

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 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan BUILDING SERVICE 32BJ PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1978
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND 25 WEST 18TH STREET NEW YORK, NY 10011	2b Employer Identification Number (EIN) 13-1879376 2c Plan Sponsor's telephone number 212-539-2778 2d Business code (see instructions) 561790

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2026	MANNY PASTREICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2026	HOWARD ROTHSCHILD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 118763
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 53357 6a(2) 53782 6b 35057 6c 20000 6d 108839 6e 12395 6f 121234 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3994

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan BUILDING SERVICE 32BJ PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND	D Employer Identification Number (EIN) 13-1879376

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 4093197776
(2) Actuarial value of assets for funding standard account	1b(2) 4084097039
c (1) Accrued liability for plan using immediate gain methods	1c(1) 4936002562
(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) 4936002562
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) 7881899600
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 190969321
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 362785506
(3) Expected plan disbursements for the plan year	1d(3) 385285506

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	02/24/2026
Signature of actuary SUSAN L. BOYLE, FSA, FCA, MAAA	Date 23-06862
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	4096484151
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	42064	3269640650
(2) For terminated vested participants	19854	979367252
(3) For active participants:		
(a) Non-vested benefits		420088769
(b) Vested benefits		3212802929
(c) Total active	51089	3632891698
(4) Total	113007	7881899600
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.97 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/03/2024	69000000				
01/15/2025	346318299				
01/03/2025	28000000				
Totals ►			3(b)	443318299	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	82.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.69 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		10.7 %
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)		21640315
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	378702	39909
3	214189917	22571024

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

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	106706553

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)	1243881662	194485461
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 22589401**e** Total charges. Add lines 9a through 9d.....**9e** 323781415**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 298009803**g** Employer contributions. Total from column (b) of line 3.....**9g** 443318299**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 38397120**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

	Outstanding balance	
9h	93966336	10764235
9j(1)	1350868520	
9j(2)	3211031681	

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** 790489457**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 466708042**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan BUILDING SERVICE 32BJ PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND	D Employer Identification Number (EIN) 13-1879376	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ADAMS STREET PARTNERS LLC
92-0339021

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AFL-CIO BUILDING INVESTMENT TRUST
22-1146430

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK GLOBAL INFRASTRUCTURE
82-1529989

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

IFM GLOBAL INFRASTRUCTURE L.P.

98-0567684

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

ISQ GLOBAL INFRASTRUCTURE

98-1043772

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

KKR EUROPEAN V ASP FUND

4 WORLD TRADE CENTER
NEW YORK, NY 10006

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

LEXINGTON PARTNERS VII

399 PARK AVENUE
20TH FLOOR
NEW YORK, NY 10022

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

POMONA ASSOCIATES VIII, LP

46-0715295

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

RELIANCE TRUST COMPANY

58-1428634

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

STEPSRONE GROUP

85-1138271

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

STRATEGIC PARTNERS VII ASP FUND

345 PARK AVE
NEW YORK, NY 10152

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

THE VANGUARD GROUP, INC

21-1945930

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

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

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

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

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

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

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

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

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

ALTRINSIC GLOBAL ADVISORS LLC

30-0016268

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68 72	NONE	1320731	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	938117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARNASSUS

87-2269073

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	873641	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)

GLOBAL INFRASTRUCTURE PARTNERS IV B

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	836964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHENKMAN CAPITAL MANAGEMENT, INC.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	816812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	536716	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)

GRAIN MANAGEMENT, LLC

27-2066237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	530048	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	495287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	456328	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)

RAAB STURM & GANCHROW LLP

13-1566077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	420907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

H&H GRAPHIC PRINTING COMMUNICATIONS

02-7771521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	371686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP INC

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27	NONE	365000	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)

VITECH SYSTEMS GROUP INC

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	353571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	338087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	316514	Yes ☒ No ☐	Yes ☒ No ☐	360	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)

BREDHOFF & KAISER PLLC

05-2969534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	305022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH MANAGEMENT SYSTEMS INC

13-2770433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	281429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRETON, REGINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	272432	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)

POSTMASTER

421 8TH AVENUE
NEW YORK, NY 10199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	267780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	254377	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MICROSOFT CORPORATION

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	239832	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)

APONTE, KERRI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	235976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROONEY, CHARLES JEFFREY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	218709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	200745	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)

HILBERT, LUCINDA M

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	193477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENG, NINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	172562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TERRELL, NINA L

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	158796	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)

CINIGLIO, MICHELE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	157943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TORIBIO, YANET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	154471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHAKRAVORTY, ISHITA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	139014	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)

ROOM, JANICE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	133740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAJAN, JAISY SUSAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	130458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RROJI, GRID

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	129302	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)

WITHUMSMITH BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	128000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FERNANDEZ, DAMARIS E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORHOUS, MICHELLE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126208	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)

SPOLETI, MARK

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOSADO, LUIS ANTONIO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELCIK, JANINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126010	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)

CASILLA DE LEON, JUNI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACOSTA, NANCY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125076	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IOVINE, JAMES

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	124266	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)

HERNANDEZ, VICTOR ENRIQUE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	121951	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TONG, CALVIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	116502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RODRIGUEZ, ALEJANDRA E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	114129	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)

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	110817	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NYAMEKYE, STEPHANIE A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	110711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANCHEZ, SILVIA L

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	110391	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

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	110378	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GRANADA, CLARENCO TAMPOS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	107940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAULKNER, GILLAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	107768	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)

POVEROMO, DANIELA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYES, MIGUEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	104395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAMMAH, ANA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	103804	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)

GIGLIOTTI, MILENA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADAMES, KEILA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCLAUGHLIN, MARGARET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95680	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)

CHAN, KAR LAP

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	94880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OU, JINHAO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVERA, LIZZETTE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92762	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)

KIM, DANIEL

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONVERGED TECHNOLOGY GROUP

20-4185989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	91452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COPELAND, ALEXANDER

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90817	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)

ALAM, IMTIAZ

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENITH AMERICAN SOLUTIONS INC

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	88488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOLMSTROM, ANA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82326	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)

HUSSAIN, SAFRAZ

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DASILVA, DANIELLE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BURGISS GROUP LLC

13-4038723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	77751	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)

THIRUMALAI, SHREYA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENNEDY, YARITZA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BACHRACH GROUP LTD

03-0408733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50 61	NONE	62345	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)

WINMILL SOFTWARE

52-2247044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	53510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDBERGER, PETER

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52847	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOUNYASANE, SAENGCHANH

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52382	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)

JENKINS, STEVE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNTE JR., CLINTON

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POMMELLS, ELAINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45303	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)

CORDATIUS LLC

82-2946904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RODRIGUEZ, ANTONIO CURET

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIS LOCKBOX OPERATIONS

10 DAN ROAD
DOCK 2
CANTON, MA 02021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43926	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)

FARBER, RANDI S

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRUZ, EVARISTO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHIIHA, ELIE CHENG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADP INC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	41417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENNELL, LORRAINE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBINSON, CHASE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39835	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)

RODNEY, DEANNE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAPINSKA, MALGORZATA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYNTONIC SYSTEMS INC

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39173	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)

ORMSBY, THOMAS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAVERTY JR, ROY H

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBBINS, RICHARD

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38097	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)

VERMA, VISHAL AMIT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEISNER, BONNIE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KHANGULOV, VICTOR

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37237	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)

PELLEGRINO, LESLIE A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARAY, ANTONIO

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BIKOFF, DANIEL R

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34885	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)

SAMUEL, DAVID ROBERT

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34798	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEN, QINAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVESTMENT ALLIANCE LLC

26-2574235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	33474	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)

HENDIN, ERIK

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCULLOUGH, CAROLYN V

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORD, SAKINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32920	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)

TEJEDA, SUHAYDEE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RODRIGUEZ, JOHN H

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XU, FEI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31948	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)

ILLIDGE, EDOUARD A

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAONKAR, SAMEER

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CORPORATE TRANSLATION SERVICES LLC

91-1506430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	31867	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)

BOCHIECHIO, DOMINIC

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORACLE AMERICA INC

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	31065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHACK, SUSAN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31022	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)

ZHDANOV, OLEG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTINEZ, MELISSA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RETIREMENT CLEARINGHOUSE LLC

26-0008851

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30389	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)

CONSTITUTION CAPITAL EQUITY PARTNER

74-3246212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	30380	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

UNITED PARCEL SERVICE INC

58-2480149

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30324	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDROVSKY, EUGENE

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30139	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)

MUSE, ERICK

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MULLESSERRIL, SANJOY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LE, MEISHA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29296	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)

BALDWA, SRUTHI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YANG, SEONG MOH

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARDOZA, EDDIE S

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28905	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)

MARTINEZ, HECTOR

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AKAYDIN, ALI

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAW, MAN YEUNG

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28652	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)

SZAIFF, AKOS E

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TALLAPRAGADA, SITARAM

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LANSANG, HENRY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27918	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)

SUKHEEJA, VARUN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RODRIGUEZ, PHILLIP D

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26837	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVERN, KAREN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26614	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)

YUN, JOHN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26497	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALATION INC.

