participants as of September 1, 2023 and 2022 for the Plan is as follows:

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 38,020,977	\$ 38,950,626
Other vested benefits	<u>51,560,156</u>	<u>50,066,200</u>
	89,581,133	89,016,826
Non-vested benefits	<u>720,308</u>	<u>644,125</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 90,301,441</u>	<u>\$ 89,660,951</u>

Changes in the total actuarial present value of accumulated plan benefits as of August 31, 2023 and 2022 are summarized as follows:

	<u>August 31, 2023</u>	<u>August 31, 2022</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 89,660,951</u>	<u>\$ 90,240,254</u>
Increase (decrease) during year attributable to:		
Interest	6,290,665	6,341,141
Benefits accumulated, net experience gain or (loss), changes in data	(308,965)	(1,672,275)
Changes in actuarial assumptions	-	(122,809)
Benefits paid	<u>(5,341,210)</u>	<u>(5,125,360)</u>
Net increase (decrease)	<u>640,490</u>	<u>(579,303)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 90,301,441</u>	<u>\$ 89,660,951</u>

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Actuarial present value of accumulated plan benefits (cont'd)

Since information on the accumulated plan benefits at August 31, 2024, and changes therein for the year then ended are not indicated above, the financial statements do not purport to represent the complete presentation of the financial status of the Plan as of August 31, 2024, and changes in its financial status for the year then ended. As permitted under FASB ASC 960, the financial statements present the complete financial status of the Plan as of August 31, 2023.

The significant actuarial assumptions used in the valuation as of September 1, 2023 were as follows

- Mortality Rates – of MP – 2021 Blue Collar Employee and Annuitant Mortality Table
- Disabled Mortality Rates – of MP – 2021 Disabled Mortality Table
- Weighted Average Retirement Age – 67, or completion of services requirement if later.
- Net Investment Return – 7.25%
- Actuarial Cost Method – Entry Age Normal Actuarial Cost Method, including the shortfall method.
- Administrative Expenses - \$600,000, payable monthly
- Actuarial Value of Assets – Market value of assets less unrecognized returns in each of the last five years (ten year period for years that relief was elected) beginning with plan year beginning September 1, 2006, adjusted as necessary so that final actuarial value of assets is within 20 % of their market value.
- The Plan made an election under the American Rescue Plan Act (ARPA) of 2021 to extend the amortization of net experience losses (IRC Section 431(b)(8)(F)). The contribution loss for the plan years ended August 31, 2021 and 2020 has been amortized over an extended period.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Actuarial present value of accumulated plan benefits (cont'd)

The Pension Fund had a favorable credit balance of \$7,789,324 in its minimum funding standards account as of the valuation date.

As of September 1, 2023 the Plan is in neither critical status nor endangered status.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 3 – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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 Fund has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 3 – FAIR VALUE MEASUREMENTS (CONT'D)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2024 and 2023.

Short Term Investments: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Common Stocks: Valued at the closing price reported in the active market in which the individual security is traded.

Mutual Funds: Valued at the quoted net asset value of shares held by the Plan at fiscal yearend reported in the active market in which the individual fund is traded.

Common Collective Trust: Valued on a net asset value of shares held by the Plan at fiscal yearend reflecting the market value of the underlying securities held by a common collective trust.

Private Placement Funds: Valued on a net asset value of shares held by the Plan at fiscal yearend reflecting the market value of the underlying securities.

LLC Membership Interest: Valued on capital contributions by the Plan at fiscal yearend.

Limited Partnership: Valued on market value of ownership held by the plan at fiscal yearend within a limited partnership. The market value of the limited partnership is subject to assumptions and limitations upon appraisal.

Real Estate Funds: Valued on a “per investment unit” reflecting the market value of Real Estate properties held by an investment corporation. The market value of real estate is subject to assumptions and limitations by third party appraisers.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 3 – FAIR VALUE MEASUREMENTS (CONT'D)

The Plan's investments at fair value as of August 31, 2024 and 2023, are comprised of the following:

Investments at fair value as of August 31, 2024				
	Level 1	Level 2	Level 3	Total
Short-term invst.	\$ 333,177	\$ -	\$ -	\$ 333,177
Common stock	8,317,691	-	-	8,317,691
Mutual funds	14,975,839	-	-	14,975,839
Limited partnership	-	-	1,160,690	1,160,690
LLC membership interest	-	-	4,626,231	4,626,231
Total investments in the fair value hierarchy	\$ 23,626,707	\$ -	\$ 5,786,921	\$ 29,413,628
Investments measured at NAV				43,918,189
Total investments	\$ 23,626,707	\$ -	\$ 5,786,921	\$ 73,331,817