46-1989601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	26446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LANZO, DAMARIS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26415	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)

STONE, HARRY

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KANG, MIN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOHAMMAD, MATHEEN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26077	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)

EGLER, ERIC

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOVACH JR, CHARLES

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCLAUGHLIN, CHRISTINA

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26007	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)

BECERRA, JESUS

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE, DAVID

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25462	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLNER, KERREN

13-1879376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25441	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)

SOFTART SOLUTIONS INC

20-0067615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	24814	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELL MARKETING LP

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINKEDIN CORPORATION

47-0912023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22102	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)

EPLUS TECHNOLOGY INC

13595 DULLES TECHNOLOGY DRIVE
HERNDON, VA 20171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	21641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QLIK TECH INC

98-0151014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	21205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE WEEKS LERMAN GROUP LLC

11-3297099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20427	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)

ALVAREZ & MARSAL

56-2409465

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	18925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLOOMBERG INDUSTRY GROUP INC

53-0040540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	17122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEIU LOCAL 32BJ

13-0535740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	AFFILIATE	15459	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)

METASOURCE LLC

26-0771758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	14933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL SUPPLY COMPANY

13-2997677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	14692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PKF O'CONNOR DAVIES LLP

27-1728945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	13181	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)

BCA RESEARCH INC.

1728 PIN OAK RD
PARKVILLE, MD 21234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAIGE INC

93-4117633

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	12956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUSAN COWELL

15-4384558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70	NONE	12853	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)

INSIGHT DIRECT USA INC

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HITOUCH BUSINESS SERVICES DBA HTBS

04-2896127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

365 OPERATING COMPANY LLC

85-2572101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	11937	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)

DATA CENTER WAREHOUSE LLC

46-2895804

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDARD REPORT LLC

47-5247948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11516	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 70	NONE	11427	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)

COMPUTER DESIGN & INTEGRATION LLC

13-3823827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARR BUSINESS SYSTEMS

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON TEK INC

11-3448259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	9662	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)

INTERNATIONAL INTEGRATED SOLUTIONS

11-3006645

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	9480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CQ FLUENCY INC

03-2102982

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE TRANSFER CORP

13-2784879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8909	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)

DOCUSIGN INC

91-2183967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	8274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OFFICE OF THE CONTRACT ARBITRATOR

13-2971195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8255	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELE OCCHIOGROSSO

44 CRANE PARKWAY
CRANFORD, NJ 07016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7613	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)

PAYSCALE, INC.

91-1618647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIGHTSTAR INC.

04-3771867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOCUFREE CORPORATION

58-2483016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5512	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)

VITAL RECORDS HOLDING LLC

82-0796154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	5239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES, IN

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	73690	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	22 53	6476

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	22 53	30147

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO 13-1423090	INSURANCE COMMISSIONS

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	22 53	3794

(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.
AMWINS BROKERAGE 13-4279678	INSURANCE COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	22 53	2468

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan BUILDING SERVICE 32BJ PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND		D Employer Identification Number (EIN) 13-1879376
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 13-4920330-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 647034167
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND FD NL		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 540069879
a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRST INST RTRMT TRST S 11		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6253445-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 277068911
a Name of MTIA, CCT, PSA, or 103-12 IE: ALTRINISIC INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 36-7634097-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 260733873
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG U.S. TREASURY IDX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172334145
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL 1000 (R) VALUE		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-123	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158110743
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE INDEX NL FD		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-241	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151551172
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: DRIEHAUS EMERG MKTS GROWTH CIT

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

c EIN-PN 37-6553761-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110877617
--------------------------------	------------------------	---

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

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

c EIN-PN 45-6138589-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99660611
--------------------------------	------------------------	--

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

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

c EIN-PN 90-0337987-287	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95965757
--------------------------------	------------------------	--

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

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

c EIN-PN 45-6138589-096	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78986334
--------------------------------	------------------------	--

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

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

c EIN-PN 92-0339021-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69540376
--------------------------------	------------------------	--

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

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

c EIN-PN 85-2197958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66504790
--------------------------------	------------------------	--

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
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan BUILDING SERVICE 32BJ PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND		D Employer Identification Number (EIN) 13-1879376

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	27345464	29424574
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	33285553	34806545
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	8694269	8821616
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	59039767	12228762
(2) U.S. Government securities	1c(2)	20843743	17736277
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	98546791	108882931
(B) All other	1c(3)(B)	150389164	164598817
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	240933012	257880769
(5) Partnership/joint venture interests	1c(5)	816136574	879164273
(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)	2315349319	2658897999
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	16297807	69540376
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	303394185	323167426
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	8070041	9363387
f Total assets (add all amounts in lines 1a through 1e).....	1f	4098325689	4574513752
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1841538	1961812
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1841538	1961812
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4096484151	4572551940

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)	442771393	
(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)		442771393
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	616790	
(B) U.S. Government securities.....	2b(1)(B)	703455	
(C) Corporate debt instruments.....	2b(1)(C)	10946538	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	5699694	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17966477
(2) Dividends: (A) Preferred stock.....		2b(2)(A)	
(B) Common stock.....	2b(2)(B)	2405370	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8367754	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10773124
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....		2b(4)(A)	227537649
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	199646578	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	74407690	
(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)		247970437
(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)		5301479
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11910108
c Other income	2c		1031223
d Total income. Add all income amounts in column (b) and enter total	2d		840023002

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	332619870	
(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)		
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)	12943427	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	456328	
(4) IQPA audit fees	2i(4)	128000	
(5) Investment advisory and investment management fees	2i(5)	8110379	
(6) Bank or trust company trustee/custodial fees	2i(6)	200745	
(7) Actuarial fees	2i(7)	354905	
(8) Legal fees	2i(8)	1132150	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2136	
(11) Other expenses	2i(11)	8007273	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		363955213

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		476067789
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: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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?	☒		3618686875
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 569010.

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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan BUILDING SERVICE 32BJ PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND		D Employer Identification Number (EIN) 13-1879376
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 24
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) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ABM JANITORIAL SERVICES, INC**

b EIN **94-1369354**

c Dollar amount contributed by employer **20489620**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

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

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

a Name of contributing employer **COLLINS BUILDING SERVICES INC**

b EIN **51-0312606**

c Dollar amount contributed by employer **14474610**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

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

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

a Name of contributing employer **GUARDIAN SERVICES INDUSTRIES INC.**

b EIN **13-2878147**

c Dollar amount contributed by employer **7437418**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

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

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

a Name of contributing employer **HARVARD MAINTENANCE**

b EIN **13-1954860**

c Dollar amount contributed by employer **5511784**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

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

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

a Name of contributing employer **FIRST QUALITY MAINTENANCE**

b EIN **20-5708600**

c Dollar amount contributed by employer **4714099**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

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

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

a Name of contributing employer **QUALITY BUILDING SERVICES CORP**

b EIN **13-4125850**

c Dollar amount contributed by employer **4644186**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **138.75**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **PRITCHARD INDUSTRIES INC**

b EIN **13-3353489**

c Dollar amount contributed by employer **3973114**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

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

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

a Name of contributing employer **PBM, LLC**

b EIN **26-3885918**

c Dollar amount contributed by employer **3266881**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

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

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

a Name of contributing employer **BUILDING MAINTENANCE SERVICES**

b EIN **13-3870172**

c Dollar amount contributed by employer **2671993**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **138.75**

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

a Name of contributing employer **VORNADO REALTY TRUST**

b EIN **13-3940500**

c Dollar amount contributed by employer **2558286**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **138.75**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	106
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	113
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	115
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	0.94
b The corresponding number for the second preceding plan year.....	15b	0.92
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	12
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	1610393
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: <u>52.00</u> % Private Equity: <u>4.00</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>30.00</u> %	
High-Yield Debt: <u>4.00</u> % Real Assets: <u>10.00</u> % Cash or Cash Equivalents: <u>0.00</u> % Other: <u>0.00</u> %	
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 _____.	



**BUILDING SERVICE 32BJ PENSION FUND
FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024
WITH INDEPENDENT AUDITOR'S REPORT**

**BUILDING SERVICE 32BJ PENSION FUND
TABLE OF CONTENTS
JUNE 30, 2025 AND 2024**

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7-24
Supplementary Information	
Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974	25
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	26-38
Schedule H, Line 4j - Schedule of Reportable Transactions	39

Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Building Service 32BJ Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of June 30, 2024 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of June 30, 2025 and 2024 and the changes in net assets available for benefits for the years then ended and the accumulated plan benefits as of June 30, 2024 and the changes in accumulated plan benefits for the year then ended, of the Building Service 32BJ Pension Fund in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

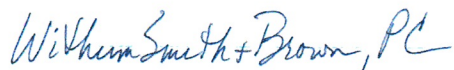
Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

A handwritten signature in blue ink that reads 'Withum Smith & Brown, PC'.

April 2, 2026

BUILDING SERVICE 32BJ PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2025 AND 2024

	<u>FY2025</u>	<u>FY2024</u>
<u>ASSETS</u>		
Total Investments	4,492,097,630	4,020,930,362
Accrued Interest and Dividends	3,219,488	3,193,823
Due from broker for securities sold	-	128,800
Net Investments	4,495,317,118	4,024,252,985
Cash	29,424,574	27,345,464
Receivables:		
Employers' contributions	34,806,545	33,285,553
Due from withdrawing employees	3,770,169	4,732,582
Allowance for Credit Losses, Withdrawing Employers	-	(1,446,199)
Due from Pensioners	755,742	639,401
Due from affiliates	1,140,104	1,750,438
Total receivables	40,472,560	38,961,775
Property and equipment, at cost, net	8,641,380	7,663,024
Other assets	722,007	407,017
Total Assets	4,574,577,639	4,098,630,265
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	1,961,812	1,841,538
Due to broker for securities purchased	63,887	304,576
Total liabilities	2,025,699	2,146,114
Net assets available for benefits	4,572,551,940	4,096,484,151

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

BUILDING SERVICE 32BJ PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR YEARS ENDED JUNE 30, 2025 AND 2024

	FY2025	FY2024
<u>ADDITIONS</u>		
Employers' contributions	441,607,725	527,322,274
Withdrawal Liabilities -Employers	1,163,668	2,954,695
Total	442,771,393	530,276,969
Investment income:		
Interest and dividends	28,739,601	27,030,629
Net appreciation (depreciation) in fair value of investments	367,480,785	368,395,273
Total Investment Income	396,220,386	395,425,902
Less investment expenses	8,110,379	7,763,361
Net investment income	388,110,007	387,662,541
Interest income - employers	1,015,872	1,027,427
Liquidated damages - employers	14,820	4,460
Other income	531	152,629
Total additions	831,912,623	919,124,026
<u>DEDUCTIONS</u>		
Benefits paid to participants	332,619,870	311,073,401
Administrative expenses	23,224,964	22,210,163
Total deductions	355,844,834	333,283,564
Net increase	476,067,789	585,840,462
Net assets available for benefits:		
Beginning of year	4,096,484,151	3,510,643,689
End of year	4,572,551,940	4,096,484,151

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

BUILDING SERVICE 32BJ PENSION FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF JUNE 30, 2024

	<u>FY2025</u>
Vested benefits	
Participants currently receiving benefits	2,451,699,993
Other vested benefits	<u>2,303,000,135</u>
Total vested benefits	4,754,700,128
 Nonvested benefits	 <u>181,302,434</u>
 Total actuarial present value of accumulated plan benefits before administrative expenses	 4,936,002,562
Actuarial present value of administrative expenses	<u>352,400,000</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>5,288,402,562</u></u>

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

BUILDING SERVICE 32BJ PENSION FUND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED JUNE 30, 2024

	<u>FY2025</u>
Actuarial present value of accumulated plan benefits at the beginning of the year	<u>4,916,812,592</u>
Increase (decrease) during the year attributable to	
Interest	334,298,588
Plan amendments	214,179,917
Benefits accumulated, net experience gain or loss, changes in data	72,784,865
Benefits paid	(311,073,400)
Changes in present value of administrative expenses	<u>61,400,000</u>
Net change in accumulated plan benefits	<u>371,589,970</u>
Actuarial present value of accumulated plan benefits at the end of the year	<u><u>5,288,402,562</u></u>

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

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

1. PLAN DESCRIPTION AND FUNDING

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

General

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

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

Plan Benefits and Vesting

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

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

Plan Funding

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

Actuarial Certification of Funded Status

On September 12, 2024 and September 28, 2023, the Plan's independent actuary certified that for the Plan years beginning July 1, 2024 and 2023, the Plan was in "green" status and "endangered" status respectively, under the Pension Protection Act of 2006 ("PPA").

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

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

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

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies followed by the Plan:

Basis of Accounting

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

Use of Estimates

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

Cash Equivalents

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

Employers' Contributions Receivable

The Plan reports as employers' contributions receivable any contributions due that relate to work completed on or before June 30. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of June 30, 2025 and 2024, there was no allowance for uncollectible amounts established.

Investment Valuation and Income Recognition

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

Derivative Instruments

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

BUILDING SERVICE 32BJ PENSION FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

Property and Equipment

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

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

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

Recognition of Benefits

Benefits are recognized when paid.

Expenses

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

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2025 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 2, 2026, the date that the financial statements were available to be issued, and other than the transfer in of the Massachusetts Service Employees Pension Fund, no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

BUILDING SERVICE 32BJ PENSION FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the valuations as of June 30, 2024 were as follows:

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

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

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

- Administrative expenses - \$22,500,000 for the year beginning July 1, 2024
- Current liability interest rate – 3.69%
- Rates for retirement for active participants are as follows:

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

For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of Internal Revenue Code (“IRC”) Section 431(c)(6)(E), and the mortality tables were changed in accordance with Internal Revenue Service (“IRS”) Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Additionally, based on past experience and future expectations, the administrative expenses assumption changed from \$19,500,000 per year to \$22,500,000 per year.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of July 1, 2024. Had the valuation been performed as of June 30, 2024, there would be no material difference. The Plan is operating in accordance with its Funding Improvement Plan and therefore is not subject to minimum funding standards.

4. RISKS AND UNCERTAINTIES

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

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

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

and changes in interest rates.

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

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

5. FAIR VALUE MEASUREMENTS

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

from one fair value level to another. During the years ended June 30, 2025 and 2024, there were no transfers in or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodologies were not changed during the years ended June 30, 2025 and 2024.

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

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

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

Limited Partnerships: Shares in limited partnerships that are publicly traded are valued based on closing market prices in active markets in which the securities are traded. Ownership in limited partnerships that are not publicly traded is valued based on the net asset value of the partnership interests owned by the Plan at year-end, as determined by the respective general partners of the limited partnerships based on the fair value of the underlying investments of the limited partnerships. The net asset value, as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investments, general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

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

Collective Investment Funds and the 103-12 Investment Company: Shares in collective investment funds and the 103-12 investment company are valued based on the net asset value of the units of participation owned by the Plan at year-end as determined by the trustees of each collective investment fund based on the fair value of the underlying investments of the fund. The net asset value, as provided by the investment advisor, is used as a practical expedient to estimate fair value.

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

	FY2025			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate stocks and REITs	257,880,769	-	-	257,880,769
U.S. government and agency obligations	11,084,740	6,651,537	-	17,736,277
Corporate and other bonds	-	273,481,748	-	273,481,748
Registered investment company	312,083,199	-	-	312,083,199
Short-term investments	-	12,228,762	-	12,228,762
Total investments in the fair value hierarchy	581,048,708	292,362,047	-	873,410,755
Investments measured at net asset value *				3,618,686,875
Total recurring fair value measurements				4,492,097,630

	FY2024			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate stocks and REITs	240,933,019	-	-	240,933,019
U.S. government and agency obligations	12,733,188	8,110,555	-	20,843,743
Corporate and other bonds	-	248,935,955	-	248,935,955
Registered investment company	292,900,216	-	-	292,900,216
Short-term investments	-	59,039,760	-	59,039,760
Total investments in the fair value hierarchy	546,566,423	316,086,277	-	862,652,693
Investments measured at net asset value *				3,158,277,669
Total recurring fair value measurements				4,020,930,362

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

BUILDING SERVICE 32BJ PENSION FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

The following table sets forth a summary of the investments held by the Plan with a reported fair value based on net asset value as of June 30, 2025 and 2024:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	FY2025	FY2024	FY2025	FY2024		
Collective investment funds						
Altrinsic International Equity	260,733,873	219,336,167	-	-	Daily	1 day
Longview Largecap 500 Index Fund	647,034,167	580,228,043	-	-	Daily	1 day
NT Collective S&P 400 Index Fund NL	99,660,611	92,697,671	-	-	Daily	None
NT Collective Aggregate Bond Fund NL	540,069,879	473,315,424	-	-	Daily	None
NT Russell 2000 Index Fund	78,986,334	73,356,616	-	-	Daily	None
State Street Daily MSCI Emerging Markets	66,504,790	108,536,812	-	-	Daily	None
State Street MSCI EAFE 100% Hedged	151,551,172	147,261,109	-	-	Daily	None
State Street Russell 1000 (R) Value	158,110,743	139,090,838	-	-	Daily	None
SSGA Long U.S. Treasury Index	172,334,145	153,358,333	-	-	Daily	None
State Street S&P Global LargeMidCap	95,965,757	65,001,014	-	-	Daily	None
Driehaus Emerging Markets Growth Collective Investment Trust	110,877,617	-	-	-	Daily	None
GQG Partners International Equity CIT	277,068,911	263,167,292	-	-	Daily	15 days
103-12 investment entities						
Adams Street 32BJ Fund LP (a)	69,540,376	16,297,807	286,294,783	333,750,000	*	*
Limited partnerships						
LSV Emerging Markets Equity Fund LP (b)	117,644,019	123,769,288	-	-	Monthly	1 week
IFM Global Infrastructure (US), LP (c)	187,404,332	167,784,277	-	-	Quarterly	90 days
ISQ Global Infrastructure Fund I (d)	30,398,390	32,500,502	2,334,603	2,769,731	*	*
ISQ Global Infrastructure Fund II (d)	60,029,952	58,180,618	3,765,938	5,832,086	*	*
ISQ Global Infrastructure Fund III (d)	42,648,415	27,049,519	15,325,826	26,378,015	*	*
Ironsides Direct Investment Fund IV LP (e)	3,285,561	9,239,253	2,026,717	2,105,467	*	*
Ironsides Partnership Fund IV LP (f)	58,336,276	68,419,038	23,023,928	28,105,171	*	*
Lexington Capital Partners VII LP (g)	995,456	907,622	7,667,619	7,667,619	*	*
Pomona Capital VIII (h)	228,570	230,754	10,020,152	10,020,152	*	*
Grain Communications Opportunity Fund II LP (i)	44,058,611	41,223,411	3,574,197	4,019,723	*	*
Grain Communications Opportunity Fund III LP (i)	19,955,018	18,488,434	1,755,542	3,617,719	*	*
Global Renewable Power Infrastructure Fund III (B), L.P. (j)	20,008,926	32,029,657	5,058,712	8,231,652	*	*
StepStone VC Global Partners X, L.P. (k)	45,521,650	36,222,185	6,000,000	13,500,000	*	*
KKR European V ASP Fund (l)	517,119	771,040	86,100	106,500	*	*
Primus High Yield Bond Fund LP (m)	175,778,149	152,668,502	-	-	Monthly	10 days
Global Infrastructure Partners IV-B Feeder Fund LP (n)	37,816,210	33,892,843	7,355,888	7,716,907	*	*
Strategic Partners VII ASP Fund (o)	531,413	264,791	210,853	217,153	*	*
Global Infrastructure Fund IV B, SCSP (p)	25,346,420	12,494,840	11,451,107	22,792,505	*	*
Global Infrastructure Partners V-B Feeder Fund, L.P. (q)	8,659,786	-	42,393,806	-	*	*
Registered investment company						
AFL-CIO Housing Investment Trust (r)	11,084,227	10,493,969	-	-	Monthly	15 days
	<u>3,618,686,875</u>	<u>3,158,277,669</u>	<u>428,345,771</u>	<u>476,830,400</u>		