Investments at fair value as of August 31, 2023				
	Level 1	Level 2	Level 3	Total
Short-term invst.	\$ 494,351	\$ -	\$ -	\$ 494,351
Common stock	7,176,608	-	-	7,176,608
Mutual funds	13,405,511	-	-	13,405,511
Limited partnership	-	-	1,239,321	1,239,321
LLC membership interest	-	-	4,141,345	4,141,345
Total investments in the fair value hierarchy	\$ 21,076,470	\$ -	\$ 5,380,666	\$ 26,457,136
Investments measured at NAV				42,425,668
Total investments	\$ 21,076,470	\$ -	\$ 5,380,666	\$ 68,882,804

During the years ended August 31, 2024 and 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated / (depreciated) in value \$5,497,060 and \$1,756,397, respectively.

Net realized gains / (losses) on the sale of investments included in the above totals amounted to \$2,150,117 and \$1,936,976 for the years ended August 31, 2024 and 2023, respectively.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 3 – FAIR VALUE MEASUREMENTS (CONT'D)

Changes in Fair Value Levels –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 valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended August 31, 2024 and 2023, there were no significant transfers in or out of level 3.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	<u>2024</u>	<u>2023</u>
	LLC Membership Interest	LLC Membership Interest
Beginning Balance	\$ 4,141,345	\$ 2,057,442
Contributions	382,500	1,690,195
Unrealized Gain	102,386	463,012
Distributions	-	(69,304)
Ending balance	<u>\$ 4,626,231</u>	<u>\$ 4,141,345</u>

	<u>2024</u>	<u>2023</u>
	Limited Partnership	Limited Partnership
Beginning Balance	\$ 1,239,321	\$ 1,184,026
Contributions	-	42,002
Interest/ dividend income	6,392	15,088
Realized gain	2	49,245
Unrealized (loss)	(49,277)	(37,222)
Investment fees	(7,509)	(9,998)
Other operating expense	(28,239)	(3,820)
Ending balance	<u>\$ 1,160,690</u>	<u>\$ 1,239,321</u>

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 3 – FAIR VALUE MEASUREMENT (CONT'D)

In accordance with FASB ASC 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 these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments valued at NAV as of August 31, 2024

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common Collective Trusts				
CTF Int'l Opp	\$ 8,061,881	\$ -	<i>Monthly</i>	<i>22nd</i>
NHIT High Yield Disc. Trst	3,909,705	-	<i>Daily</i>	<i>3 Days</i>
AFL-CIO Equity Index Fund	8,746,134	-	<i>Daily</i>	<i>Daily</i>
Private Placement Funds				
Marco Consulting Grp. Trst	10,208,398	-	<i>Daily</i>	<i>Daily</i>
NB Crossroads Fd XXI	6,756,095	2,002,000	<i>n/a</i>	<i>n/a</i>
Real Estate Funds				
Prudential PRISA REIT	6,235,976	-	<i>Quarterly</i>	<i>Redempt. Que</i>
	<u>\$ 43,918,189</u>	<u>\$ 2,002,000</u>		

Investments valued at NAV as of August 31, 2023

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common Collective Trusts				
CTF Int'l Opp	\$ 7,228,251	\$ -	<i>Monthly</i>	<i>22nd</i>
NHIT High Yield Disc. Trst	3,499,186	-	<i>Daily</i>	<i>3 Days</i>
AFL-CIO Equity Index Fund	7,500,107	-	<i>Daily</i>	<i>Daily</i>
Private Placement Funds				
Marco Consulting Grp. Trst	8,764,187	-	<i>Daily</i>	<i>Daily</i>
NB Crossroads Fd XXI	8,078,964	2,002,000	<i>n/a</i>	<i>n/a</i>
Real Estate Funds				
Prudential PRISA REIT	7,354,973	-	<i>Quarterly</i>	<i>Redempt. Que</i>
	<u>\$ 42,425,668</u>	<u>\$ 2,002,000</u>		

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 4 – INVESTMENTS

Investment policies- The League ATPAM Pension Fund desires to achieve investment results that will culminate in promised plan benefits being ultimately paid to plan participants and their beneficiaries. The assets of the Fund shall, at all times be invested in such a manner as to be in full accordance with the provisions of ERISA. The Funds primary investment objective is to maximize the total rate of return subject to the preservation of capital. The preservation of capital encompasses two goals: minimize the risk of loss of principal and minimize the erosion of principal value through inflation. In order to provide the necessary level of diversification for the Fund, Investment Managers with complementary or diverse investment styles may be retained.