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

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

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

BUILDING SERVICE 32BJ PENSION FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

- b. This fund's investment objective is to outperform the MSCI Emerging Markets Index, net of dividend withholding taxes, by investing in a portfolio of non-U.S. emerging market equities.
- c. This partnership's investment objective is to acquire and maintain a diversified portfolio of global infrastructure investments (with strong market positions, predictable regulatory environments, high barriers to entry, limited demand elasticity and long lives) that realizes a 10% annual return over the long term (10+ years), which will range between 8% and 12% per annum depending on the stage of the market cycle.
- d. The objective of these funds is to achieve returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. They may also invest in debt securities that have equity-like returns or an equity component, or are related to their equity investments, including, without limitation, convertible debt, mezzanine debt, bank loans and participations and other similar instruments. These funds expect to use leverage through both investment-level financing and by borrowing money with recourse to its assets.
- e. This fund is organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis, with certain private equity partnerships in companies whose principal operations are in North America.
- f. The fund is organized for the purpose of investing in leading private equity funds and primarily engaging in leveraged buyouts of middle market companies located in or having a principal place of business in North America.
- g. The partnership was formed to acquire a diversified portfolio of interests in private investment funds, principally established global buyout, mezzanine and venture capital funds primarily through secondary market transactions. The partnership can also invest up to 5% of its committed capital, up to a capitalization of \$6.0 billion, in newly formed global buyout, mezzanine and venture capital funds. The partnership can also invest up to 10% of its committed capital in direct investments in operating companies through secondary market transactions.
- h. The partnership's investment objective is to build a diversified portfolio of investments, including venture capital, energy, buyout funds and fund of funds through secondary market or direct purchases, securities of undervalued private and public companies, privately issued securities of public companies and other alternative assets.
- i. These partnerships were organized for the primary purpose to seek to generate returns for its partners, principally through long-term capital appreciation, by owning, managing, supervising and disposing of equity and equity-related investments in telecommunication companies.
- j. The partnership's investment objective is to seek to take advantage of opportunities in growing renewables and EV charging markets.

BUILDING SERVICE 32BJ PENSION FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

- k. The partnership makes, holds and disposes of privately negotiated equity and equity-related investments principally in venture capital, private equity partnerships and operating companies. The objective of the partnership is long-term capital appreciation through investments in companies in the healthcare, information technology, and communications industries.
- l. The fund's strategy focuses on the "mid" part of the large-cap buyout market in core Western Europe, such as the UK, France, Southern Europe, Nordics, and DACH. Enterprise values of target companies range from €200m to €2bn with average equity checks for the fund of €200m alongside a meaningful co-investment program. The fund targets family/founder businesses and opportunities where the fund can bring a robust operational skillset.
- m. The fund's objective is to maximize total returns by investing primarily in debt securities issued by highly leveraged companies (i.e., high-yield companies). The fund may invest in debt securities of U.S. and non-U.S. (other than emerging markets) corporate issuers, although all securities must be U.S. dollar denominated. The fund does not invest in sovereign debt or employ leverage or margin.
- n. The fund's objective is to invest in infrastructure assets or portfolios of infrastructure assets in the energy, transport and water/waste industries globally, with a primary focus on organization for economic co-operation and development markets. The fund will target investments with "Core" and "Core Plus" risk category characteristics.
- o. This fund's strategy focuses primarily on buyout strategies and secondarily on mezzanine debt, venture capital and distressed strategies. The fund targets partnership investments sponsored by high-quality managers that are 4-8-years-old and 75-80% funded.
- p. This fund's objective is to achieve current income and long-term capital appreciation by investing substantially all of its investments in BlackRock Global Infrastructure Fund IV, which invests primarily in five infrastructure sectors that are essential to society and align to the structural trends of decarbonization, decentralization and digitalization.
- q. The fund's objective is to invest in infrastructure assets or portfolios of infrastructure assets in the energy, transport and water/waste industries globally, with a primary focus on organization for economic co-operation and development markets. The fund will target investments with "Core" and "Core Plus" risk category characteristics.
- r. The trust's objective is to generate competitive risk-adjusted total rates of return for its investors by investing in fixed-income investments, primarily multifamily and single-family mortgage-backed assets.

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

6. DUE FROM WITHDRAWING EMPLOYERS

During the years ended June 30, 2025 and 2024, the Plan had receivables from withdrawing employers, which represent their share of the Plan's unfunded vested benefits as determined by the Plan's independent consulting actuary. As of June 30, 2025 and 2024, the allowance for uncollectible amounts totaled \$0 and \$1,446,199, respectively.

7. PROPERTY AND EQUIPMENT

At June 30, 2025 and 2024, property and equipment consisted of the following:

	<u>FY2025</u>	<u>FY2024</u>
Computer equipment and software	11,499,319	10,336,937
Building improvements	2,082,380	1,687,532
Office furniture and equipment	618,382	512,358
Construction in progress	<u>3,162,532</u>	<u>2,846,518</u>
	17,362,613	15,383,345
Accumulated depreciation and amortization	<u>(8,721,233)</u>	<u>(7,720,321)</u>
Total property and equipment - net	<u><u>8,641,380</u></u>	<u><u>7,663,024</u></u>

Depreciation and amortization expense for the years ended June 30, 2025 and 2024, totaled \$1,006,625 and \$1,186,546, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office, payroll, certain computer equipment and software, and certain administrative expenses with affiliated funds and the Union. Shared expenses are allocated in proportion to the benefit derived by each entity based on an analysis of the related expenses. The Plan's share of allocated expenses totaled \$20,056,143 and \$19,568,642 for the years ended June 30, 2025 and 2024, respectively. The Plan pays building operating expenses under a space sharing arrangement with the Building Service 32BJ Health Fund (the "Health Fund"). The Plan's share of these expenses totaled \$1,678,741 and \$1,583,261 for the years ended June 30, 2025 and 2024, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

At June 30, 2025 and 2024, the Plan had the following amounts due from and due to affiliated entities:

	<u>FY2025</u>	<u>FY2024</u>
Due from affiliates		
Building Service 32BJ Health Fund	1,134,698	1,731,164
32BJ School Workers Pension Fund	419	49,629
32BJ North Benefit Funds	390	-
32BJ/Broadway League Pension Fund	844	542
32BJ Connecticut Pension Fund	110	-
Building Service 32BJ Supplemental Retirement Savings Plan	103	1,765
Massachusetts Service Employees Pension Fund	6,509	-
	<u>1,143,072</u>	<u>1,783,100</u>
Due to affiliates		
32BJ North Benefit Funds	-	20,977
Thomas Shortman Training, Scholarship and Safety Fund	2,968	10,184
Massachusetts Service Employees Pension Fund	-	1,501
	<u>2,968</u>	<u>32,662</u>
Due from affiliates - net	<u><u>1,140,104</u></u>	<u><u>1,750,438</u></u>

Amounts due to and from affiliates are noninterest bearing and due on demand.

The Plan holds investments managed by BNY Mellon, the Plan's custodian. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA and the IRC.

9. EMPLOYEE BENEFIT PLANS

Defined Benefit Plans

Certain employees of the Health Fund who are represented by the Office & Professional Employees International Union ("Local 153") under a collective bargaining agreement are covered under the Local 153 Pension Fund upon meeting the eligibility requirements. The pension benefit is based on age and years of service. Non-represented employees of the Health Fund are covered under the Plan upon meeting the eligibility requirements. Pension benefits are based on age and years of service. The Plan shares in the contributions to these defined benefit plans in proportion to the benefit derived by the Plan based on an analysis of the related expenses.

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

The risks of participating in these multiemployer plans are different from single-employer plans in the following aspects:

- a. Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to a multiemployer plan, the unfunded obligations of a multiemployer plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in a multiemployer plan, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the multiemployer plan, referred to as withdrawal liability.

The Plan's allocable portion of contributions to these multiemployer pension plans for the years ended June 30, 2025 and 2024 is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three digit plan number. The 2024 and 2023 Pension Protection Act ("PPA") zone status, for the years beginning July 1, 2024 and 2023 for the Building Service 32BJ Pension Fund and January 1, 2024 and 2023 for the Local 153 Pension Fund, is based on information reported on the Form 5500 for that year. Among other factors, plans in the red zone are generally less than 65% funded or projected to have a deficit in their funding standard account within four years, plans in the yellow zone are less than 80% funded and plans in the green zone are at least 80% funded. The "RP Implemented" column indicates whether a rehabilitation plan ("RP") has been implemented. The last column lists the expiration date of the collective bargaining agreement to which Plan contributions are subject.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		RP Implemented	Contributions		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2024	2023		FY2025	FY2024		
Building Service 32BJ Pension Fund	13-1879376 #001	Green	Yellow	N/A	356,060	345,014	None	N/A
Local 153 Pension Fund	13-2864289 #001	Red	Red	Yes	223,291	225,561	None	12/31/2027
					<u>579,351</u>	<u>570,575</u>		

There were no changes that affect the comparability of the Plan's allocable portion of contributions for the years ended June 30, 2025 and 2024. The Plan's allocable portion of contributions was less than 5% of total Plan contributions to the Local 153 Pension Fund for the years ended December 31, 2024 and 2023 and the Plan for the years ended June 30, 2025 and 2024.

The Plan's allocable portion of contributions to the Health Fund totaled \$2,165,067 and \$1,783,243 in 2025 and 2024, respectively. The Health Fund provides health benefits to its participants.

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

Defined Contribution Plan

Employees of the Health Fund who meet eligibility requirements participate in the Building Service 32BJ Supplemental Retirement Savings Plan ("SRSP"), a defined contribution plan. Under the SRSP, employees may elect to have a portion of their compensation directed into the SRSP on a pretax basis. Contributions to SRSP are based on a fixed rate per week or a percentage of compensation in accordance with the employees' respective collective bargaining agreement or participation agreement. Employees are immediately vested in both their voluntary and employer contributions plus actual earnings and losses thereon.

The Plan's allocable portion of contributions to SRSP totaled \$326,432 and \$310,495 for the years ended June 30, 2025 and 2024, respectively, on behalf of covered employees of the Health Fund.

10. TAX STATUS

The Plan obtained its latest determination letter dated February 19, 2016, in which the IRS stated that the Plan, as then designed, was qualified under Section 401(a) of the IRC, and therefore, the underlying trust was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan was qualified, and the underlying trust was exempt from income tax, as of the financial statement date. The Plan is subject to unrelated business income tax on earnings from its limited partnership investments. Management has determined that any income tax liability is insignificant for the years ended June 30, 2025 and 2024.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and to recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of June 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

11. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents in accordance with applicable law. In the event that the Plan terminates, the net assets of the Plan will be used for the payment of benefits and administrative expenses as prescribed by ERISA and its related regulations and will not revert to any employer, the Union or any other union under any condition.

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

Benefits are generally paid in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. government agency, up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Additional information describing pension guarantees can be found in the summary plan description, as well as the annual funding notice.

12. RECLASSIFICATION OF 2024 FINANCIAL STATEMENTS

Certain 2024 amounts have been reclassified to conform with the 2025 presentation. These reclassifications had no impact on net assets as of June 30, 2024 or the changes in net assets available for benefits for the year then ended as stated in the previously issued financial statements.

BUILDING SERVICE 32BJ PENSION FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

13. SUBSEQUENT EVENT

On April 25, 2025, the Plan entered into an agreement with Massachusetts Service Employees Pension Fund where by the Plan will provide pension benefits to the participants of the Massachusetts Service Employees Pension Fund effective July 1, 2025, namely, the Massachusetts Service Employees Pension Fund's members who are covered by collective bargaining agreements that require contributions to the Plan through November 2027. Net assets transferred out of the Massachusetts Service Employees Pension Fund and into to the Plan totaled \$314,015,181.

SUPPLEMENTARY INFORMATION

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

Independent Auditor's Report

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

We have audited the financial statements of the Building Service 32BJ Pension Fund as of and for the years ended June 30, 2025 and 2024, and have issued our report thereon dated April 2, 2026, which contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended June 30, 2025 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 ("DOL") 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

WithumSmith+Brown, PC

April 2, 2026

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	
	CASH AND SHORT TERM INVESTMENTS						
	FIDELITY INV MMKT TREAS 680	SHORT TERM INVESTMENT	N/A	VAR	12/31/2049	12,228,762	\$ 12,228,762 \$ 12,228,762
	U.S. GOVERNMENT AND AGENCY OBLIGATIONS						
	ALABAMA ECON SETTLEMENT AUTH B	OTHER	N/A	4.263%	09/15/2032	800,000	769,264 787,760
	CHICAGO IL O'HARE INTERNATIONAL	OTHER	N/A	2.166%	01/01/2028	255,000	232,603 243,301
	FHLMC POOL #E0-9010	BONDS	N/A	2.500%	09/01/2027	3,565	3,434 3,502
	FHLMC POOL #E0-9012	BONDS	N/A	2.500%	10/01/2027	14,273	13,737 14,011
	FHLMC POOL #G1-6597	BONDS	N/A	2.500%	09/01/2028	16,372	15,706 16,032
	FHLMC POOL #G1-8472	BONDS	N/A	2.500%	07/01/2028	40,102	38,354 39,209
	FHLMC MULTICLASS MTG K071 A2	BONDS	N/A	3.286%	11/25/2027	305,000	289,852 299,631
	FNMA POOL #0AP7534	BONDS	N/A	2.500%	09/01/2027	3,361	3,233 3,299
	FNMA POOL #0AQ8719	BONDS	N/A	2.500%	12/01/2027	5,255	5,044 5,151
	FNMA POOL #0AT5836	BONDS	N/A	2.500%	05/01/2028	14,065	13,462 13,757
	GNMA POOL #0780817	BONDS	N/A	7.500%	06/15/2028	917	928 933
	GNMA GTD REMIC P/T 18-117 AB	BONDS	N/A	2.500%	07/16/2046	3,518	3,462 3,482
	MICHIGAN ST FIN AUTH REVENUE	OTHER	N/A	3.084%	12/01/2034	265,000	230,518 237,167
	NEW YORK ST URBAN DEV CORP REV	OTHER	N/A	5.770%	03/15/2039	320,000	324,246 330,189
	OREGON ST SCH BRDS ASSN SHORT-	OTHER	N/A	5.550%	06/30/2028	422,095	425,020 422,065
	SBA GTD PARTN CTFS 2014-20K 1	BONDS	N/A	2.800%	11/01/2034	58,064	51,990 54,777
	SBA GTD PARTN CTFS 2015-20J 1	BONDS	N/A	2.720%	10/01/2035	213,985	194,954 201,141
	SBA GTD PARTN CTFS 2022-25J 1	BONDS	N/A	5.040%	10/01/2047	777,227	770,447 786,115
	SBA GTD PARTN CTFS 2023-10A 1	BONDS	N/A	5.168%	03/10/2033	642,298	642,823 652,722
	SBA GTD PARTN CTFS 2023-10B 1	BONDS	N/A	5.688%	09/10/2033	730,584	748,656 760,024
	SBA GTD PARTN CTFS 2023-25I 1	BONDS	N/A	5.410%	09/01/2048	726,600	741,278 746,403
	SBA GTD PARTN CTFS 2024-10A 1	BONDS	N/A	5.035%	03/10/2034	1,010,516	1,004,643 1,030,866
	U S TREASURY NOTE	BONDS	N/A	1.125%	02/15/2031	511,000	434,330 442,135
	U S TREASURY NOTE	BONDS	N/A	1.250%	08/15/2031	241,000	203,203 206,168
	U S TREASURY NOTE	BONDS	N/A	4.000%	02/15/2034	1,060,000	1,039,191 1,048,945
	U S TREASURY NOTE	BONDS	N/A	3.875%	08/15/2034	3,023,000	3,007,611 2,951,558
	U S TREASURY NOTE	BONDS	N/A	4.250%	11/15/2034	2,269,000	2,269,798 2,276,445
	U S TREASURY NOTE	BONDS	N/A	4.250%	05/15/2035	4,153,000	4,116,621 4,159,489
							17,594,408 17,736,277