Asset Allocation Policy- The League ATPAM Pension Fund’s adopted target asset allocation of the Fund’s investments is a follows:

<u>Asset Allocation</u>	<u>Target</u>
All Cap Domestic Equity	20%
International Equity	10%
Core Fixed Income	16.2%
Unconstrained Fixed Income	5%
High Yield Fixed Income	6.3%
Private Equity	13%
Renewables	5%
Real Estate	10%
Global Tactical Asset Allocation	12%
Real Assets	2.5%
Total	<u>100%</u>

Because markets fluctuate, actual allocations are expected to deviate somewhat from the targets. Asset allocation targets are subject to a 5% variation in either direction. The Fund will be rebalanced appropriately when allocations are no longer within the prescribed limits. Such rebalancing will be accomplished within two calendar quarters.

See independent auditors’ report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 4 – INVESTMENTS (CONT'D)

Significant investment benchmarks-

Domestic Equity- Equity investments shall be made with a view towards achieving a total rate of return. All securities shall be of a class listed on a national securities exchange (NYSE, AMEX) or traded in the over-the-counter market and quoted on the NASDAQ. The Fund restricts investments in any one company to less than 5% of the maximum portfolio value, less than 5% of that company's outstanding voting stock, and/or less than 5% of all outstanding shares of all classes of stock of the issuer.

Domestic Fixed Income- The Fund's assets shall be invested in marketable fixed income securities of the first four quality grades as established by one or more nationally recognized bond rating services. The average quality of all the Bond holdings in each investment manager's portfolio should be maintained at AA or better. The Investment Managers may not hold more than 5% of the portfolio in any one issuer's securities other than direct obligations of the U.S. Government or its agencies based on market value.

Real Estate- The real estate portion of the Fund's assets may be invested in pooled Real Estate vehicles, limited partnerships, or other types of Real Estate investments as determined by the Trustees. Real estate investments made on behalf of the Fund for their specific use of office land and building is permissible.

NOTE 5 – TAX STATUS

On November 6, 2015 the Internal Revenue Services ruled that the Fund continued to qualify under Section 401(a) of the Internal Revenue Code ("IRC") and is therefore, not subject to tax under present income tax law. The Fund is required to operate in conformity with the IRC to maintain its tax exempt status. The Board is not aware of any course of action or series of events that have occurred that might adversely affect the Fund's tax exempt status.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 5 – TAX STATUS (CONT'D)

Accounting principles generally accepted in the United States of America required Fund management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that at August 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Contributions	\$ 3,594,724	\$ -	\$ 3,594,724
Investment income	<u>6,333,957</u>	<u>338,728</u>	<u>6,672,685</u>
Total additions	<u>9,928,681</u>	<u>338,728</u>	<u>10,267,409</u>
Benefit payments paid	5,489,912	-	5,489,912
General Administrative expenses	<u>559,806</u>	<u>338,728</u>	<u>898,534</u>
Total deductions	<u>6,049,718</u>	<u>338,728</u>	<u>6,388,446</u>
Net increase	<u>\$ 3,878,963</u>	<u>\$ -</u>	<u>\$ 3,878,963</u>

In addition to the above reclassification, the Plan's investments have been reclassified for Form 5500 purpose in accordance with the Department of Labor's plan asset regulations. See the Schedule of Reconciling the Statements of Net Assets Available for Benefits to Form 5500 on page 23.

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023

NOTE 8. SUBSEQUENT EVENTS

For cost saving efficiencies and the betterment of the members, the trustees of the Plan continue to perform their due diligence exploring a potential plan merger.

See independent auditors' report.

SUPPLEMENTAL SCHEDULES

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
SCHEDULES OF GENERAL
AND ADMINISTRATIVE EXPENSES

	Years Ended August 31,	
	2024	2023
Legal fees	\$ 255,524	\$ 292,338
Actuarial and advisory fees	82,000	146,875
Third-party administrator	95,103	95,084
Office expenses	11,005	9,906
Insurance	82,489	48,894
Auditing and accounting fees	32,000	32,000
Trustees meeting expenses	1,685	1,360
Total	<u>\$ 559,806</u>	<u>\$ 626,457</u>

See independent auditors' report.

BOARD OF TRUSTEES LEAGUE ATPAM PENSION FUND
SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS TO FORM 5500
AUGUST 31, 2024

	Per Financial Statements	Reclassification	Per Form 5500
<i>Assets</i>			
Investments			
Short term investments	\$ 333,177	\$ 1,378,135	\$ 1,711,312
Common stocks	8,317,691	-	8,317,691
Mutual funds	14,975,839	-	14,975,839
Common collective trusts	20,717,720	-	20,717,720
Fixed Income	-	9,847,778	9,847,778
Private placement funds	16,964,493	(16,964,493)	-
Real estate funds	6,235,976	-	6,235,976
LLC membership interest	4,626,231	(4,626,231)	-
Limited partnership	1,160,690	(1,160,690)	-
Other investments	-	9,138,009	9,138,009
Receivables	322,158	185,320	507,478
Cash	831,494	1	831,495
Other assets	<u>4,177</u>	<u>7,452,540</u>	<u>7,456,717</u>
<i>Total Assets</i>	74,489,646	5,250,369	79,740,015
<i>Liabilities</i>			
Operating payable	239,417	-	239,417
Other liabilities	<u>-</u>	<u>5,250,369</u>	<u>5,250,369</u>
<i>Total Liabilities</i>	239,417	5,250,369	5,489,786
Net Assets Available for Benefits	<u>\$ 74,250,229</u>	<u>\$ -</u>	<u>\$ 74,250,229</u>

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

See independent auditors' report.

LEAGUE ATPAM PENSION FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
E.I.N. 13-2928856, PLAN 001
AUGUST 31, 2024

(a) Description	(b) Identity of Issue Borrower, Lesser or Similar Party	(c) Cost	(d) Market Value
<u>Short Term Investments:</u>			
Cash Equivalents		\$ 54,292	\$ 54,292
MN8 Energy LLC - Cash and Cash Equivalents		350,566	350,566
NB CROSSROADS FUND XXI PRIVATE INVESTMENT PORTFOLIO - Cash and Cash Equivalents		513,733	513,733
GS PEM OFFSHORE LP - Cash and Cash Equivalents		134,649	134,649
MARCO CONSULTING GROUP TRUST - Cash an Cash Equivalents		378,440	378,440
BLACKROCK LIQ FDS FED FUND-IN - Cash and Cash Equivalents		1	1
HORIZON ENVIRONMENT & CLIMATE SOLUTIONS OFFSHORE FEEDER FUND I, LLC - Cash and Cash Equivalents		747	747
GS FINANCIAL SQUARE TREASURY SOLUTIONS FUND - Cash and Cash Equivalents		278,884	278,884
Total Short Term Investments		<u>\$ 1,711,312</u>	<u>\$ 1,711,312</u>
<u>Common Stock:</u>			
AKAMAI TECHNOLOGIES INC		\$ 273,726	\$ 321,102
ALPHABET INC-CL C		100,872	334,018
AMAZON.COM INC		269,256	388,416
BROWN & BROWN INC		196,082	233,599
CBRE GROUP INC - A		62,970	154,978
COHERENT CORP		165,003	368,859
CRH PLC		146,177	169,105
CROWN HOLDINGS INC		155,107	170,423
DANAHER CORP		116,810	293,009
DEERE & CO		84,024	86,406
DEXCOM INC		156,662	166,069
F5 INC		123,596	166,177
GLOBAL PAYMENTS INC		327,046	353,678
HCA HEALTHCARE INC		67,036	235,376
INTUIT INC		76,063	238,238
IQVIA HOLDINGS INC		265,736	314,941
MARVELL TECHNOLOGY INC		284,985	446,309
MICROSOFT CORP		305,053	443,420
NVIDIA CORP		77,755	92,034
NXP SEMICONDUCTORS NV		68,436	167,659
OKTA INC		216,184	182,496
ONEOK INC		258,044	318,180
ORACLE CORP		276,191	312,110
S&P GLOBAL INC		129,747	191,439
SCHWAB (CHARLES) CORP		266,995	306,621

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LEAGUE ATPAM PENSION FUND
SCHEDULE H (FORM 5500) – LINE 4i
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E.I.N. 13-2928856, PLAN 001
AUGUST 31, 2024