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	CORPORATE BONDS - PREFERRED							
	ALIGNED DATA CENTER 1A A2 144A	CORPORATE BONDS	N/A	1.937%	08/15/2046	352,000	324,195	340,220
	AMERICAN EXPRESS CO	CORPORATE BONDS	N/A	VAR RT	05/01/2034	779,000	761,813	786,380
	AMERICAN EXPRESS CO	CORPORATE BONDS	N/A	VAR RT	07/27/2029	476,000	476,948	489,429
	AMERICAN EXPRESS CO	CORPORATE BONDS	N/A	VAR RT	01/30/2031	615,000	615,000	629,434
	AMPHENOL CORP	CORPORATE BONDS	N/A	2.800%	02/15/2030	570,000	507,429	534,769
	AMSR 2020-SFR5 TRU SFR5 A 144A	CORPORATE BONDS	N/A	1.379%	11/17/2037	631,591	598,099	624,060
	ANHEUSER-BUSCH INBEV WORLDWIDE	CORPORATE BONDS	N/A	4.750%	01/23/2029	1,963,000	1,951,867	1,998,365
	ASCENSION HEALTH	CORPORATE BONDS	N/A	2.532%	11/15/2029	256,000	227,678	238,621
	AVIS BUDGET RENTAL C 1A A 144A	CORPORATE BONDS	N/A	5.360%	06/20/2030	504,000	501,666	517,124
	BANC OF AMERICA COMMER UBS7 A4	CORPORATE BONDS	N/A	3.705%	09/15/2048	765,000	743,897	762,151
	BANK 2018-BNK10 BN10 A5	CORPORATE BONDS	N/A	3.688%	02/15/2061	562,000	530,310	551,486
	BANK 2020-BNK26 BN26 A2	CORPORATE BONDS	N/A	2.041%	03/15/2063	215,006	190,876	200,626
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	12/20/2028	951,000	894,248	929,587
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	07/23/2029	1,350,000	1,300,743	1,345,553
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	04/23/2027	884,000	854,802	877,650
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	07/23/2031	624,000	513,983	548,292
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	10/20/2032	1,233,000	1,021,977	1,086,718
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	07/22/2028	1,768,000	1,753,790	1,788,372
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	11/10/2028	452,000	465,482	470,386
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	04/25/2034	1,295,000	1,281,408	1,320,944
	BANK OF NEW YORK MELLON CORP/T	CORPORATE BONDS	N/A	VAR RT	04/26/2034	476,000	464,367	477,486
	BANK OF NEW YORK MELLON CORP/T	CORPORATE BONDS	N/A	VAR RT	10/25/2034	383,000	413,064	421,749
	BANK5 2023-5YR3 5YR3 A3	CORPORATE BONDS	N/A	VAR RT	09/15/2056	837,000	903,502	887,074
	BANK5 TRUST 2025-5YR1 5YR13 A3	CORPORATE BONDS	N/A	5.753%	01/15/2058	549,000	565,456	572,286
	BBCMS MORTGAGE TRUST 2 5C31 A3	CORPORATE BONDS	N/A	5.609%	12/15/2057	766,000	780,542	793,999
	BENCHMARK 2020-B17 MORT B17 A2	CORPORATE BONDS	N/A	2.211%	03/15/2053	126,228	117,492	117,074
	BENCHMARK 2020-B20 MORT B20 A2	CORPORATE BONDS	N/A	1.750%	10/15/2053	188,369	179,304	187,160
	BENCHMARK 2020-IG3 IG3 A4 144A	CORPORATE BONDS	N/A	2.437%	09/15/2048	500,000	405,807	433,593
	BERKSHIRE HATHAWAY ENERGY CO	CORPORATE BONDS	N/A	1.650%	05/15/2031	825,000	656,470	702,683
	BHP BILLITON FINANCE USA LTD	CORPORATE BONDS	N/A	6.420%	03/01/2026	60,000	61,062	60,762
	BLACKSTONE HOLDINGS FINAN 144A	CORPORATE BONDS	N/A	2.500%	01/10/2030	950,000	829,758	872,103
	BMO 2024-5C4 MORTGAGE T 5C4 A3	CORPORATE BONDS	N/A	VAR RT	05/15/2057	1,758,000	1,851,671	1,866,151
	BP CAPITAL MARKETS AMERICA INC	CORPORATE BONDS	N/A	2.721%	01/12/2032	517,000	439,183	462,229
	BROOKFIELD FINANCE INC	CORPORATE BONDS	N/A	2.724%	04/15/2031	465,000	393,324	420,430
	BX COMMERCIAL MORT VOLT A 144A	CORPORATE BONDS	N/A	VAR RT	09/15/2036	581,297	574,036	579,480
	BX COMMERCIAL MORTG XL3 A 144A	CORPORATE BONDS	N/A	VAR RT	12/09/2040	501,206	501,518	502,612
	CAMERON LNG LLC 144A	CORPORATE BONDS	N/A	2.902%	07/15/2031	292,000	251,357	265,239

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	
	CHARLES SCHWAB CORP/THE	CORPORATE BONDS	N/A	VAR RT	05/19/2034	850,000	902,965
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	11/03/2032	669,000	584,935
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	03/17/2033	2,475,000	2,313,568
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	02/13/2030	1,097,000	1,119,196
	CITIGROUP MORTGAGE 3 A11 144A	CORPORATE BONDS	N/A	VAR RT	06/25/2055	832,778	835,054
	CITIGROUP MORTGAGE L 1 A8 144A	CORPORATE BONDS	N/A	VAR RT	01/25/2055	444,342	445,532
	CITIZENS AUTO RECEIV 1 A3 144A	CORPORATE BONDS	N/A	5.110%	04/17/2028	727,000	730,955
	COMCAST CORP	CORPORATE BONDS	N/A	4.800%	05/15/2033	703,000	701,608
	COMM 2015-CCRE26 MORTG CR26 A4	CORPORATE BONDS	N/A	3.630%	10/10/2048	316,770	315,331
	COMM 2015-CCRE27 MORTG CR27 A4	CORPORATE BONDS	N/A	3.612%	10/10/2048	293,000	291,782
	CONOCOPHILLIPS CO	CORPORATE BONDS	N/A	4.850%	01/15/2032	785,000	793,091
	COOPERATIEVE RABOBANK UA	CORPORATE BONDS	N/A	3.750%	07/21/2026	664,000	658,659
	CSL FINANCE PLC 144A	CORPORATE BONDS	N/A	4.050%	04/27/2029	645,000	639,531
	CUMMINS INC	CORPORATE BONDS	N/A	5.150%	02/20/2034	758,000	773,040
	DELTA AIR LINES 2020-1 CLASS A	CORPORATE BONDS	N/A	2.000%	12/10/2029	312,660	294,287
	DTE ENERGY CO	CORPORATE BONDS	N/A	4.875%	06/01/2028	1,161,000	1,178,063
	F&G GLOBAL FUNDING 144A	CORPORATE BONDS	N/A	2.300%	04/11/2027	452,000	433,991
	FIVE 2023-V1 MORTGAGE TR V1 A3	CORPORATE BONDS	N/A	VAR RT	02/10/2056	1,322,000	1,354,570
	FORD CREDIT FLOORPLAN 2 A 144A	CORPORATE BONDS	N/A	5.240%	04/15/2031	1,354,000	1,398,064
	GENERAL MOTORS FINANCIAL CO INC	CORPORATE BONDS	N/A	2.400%	10/15/2028	520,000	483,977
	GLOBAL ATLANTIC FIN CO 144A	CORPORATE BONDS	N/A	3.125%	06/15/2031	920,000	817,110
	GOLDENTREE LOAN MA 10A AR 144A	CORPORATE BONDS	N/A	VAR RT	10/20/2037	280,000	280,623
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	04/23/2031	577,000	591,524
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	05/01/2029	1,962,000	1,950,816
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	12/09/2026	1,617,000	1,591,885
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR RT	10/21/2032	1,382,000	1,221,205
	GS MORTGAGE-BACKED PJ4 A2 144A	CORPORATE BONDS	N/A	VAR RT	01/25/2051	80,065	69,204
	GS MORTGAGE-BACKED PJ4 A8 144A	CORPORATE BONDS	N/A	VAR RT	09/25/2051	338,510	302,280
	HCA INC	CORPORATE BONDS	N/A	5.450%	04/01/2031	749,000	772,323
	HOME PARTNERS OF AMER 1 A 144A	CORPORATE BONDS	N/A	3.930%	04/17/2039	262,839	259,090
	HONEYWELL INTERNATIONAL INC	CORPORATE BONDS	N/A	4.700%	02/01/2030	777,000	788,577
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR RT	08/14/2027	980,000	993,981
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR RT	03/03/2031	1,670,000	1,692,298
	HYUNDAI CAPITAL AMERICA 144A	CORPORATE BONDS	N/A	5.300%	01/08/2029	1,400,000	1,422,435
	INTERCONTINENTAL EXCHANGE INC	CORPORATE BONDS	N/A	5.250%	06/15/2031	839,000	870,685
	INVITATION HOMES 2 SFRI A 144A	CORPORATE BONDS	N/A	4.000%	09/17/2041	1,508,416	1,469,793
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	01/23/2029	4,081,000	3,997,514
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	11/08/2032	299,000	263,223

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	01/25/2033	731,000	657,045
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	07/25/2033	2,315,000	2,328,402
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR RT	10/22/2030	1,162,000	1,165,969
	KKR GROUP FINANCE CO VI L 144A	CORPORATE BONDS	N/A	3.750%	07/01/2029	1,292,000	1,254,686
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	VAR RT	11/26/2028	641,000	649,423
	LUBRIZOL CORP/THE	CORPORATE BONDS	N/A	6.500%	10/01/2034	227,000	256,422
	MACQUARIE GROUP LTD 144A	CORPORATE BONDS	N/A	VAR RT	01/12/2027	1,108,000	1,089,405
	MARSH & MCLENNAN COS INC	CORPORATE BONDS	N/A	2.250%	11/15/2030	540,000	483,482
	MARSH & MCLENNAN COS INC	CORPORATE BONDS	N/A	4.850%	11/15/2031	824,000	836,718
	METROPOLITAN LIFE INSURAN 144A	CORPORATE BONDS	N/A	7.800%	11/01/2025	435,000	439,022
	MITSUBISHI UFJ FINANCIAL GROUP	CORPORATE BONDS	N/A	VAR RT	01/19/2028	700,000	677,820
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	07/21/2032	1,039,000	899,720
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	01/21/2033	1,159,000	1,034,401
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	04/21/2034	1,003,000	1,020,300
	MORGAN STANLEY	CORPORATE BONDS	N/A	VAR RT	05/04/2027	5,004,000	4,883,159
	MORGAN STANLEY BANK OF C22 A4	CORPORATE BONDS	N/A	3.306%	04/15/2048	105,091	103,254
	MORGAN STANLEY BANK OF C24 A4	CORPORATE BONDS	N/A	3.732%	05/15/2048	43,433	43,317
	MORGAN STANLEY CAPITAL HR8 A4	CORPORATE BONDS	N/A	2.041%	07/15/2053	212,000	186,374
	NATIONAL RURAL UTILITIES COOPE	CORPORATE BONDS	N/A	VAR RT	04/30/2043	147,000	146,275
	NORTHERN STATES POWER CO/MN	CORPORATE BONDS	N/A	5.050%	05/15/2035	868,000	876,672
	ONCOR ELECTRIC DELIVERY CO LLC	CORPORATE BONDS	N/A	2.750%	05/15/2030	855,000	791,961
	PACCAR FINANCIAL CORP	CORPORATE BONDS	N/A	5.000%	03/22/2034	765,000	777,693
	PFS FINANCING CORP A A 144A	CORPORATE BONDS	N/A	5.800%	03/15/2028	1,096,000	1,105,114
	PFS FINANCING CORP C A 144A	CORPORATE BONDS	N/A	5.520%	10/15/2028	600,000	608,786
	PG&E RECOVERY FUNDING LLC	CORPORATE BONDS	N/A	5.231%	06/01/2042	830,000	823,000
	PNC FINANCIAL SERVICES GROUP I	CORPORATE BONDS	N/A	2.550%	01/22/2030	60,000	55,576
	PNC FINANCIAL SERVICES GROUP I	CORPORATE BONDS	N/A	VAR RT	10/20/2034	772,000	863,020
	PNC FINANCIAL SERVICES GROUP I	CORPORATE BONDS	N/A	VAR RT	10/21/2032	1,337,000	1,340,074
	PROGRESS RESIDENTI SFR6 A 144A	CORPORATE BONDS	N/A	1.524%	07/17/2038	472,297	460,375
	PROLOGIS TARGETED US LOGI 144A	CORPORATE BONDS	N/A	5.250%	04/01/2029	774,000	795,158
	PRUDENTIAL FUNDING ASIA PLC	CORPORATE BONDS	N/A	3.125%	04/14/2030	1,047,000	989,539
	RELX CAPITAL INC	CORPORATE BONDS	N/A	4.000%	03/18/2029	642,000	637,119
	ROCHE HOLDINGS INC 144A	CORPORATE BONDS	N/A	5.593%	11/13/2033	814,000	863,197
	SAN DIEGO GAS & ELECTRIC CO	CORPORATE BONDS	N/A	1.700%	10/01/2030	670,000	583,173
	SBA TOWER TRUST 144A	CORPORATE BONDS	N/A	6.599%	11/15/2052	920,000	945,455
	SBA TOWER TRUST 144A	CORPORATE BONDS	N/A	4.831%	10/15/2029	1,200,000	1,201,254
	SCENTRE GROUP TRUST 1 / S 144A	CORPORATE BONDS	N/A	3.625%	01/28/2026	331,000	329,027
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	5.500%	03/08/2033	1,203,000	1,255,680