(a) Description	(b) Identity of Issue	(c) Cost	(d) Market Value
<u>Common Stock (continued):</u>			
TAKE-TWO INTERACTIVE SOFTWARE		\$ 225,676	\$ 299,649
TEVA PHARMACEUTICAL-SP ADR		319,830	490,903
T-MOBILE US INC		170,434	270,458
UNITEDHEALTH GROUP INC		146,620	405,467
VERISK ANALYTICS INC		39,553	87,848
VISA INC-CLASS A SHARES		235,920	308,705
Total common Stock		<u>\$ 5,607,590</u>	<u>\$ 8,317,691</u>
<u>Mutual Funds:</u>			
PIMCO ALL ASSET FUND		\$ 4,517,610	\$ 4,272,718
BLACKROCK GLOBAL ALLOCATIONS		4,805,546	4,765,666
BLACKROCK STRATEGIC INCOME			
OPPORTUNITIES		2,884,375	2,815,697
PRINCIPAL DIVERSIFIED REAL ASSET FUND		3,187,636	3,121,758
Total Mutual Funds		<u>\$ 15,395,167</u>	<u>\$ 14,975,839</u>
<u>Common Collective Trusts:</u>			
CHEVY CHASE TR CO ASB LAB EQ IDX		\$ 4,151,559	\$ 8,746,134
CTF INTL OPPS		5,223,493	8,061,881
LOOMIS HIGH YIELD FULL DISCRETION FUND		2,400,000	3,909,705
Total Common Collective Trusts		<u>\$ 11,775,052</u>	<u>\$ 20,717,720</u>
<u>Fixed Income</u>			
MARCO CONSULTING GROUP TRUST - Fixed Income			
Securities		\$ 8,850,591	\$ 9,847,778
Total Fixed Income		<u>\$ 8,850,591</u>	<u>\$ 9,847,778</u>
<u>Real Estate Funds:</u>			
PRUDENTIAL PRISA REAL ESTATE		\$ 4,010,643	\$ 6,235,976
Total Real Estate Funds		<u>\$ 4,010,643</u>	<u>\$ 6,235,976</u>
<u>Other Investments</u>			
NB CROSSROADS FUND XXI PRIVATE			
INVESTMENT PORTFOLIO - Other Investments		\$ 3,180,448	\$ 6,245,563
GS PEM OFFSHORE LP - Other Investments		829,254	1,241,070
HORIZON ENVIRONMENT & CLIMATE			
SOLUTIONS PARTNERS I, OFFSHORE, L.P. - Other			
Investments		1,482,948	1,651,376
Total Other Investments		<u>\$ 5,492,650</u>	<u>\$ 9,138,009</u>
Total Investments		<u>\$ 52,843,005</u>	<u>\$ 70,944,325</u>

See independent auditors' report.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	September 1 through August 31																
Pension Credit Year	September 1 through August 31																
Plan Status	Ongoing plan																
Normal Pension	• <i>Age Requirement:</i> 62 • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> Monthly benefit = (1) + (2) where (1) = (Past service and future service years in which salary is less than \$8,000) x a (2) = (Aggregate salary expressed in 1000's for years in which salary is greater than or equal to \$8,000) x b <table><tr><th>Age</th><th>a</th><th>b</th></tr><tr><td>65</td><td>38.04</td><td>4.70</td></tr><tr><td>64</td><td>33.88</td><td>4.22</td></tr><tr><td>63</td><td>30.84</td><td>3.90</td></tr><tr><td>62</td><td>28.51</td><td>3.56</td></tr></table> • The maximum salary creditable is \$25,000 for plan years prior to September 1, 1980, \$30,000 for plan years from September 1, 1980 to August 31, 1997 and \$32,500 for plan years starting on or after September 1, 1997. The benefit is calculated using the 25 plan years that produce the highest benefit. • <i>Delayed Retirement Amount:</i> Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than 65, and 1.5% for each month greater than age 70 that the benefit is not suspended.		Age	a	b	65	38.04	4.70	64	33.88	4.22	63	30.84	3.90	62	28.51	3.56
Age	a	b															
65	38.04	4.70															
64	33.88	4.22															
63	30.84	3.90															
62	28.51	3.56															

Section 3: Certificate of Actuarial Valuation

Disability	• <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 15 pension credits • <i>Other Requirement:</i> Board may require evidence of continued entitlement to Social Security Disability Benefits. • <i>Amount:</i> Normal pension accrued, calculated as if the participant's age is 65.
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> Normal pension accrued based on plan in effect when last active • <i>Normal Retirement Age:</i> 62, or fifth anniversary of participation, if later
Spouse's Pre-Retirement Death Benefit¹	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> 50% of the benefit participant would have received (as if age 62 if younger than 62) had they retired the day before they died and retired on a Surviving Spouse Pension. Unless the participant is actively employed and dies having attained age 55 with 15 pension credits, the spouse's benefit is deferred to the date participant would have been age 62. • <i>Charge for Coverage:</i> None
Three-Year Payment Certain (if not eligible for or in lieu of spouse's benefit)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> Normal pension accrued (as if age 62 if younger than 62) payable immediately for three years guaranteed. If participant is not eligible for a Normal pension or has not earned 25 pension credits or is not at least 55 with 15 pension credits, then amount is actuarially reduced for immediate payout.
Post-Retirement Death Benefit	• <i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 36 monthly payments guaranteed without reduction, or in any other available optional form elected by the participant in an actuarially equivalent amount.
Optional Forms of Benefits	• 50% Joint and Survivor • 75% Joint and Survivor • 100% Joint and Survivor • Single Life Annuity with 36 months guaranteed
Participation	Immediately upon commencement of work in covered employment
Pension Credit	One pension credit for each credit year during the contribution period in which the participant works 12 weeks.

¹ Domestic partners are eligible for all spouse's benefits.

Section 3: Certificate of Actuarial Valuation

Vesting Service	One year of vesting service for each credit year during the contribution period in which the participant works 12 weeks.
Contribution Rates	Broadway employers contribute tax relief income plus, if necessary, additional contributions such that total contribution is not less than 8% of salary. Other employers contribute 8% of salary, 7.5% of salary, or a flat contribution rate of \$140 per week.
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation.

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LEAGUE ATPAM PENSION FUND
SCHEDULE H (FORM 5500) – LINE 4i
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BLACKROCK LIQ FDS FED FUND-IN - Cash and Cash Equivalents		1	1
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Total Short Term Investments		<u>\$ 1,711,312</u>	<u>\$ 1,711,312</u>
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VERISK ANALYTICS INC		39,553	87,848
VISA INC-CLASS A SHARES		235,920	308,705
Total common Stock		<u>\$ 5,607,590</u>	<u>\$ 8,317,691</u>
<u>Mutual Funds:</u>			
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BLACKROCK STRATEGIC INCOME			
OPPORTUNITIES		2,884,375	2,815,697
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Total Mutual Funds		<u>\$ 15,395,167</u>	<u>\$ 14,975,839</u>
<u>Common Collective Trusts:</u>			
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CTF INTL OPPS		5,223,493	8,061,881
LOOMIS HIGH YIELD FULL DISCRETION FUND		2,400,000	3,909,705
Total Common Collective Trusts		<u>\$ 11,775,052</u>	<u>\$ 20,717,720</u>
<u>Fixed Income</u>			
MARCO CONSULTING GROUP TRUST - Fixed Income			
Securities		\$ 8,850,591	\$ 9,847,778
Total Fixed Income		<u>\$ 8,850,591</u>	<u>\$ 9,847,778</u>
<u>Real Estate Funds:</u>			
PRUDENTIAL PRISA REAL ESTATE		\$ 4,010,643	\$ 6,235,976
Total Real Estate Funds		<u>\$ 4,010,643</u>	<u>\$ 6,235,976</u>
<u>Other Investments</u>			
NB CROSSROADS FUND XXI PRIVATE			
INVESTMENT PORTFOLIO - Other Investments		\$ 3,180,448	\$ 6,245,563
GS PEM OFFSHORE LP - Other Investments		829,254	1,241,070
HORIZON ENVIRONMENT & CLIMATE			
SOLUTIONS PARTNERS I, OFFSHORE, L.P. - Other			
Investments		1,482,948	1,651,376
Total Other Investments		<u>\$ 5,492,650</u>	<u>\$ 9,138,009</u>
Total Investments		<u>\$ 52,843,005</u>	<u>\$ 70,944,325</u>

See independent auditors' report.

Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended August 31, 2023.

Age	Pension Credits									
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
25 - 29	12	12	—	—	—	—	—	—	—	—
30 - 34	25	16	9	—	—	—	—	—	—	—
35 - 39	31	12	14	5	—	—	—	—	—	—
40 - 44	45	10	13	16	6	—	—	—	—	—
45 - 49	30	6	10	7	5	2	—	—	—	—
50 - 54	35	4	6	9	5	7	4	—	—	—
55 - 59	23	2	—	4	4	4	7	2	—	—
60 - 64	23	1	3	1	1	2	8	5	2	—
65 - 69	17	—	1	—	2	—	6	3	4	1
70 & over	6	—	—	—	—	2	2	1	—	1
Unknown	22	22	—	—	—	—	—	—	—	—
Total	269	85	56	42	23	17	27	11	6	2