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	SIMON PROPERTY GROUP LP	CORPORATE BONDS	N/A	4.750%	09/26/2034	724,000	718,997	704,882
	SOLVENTUM CORP	CORPORATE BONDS	N/A	5.400%	03/01/2029	670,000	667,955	689,943
	STATE STREET CORP	CORPORATE BONDS	N/A	VAR RT	05/18/2034	557,000	550,459	568,989
	STATE STREET CORP	CORPORATE BONDS	N/A	VAR RT	10/22/2032	1,136,000	1,136,000	1,136,457
	TEXAS DEBT CAPITAL 1A A1R 144A	CORPORATE BONDS	N/A	VAR RT	07/20/2038	486,000	486,000	486,000
	THERMO FISHER SCIENTIFIC INC	CORPORATE BONDS	N/A	5.200%	01/31/2034	691,000	695,188	710,098
	TOYOTA MOTOR CREDIT CORP	CORPORATE BONDS	N/A	3.375%	04/01/2030	536,000	492,960	512,363
	TRICON AMERICAN HO SFR1 A 144A	CORPORATE BONDS	N/A	1.499%	07/17/2038	732,252	676,310	710,235
	TRICON AMERICAN HO SFR2 A 144A	CORPORATE BONDS	N/A	1.482%	11/17/2039	257,211	227,535	241,134
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	VAR RT	08/10/2027	875,000	802,776	846,270
	UNITED AIRLINES 2014-1 CLASS A	CORPORATE BONDS	N/A	4.000%	10/11/2027	113,826	109,891	112,823
	UNITED AIRLINES 2016-1 CLASS A	CORPORATE BONDS	N/A	3.100%	01/07/2030	66,468	61,693	63,512
	UNITED AIRLINES 2018-1 CLASS A	CORPORATE BONDS	N/A	3.500%	09/01/2031	223,135	211,295	210,220
	UNITEDHEALTH GROUP INC	CORPORATE BONDS	N/A	4.950%	01/15/2032	1,281,000	1,274,762	1,297,390
	US BANCORP	CORPORATE BONDS	N/A	VAR RT	10/21/2033	670,000	680,428	704,863
	US BANCORP	CORPORATE BONDS	N/A	VAR RT	02/01/2034	445,000	421,877	439,402
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	04/04/2031	1,150,000	1,101,004	1,144,573
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	07/25/2028	2,364,000	2,331,341	2,383,928
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR RT	04/24/2034	828,000	818,534	847,249
	WORKDAY INC	CORPORATE BONDS	N/A	3.800%	04/01/2032	373,000	335,154	350,491
							105,802,542	108,882,931
	CORPORATE BONDS - ALL OTHER							
	AEP TEXAS INC	CORPORATE BONDS	N/A	5.450%	05/15/2029	859,000	863,474	886,677
	AERCAP IRELAND CAPITAL DAC / A	CORPORATE BONDS	N/A	3.300%	01/30/2032	598,000	513,811	541,782
	AERCAP IRELAND CAPITAL DAC / A	CORPORATE BONDS	N/A	6.450%	04/15/2027	686,000	701,656	708,351
	AGREE LP	CORPORATE BONDS	N/A	2.900%	10/01/2030	880,000	758,495	812,178
	AIR LEASE CORP	CORPORATE BONDS	N/A	1.875%	08/15/2026	865,000	802,122	840,922
	AIRCASTLE LTD / AIRCASTLE 144A	CORPORATE BONDS	N/A	5.250%	03/15/2030	570,000	565,275	574,697
	AIRCASTLE LTD 144A	CORPORATE BONDS	N/A	5.950%	02/15/2029	636,000	635,817	657,031
	AMEREN CORP	CORPORATE BONDS	N/A	5.000%	01/15/2029	1,013,000	1,002,826	1,031,270
	AMERICAN HOMES 4 RENT LP	CORPORATE BONDS	N/A	5.250%	03/15/2035	631,000	627,988	626,328
	AMERICAN HOMES 4 RENT LP	CORPORATE BONDS	N/A	4.950%	06/15/2030	522,000	519,098	527,327
	AMGEN INC	CORPORATE BONDS	N/A	5.250%	03/02/2030	550,000	554,035	566,710
	AMGEN INC	CORPORATE BONDS	N/A	5.250%	03/02/2033	497,000	503,933	508,939
	AMRIZE FINANCE US LLC 144A	CORPORATE BONDS	N/A	4.950%	04/07/2030	614,000	613,490	622,230
*	AMSR 2024-SFR1 TRU SFR1 A 144A	CORPORATE BONDS	N/A	VAR RT	07/17/2041	865,000	818,491	853,001
	ANGLO AMERICAN CAPITAL PL 144A	CORPORATE BONDS	N/A	4.750%	04/10/2027	916,000	899,066	920,255
	ANTARES HOLDINGS LP 144A	CORPORATE BONDS	N/A	3.750%	07/15/2027	1,067,000	990,897	1,025,950

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	APPROVIN CORP	CORPORATE BONDS	N/A	5.375%	12/01/2031	628,000	629,280	639,037
	APTIV SWISS HOLDINGS LTD	CORPORATE BONDS	N/A	3.250%	03/01/2032	823,000	713,562	736,601
	ARTHUR J GALLAGHER & CO	CORPORATE BONDS	N/A	5.450%	07/15/2034	603,000	598,065	616,460
	ASHTREAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.550%	05/30/2033	200,000	194,873	201,985
	ASHTREAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.800%	04/15/2034	476,000	472,381	487,165
	ASHTREAD CAPITAL INC 144A	CORPORATE BONDS	N/A	5.500%	08/11/2032	600,000	585,359	607,639
	ASPEN INSURANCE HOLDINGS LTD	CORPORATE BONDS	N/A	5.750%	07/01/2030	854,000	854,198	868,115
	AT&T INC	CORPORATE BONDS	N/A	2.250%	02/01/2032	1,183,000	959,650	1,018,148
	AUTOZONE INC	CORPORATE BONDS	N/A	6.250%	11/01/2028	579,000	603,689	613,205
	AVIATION CAPITAL GROUP LL 144A	CORPORATE BONDS	N/A	1.950%	01/30/2026	1,245,000	1,171,517	1,225,253
	BAE SYSTEMS FINANCE INC 144A	CORPORATE BONDS	N/A	7.500%	07/01/2027	300,000	317,965	318,683
	BAE SYSTEMS PLC 144A	CORPORATE BONDS	N/A	1.900%	02/15/2031	833,000	676,668	723,817
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR RT	02/12/2036	549,000	549,000	557,860
	BARCLAYS PLC	CORPORATE BONDS	N/A	VAR RT	03/12/2030	681,000	682,826	704,647
*	BARINGS BDC INC	CORPORATE BONDS	N/A	3.300%	11/23/2026	337,000	311,160	329,176
	BENCHMARK 2019-B11 MORT B11 A5	CORPORATE BONDS	N/A	3.542%	05/15/2052	563,000	531,529	536,251
	BENCHMARK 2024-V5 MORTGA V5 A3	CORPORATE BONDS	N/A	5.805%	01/10/2057	458,000	471,507	475,417
	BLUE OWL CAPITAL CORP	CORPORATE BONDS	N/A	2.875%	06/11/2028	509,000	460,085	474,186
	BLUE OWL FINANCE LLC	CORPORATE BONDS	N/A	3.125%	06/10/2031	695,000	578,998	617,126
	BLUE OWL FINANCE LLC	CORPORATE BONDS	N/A	6.250%	04/18/2034	253,000	253,668	260,326
	BLUE OWL TECHNOLOGY FINAN 144A	CORPORATE BONDS	N/A	6.100%	03/15/2028	1,046,000	1,037,809	1,051,667
	BMW US CAPITAL LLC 144A	CORPORATE BONDS	N/A	3.450%	04/01/2027	1,023,000	980,613	1,007,452
	BNP PARIBAS SA 144A	CORPORATE BONDS	N/A	VAR RT	11/19/2030	963,000	963,000	981,355
	BOEING CO/THE	CORPORATE BONDS	N/A	3.625%	02/01/2031	904,000	830,036	851,680
	BOEING CO/THE	CORPORATE BONDS	N/A	2.196%	02/04/2026	1,066,000	1,001,907	1,049,362
	BOOZ ALLEN HAMILTON INC 144A	CORPORATE BONDS	N/A	3.875%	09/01/2028	763,000	728,711	737,341
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	2.750%	10/01/2026	951,000	887,405	929,968
	BROADCOM INC	CORPORATE BONDS	N/A	4.300%	11/15/2032	2,035,000	1,902,053	1,973,940
	BROADCOM INC 144A	CORPORATE BONDS	N/A	4.000%	04/15/2029	647,000	616,421	638,168
	BROWN & BROWN INC	CORPORATE BONDS	N/A	5.250%	06/23/2032	959,000	962,923	978,087
*	BX COMMERCIAL MORTG XL4 A 144A	CORPORATE BONDS	N/A	VAR RT	02/15/2039	313,447	312,369	313,838
	CANADIAN NATURAL RESOURCE 144A	CORPORATE BONDS	N/A	5.000%	12/15/2029	1,000,000	995,870	1,009,012
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	2.050%	03/05/2030	730,000	622,674	657,293
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	3.125%	06/01/2026	830,000	794,706	817,560
	CANADIAN PACIFIC RAILWAY CO	CORPORATE BONDS	N/A	2.875%	11/15/2029	177,000	158,454	166,280
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	05/10/2028	807,000	795,560	812,908
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	07/26/2030	718,000	737,300	738,834
	CARLISLE COS INC	CORPORATE BONDS	N/A	2.750%	03/01/2030	641,000	564,573	591,940