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	09/01/1994	\$59,603	1	\$59,603
Plan amendment	09/01/1994	66,461	1	66,461
Plan amendment	09/01/1996	117,162	3	41,817
Plan amendment	09/01/1997	420,811	4	116,491
Plan amendment	09/01/1998	175,994	5	40,290
Assumption change	09/01/1999	473,299	6	93,300
Plan amendment	09/01/2000	34,403	7	6,004
Plan amendment	09/01/2001	1,354,517	8	213,558
Assumption change	09/01/2004	264,151	11	33,255
Assumption change	09/01/2007	1,579,891	14	170,975
Plan amendment	09/01/2007	3,243,904	14	351,053
Actuarial loss	09/01/2009	67,178	1	67,178
Investment loss subject to relief	09/01/2009	2,760,749	15	287,104
Actuarial loss	09/01/2010	266,613	2	137,970
Investment loss subject to relief	09/01/2010	635,357	16	63,754
Investment loss subject to relief	09/01/2011	650,040	15	67,601
Actuarial loss	09/01/2012	334,555	4	92,614
Investment loss subject to relief	09/01/2012	1,265,500	15	131,606
Investment loss subject to relief	09/01/2013	1,327,492	15	138,053
Investment loss subject to relief	09/01/2014	1,147,545	15	119,339
Actuarial loss	09/01/2015	632,208	7	110,333
Actuarial loss	09/01/2016	1,583,676	8	249,687
Actuarial change	09/01/2017	85,998	9	12,438
Actuarial loss	09/01/2017	932,222	9	134,833

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	09/01/2018	18,731	10	2,515
Assumption change	09/01/2018	78,877	10	10,592
Assumption change	09/01/2019	42,356	11	5,332
Actuarial loss	09/01/2019	1,304,432	11	164,221
Subtotal		\$20,923,725		
Total deferred shortfall losses		9,533,390		
Total deferred actuarial losses		8,684,737		
Total		\$39,141,852		\$2,987,977

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	09/01/2009	\$18,841	1	\$18,841
Investment loss subject to relief	09/01/2010	416,953	15	43,361
Actuarial gain	09/01/2011	335,558	3	119,766
Actuarial gain	09/01/2013	434,863	5	99,552
Actuarial gain	09/01/2014	59,381	6	11,706
Assumption change	09/01/2014	65,120	6	12,837
Assumption change	09/01/2022	116,166	14	12,571
Subtotal		\$1,446,882		
Total deferred actuarial gains		10,705,803		
Total		\$12,152,685		\$318,634

Actuarial Information for 2023 Schedule MB - Funding Standard Account for Plan Year Ended August 31, 2024

Computation of Net Shortfall Charge and Shortfall Gain or Loss For Plan Year Ended August 31, 2024 (Line 9)

1. Normal cost (including administrative expenses)	\$1,529,058
2. Amortization charges	2,987,977
3. Amortization credits	318,634
4. Total annual computational charge: (1) + (2) - (3)	4,198,401
5. Estimated base units ¹	3,885,330
6. Estimated unit charge: (4) / (5)	1.080578
7. Actual units during year	3,594,724
8. Net shortfall charge for year: (6) x (7)	3,884,380
a. Normal cost portion: (1) x (8) / (4)	1,414,692
b. Amortization charges portion: (2) x (8) / (4)	2,764,490
c. Amortization credits portion: (3) x (8) / (4)	294,802
9. Interest to end of year on (8)	281,618
a. Normal cost portion	102,565
b. Amortization charges portion	200,426
c. Amortization credits portion	21,373
10. Total shortfall charge: (8) + (9)	4,165,998
11. Employer contributions ²	3,594,724
12. Interest to end of year on (11)	119,450
13. Total employer contributions: (11) + (12)	3,714,174
14. Credit balance at beginning of year	7,789,324
15. Interest to end of year on (14)	564,726
16. Change in credit balance: (13) - (10)	-451,824
17. Credit balance at end of year: (14) + (15) + (16)	7,902,226
18. Shortfall loss for year: (4) - (8)	314,021
19. Interest to end of year on (18)	22,767
20. Total shortfall loss for year ³ : (18) + (19)	336,788

¹ Reflects employment assumption used in September 1, 2019 valuation

² All contributions are paid periodically throughout year pursuant to collective bargaining agreements

³ Amount will be amortized September 1, 2029

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.99%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally using Scale MP-2021 (previously, the MP-2020 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 6.4%, for the Plan Year ending August 31, 2023 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 4.1%, for the Plan Year ending August 31, 2023
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a March 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are 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 Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.99% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(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.

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates	<i>Non-annuitant:</i> Pri-2012 Blue Collar Employee Amount-weighted Mortality Table with generational projection using Scale MP-2021
	<i>Healthy Annuitant:</i> Pri-2012 Blue Collar Healthy Retiree Amount-weighted Mortality Table with generational projection using Scale MP-2021
	<i>Disabled:</i> Pri-2012 Disabled Retiree Amount-weighted Mortality Table with generational projection using Scale MP-2021
	<i>Surviving Spouse:</i> Pri-2012 Contingent Survivor Blue Collar Amount-weighted Mortality Table with generational projection using Scale MP-2021
	The underlying tables with generational projection under Scale MP-2021 to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using generational projection under Scale MP-2021 to reflect future mortality improvement between the measurement date and those years. The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the past several years.

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement

Age	Rate (%)			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.07	0.02	0.02	13.10
25	0.07	0.03	0.02	13.88
30	0.07	0.03	0.03	9.14
35	0.07	0.04	0.04	6.59
40	0.09	0.06	0.06	5.25
45	0.12	0.09	0.09	4.66
50	0.18	0.13	0.15	4.22
55	0.28	0.20	0.25	2.19
60	0.44	0.30	0.41	1.65

¹ Mortality rates shown for base table.

² Withdrawal rates cut out at age 62.

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

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Active Participants

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

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

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 September 1, 2023 actuarial valuation.

Retirement Rates for Inactive Vested Participants

Age	Annual Retirement Rates
62	35%
63 – 64	5%
65	30%
66 – 69	20%
70 & older	100%

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

Future Benefit Accruals

One pension credit per year and salary of at least \$32,500.

Section 3: Certificate of Actuarial Valuation

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 12 weeks in the most recent plan year, excluding those who have retired as of the valuation date.
Percent Eligible for Spouse's Benefit	80%
Age of Spouse	Spouses of male participants are three years younger, and spouses of female participants are three years older, if actual age is unknown.
Benefit Election	All participants are assumed to elect the Single Life annuity with 36 months guaranteed.
Eligibility for Delayed Retirement Factors	Inactive vested participants who are assumed to commence receipt of benefits after attaining age 65 qualify for delayed retirement increases.
Net Investment Return	7.25% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$600,000, payable monthly, for the year beginning September 1, 2023 (equivalent to \$577,795 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 projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method, including the Shortfall Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Elections under the American Rescue Plan Act (APRA) of 2021	Extended Amortization of Net Experience Losses (IRC Section 431(b)(8)(F)): The Covid-related losses for the plan years ended August 31, 2020 and August 31, 2021 have been amortized over an extended period.

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.99%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally using Scale MP-2021 (previously, the MP-2020 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 6.4%, for the Plan Year ending August 31, 2023 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 4.1%, for the Plan Year ending August 31, 2023
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a March 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are 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 Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.99% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(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.

Section 2: Actuarial Valuation Results

Withdrawal liability assumptions

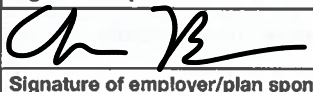
- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.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

Interest	For liabilities up to market value of assets, 5.24% for 20 years and 4.58% beyond (2.81% for 20 years and 2.94% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of August 31, 2023 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of August 31, 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 August 31, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan LEAGUE - ATPAM PENSION FUND	1b Three-digit plan number (PN) 001
	1c Effective date of plan 10/01/1963
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 LEAGUE - ATPAM PENSION FUND 140 SYLVAN AVENUE, SUITE 303 ENGLEWOOD CLIFFS NJ 07632-2560	2b Employer Identification Number (EIN) 13-2928856 2c Plan Sponsor's telephone number 201-592-6800 2d Business code (see instructions) 713900

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 	6/11/25	RINA L SALTZMAN
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	06/11/25	CHRISTOPHER BROCKMEYER
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE 		
Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2023) v. 230728

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

A Name of plan LEAGUE - ATPAM 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 LEAGUE - ATPAM PENSION FUND	D Employer Identification Number (EIN) 13-2928856

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

1a Enter the valuation date: Month 09 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 70,371,266
(2) Actuarial value of assets for funding standard account.....	1b(2) 73,446,714
c (1) Accrued liability for plan using immediate gain methods	1c(1) 92,646,557
(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) 90,301,441
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) 159,786,628
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3,118,641
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5,931,144
(3) Expected plan disbursements for the plan year	1d(3) 6,531,144

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 JOSHUA KAPLAN JK Signature of actuary JOSHUA KAPLAN, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E NEW YORK NY 10001-2192 Address of the firm	05/21/2025 Date 2305487 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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i If box h is checked, enter period of use of shortfall method	5j	19
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- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.99 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.25 %
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	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.1 %
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)	577,795
(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

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	5,857,421
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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	1,414,692

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)	39,141,852
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	302,991
e Total charges. Add lines 9a through 9d	9e	4,482,173

Credits to funding standard account:

f Prior year credit balance, if any	9f	7,789,324
g Employer contributions. Total from column (b) of line 3	9g	3,594,724

	Outstanding balance	
h Amortization credits as of valuation date	9h	12,152,685

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	705,549
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j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	33,884,214
(2) "RPA '94" override (90% current liability FFL)	9j(2)	73,586,189
(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	12,384,399
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	7,902,226
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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