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	CBRE SERVICES INC	CORPORATE BONDS	N/A	5.500%	06/15/2035	597,000	594,308	600,819
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	3.750%	02/15/2028	800,000	743,531	785,205
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	4.200%	03/15/2028	935,000	883,609	926,816
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	2.300%	02/01/2032	418,000	342,430	352,684
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR RT	05/25/2034	1,001,000	1,018,007	1,047,876
	CMS ENERGY CORP	CORPORATE BONDS	N/A	VAR RT	06/01/2050	350,000	320,510	340,134
	CMS ENERGY CORP	CORPORATE BONDS	N/A	VAR RT	12/01/2050	500,000	417,990	449,434
	CNH INDUSTRIAL CAPITAL LLC	CORPORATE BONDS	N/A	4.750%	03/21/2028	800,000	797,436	805,983
	COLUMBIA PIPELINES OPERAT 144A	CORPORATE BONDS	N/A	6.036%	11/15/2033	758,000	774,613	795,356
	CONSOLIDATED EDISON CO OF NEW	CORPORATE BONDS	N/A	5.375%	05/15/2034	1,140,000	1,145,667	1,176,667
	CONSTELLATION SOFTWARE IN 144A	CORPORATE BONDS	N/A	5.158%	02/16/2029	548,000	547,804	557,430
	COREBRIDGE FINANCIAL INC	CORPORATE BONDS	N/A	3.650%	04/05/2027	1,017,000	973,195	1,003,546
	COX COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	5.700%	06/15/2033	996,000	990,618	1,008,249
	CRH AMERICA FINANCE INC	CORPORATE BONDS	N/A	5.500%	01/09/2035	1,149,000	1,151,302	1,177,503
	CSX CORP	CORPORATE BONDS	N/A	5.200%	11/15/2033	624,000	625,318	644,977
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	5.880%	01/10/2028	98,578	96,470	99,873
	CVS PASS-THROUGH TRUST	CORPORATE BONDS	N/A	6.036%	12/10/2028	87,944	88,163	89,185
	CVS PASS-THROUGH TRUST 144A	CORPORATE BONDS	N/A	5.773%	01/10/2033	680,720	674,657	686,093
	CVS PASS-THROUGH TRUST 144A	CORPORATE BONDS	N/A	5.926%	01/10/2034	628,476	622,836	634,470
	DB MASTER FINANCE 1A A2II 144A	CORPORATE BONDS	N/A	4.030%	11/20/2047	231,875	220,129	229,398
	DB MASTER FINANCE 1A A2II 144A	CORPORATE BONDS	N/A	2.493%	11/20/2051	883,940	776,352	818,469
	DELTA AIR LINES 2015-1 CLASS A	CORPORATE BONDS	N/A	3.875%	01/30/2029	104,258	98,075	100,816
	DIAMONDBACK ENERGY INC	CORPORATE BONDS	N/A	5.400%	04/18/2034	713,000	705,904	715,110
	DOMINION ENERGY INC	CORPORATE BONDS	N/A	VAR RT	02/01/2055	571,000	582,905	600,683
	DOMINO'S PIZZA MA 1A A2II 144A	CORPORATE BONDS	N/A	3.151%	04/25/2051	181,858	156,191	163,695
	DOMINO'S PIZZA MAS 1A A2I 144A	CORPORATE BONDS	N/A	4.116%	07/25/2048	985,400	961,727	982,274
	DOMINO'S PIZZA MAS 1A A2I 144A	CORPORATE BONDS	N/A	2.662%	04/25/2051	693,393	615,395	646,963
	DOMINO'S PIZZA MAST 1A A2 144A	CORPORATE BONDS	N/A	3.668%	10/25/2049	480,000	437,298	457,288
	DOW CHEMICAL CO/THE	CORPORATE BONDS	N/A	4.550%	11/30/2025	43,000	42,476	42,854
	DUKE ENERGY CORP	CORPORATE BONDS	N/A	4.500%	08/15/2032	1,330,000	1,243,617	1,300,387
	DUKE ENERGY FLORIDA LLC	CORPORATE BONDS	N/A	3.800%	07/15/2028	128,000	122,270	126,872
	EASTERN ENERGY GAS HOLDINGS LL	CORPORATE BONDS	N/A	5.800%	01/15/2035	833,000	830,626	866,834
	ELECTRONIC ARTS INC	CORPORATE BONDS	N/A	1.850%	02/15/2031	633,000	534,119	549,922
	ELEMENT FLEET MANAGEMENT 144A	CORPORATE BONDS	N/A	6.271%	06/26/2026	805,000	814,420	816,403
	ELEVANCE HEALTH INC	CORPORATE BONDS	N/A	2.550%	03/15/2031	1,272,000	1,084,383	1,142,158
	ENERGY TRANSFER LP	CORPORATE BONDS	N/A	5.750%	02/15/2033	1,114,000	1,125,473	1,156,325
	ENERGY TRANSFER LP	CORPORATE BONDS	N/A	5.550%	05/15/2034	491,000	481,549	497,074
	ENTERGY ARKANSAS LLC	CORPORATE BONDS	N/A	5.450%	06/01/2034	1,069,000	1,070,463	1,100,859

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	
	EVERSOURCE ENERGY	CORPORATE BONDS	N/A	5.450%	03/01/2028	900,000	923,213
	EVERSOURCE ENERGY	CORPORATE BONDS	N/A	5.850%	04/15/2031	1,100,000	1,157,110
	EXELON CORP	CORPORATE BONDS	N/A	2.750%	03/15/2027	1,490,000	1,453,783
	FACTSET RESEARCH SYSTEMS INC	CORPORATE BONDS	N/A	3.450%	03/01/2032	854,000	778,528
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.500%	10/24/2028	1,087,000	1,085,097
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	3.250%	06/02/2030	400,000	376,721
	FERGUSON FINANCE PLC 144A	CORPORATE BONDS	N/A	4.650%	04/20/2032	555,000	542,182
*	FIRSTKEY HOMES 202 SFR1 A 144A	CORPORATE BONDS	N/A	1.339%	08/17/2037	1,168,623	1,160,240
	FLORIDA GAS TRANSMISSION 144A	CORPORATE BONDS	N/A	5.750%	07/15/2035	598,000	611,952
	FORD MOTOR CREDIT CO LLC	CORPORATE BONDS	N/A	4.000%	11/13/2030	1,308,000	1,194,138
	FORD MOTOR CREDIT CO LLC	CORPORATE BONDS	N/A	5.113%	05/03/2029	640,000	625,785
	FOUNDRY JV HOLDCO LLC 144A	CORPORATE BONDS	N/A	6.150%	01/25/2032	609,000	640,816
	GENERAL MOTORS CO	CORPORATE BONDS	N/A	5.625%	04/15/2030	434,000	443,592
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	4.300%	04/06/2029	2,134,000	2,087,995
	GENERAL MOTORS FINANCIAL CO IN	CORPORATE BONDS	N/A	5.625%	04/04/2032	521,000	527,151
	GENPACT LUXEMBOURG SARL/GENPAC	CORPORATE BONDS	N/A	1.750%	04/10/2026	741,000	723,287
	GENPACT LUXEMBOURG SARL/GENPAC	CORPORATE BONDS	N/A	6.000%	06/04/2029	811,000	839,412
	GENUINE PARTS CO	CORPORATE BONDS	N/A	2.750%	02/01/2032	773,000	673,223
	GLENCORE FUNDING LLC 144A	CORPORATE BONDS	N/A	4.907%	04/01/2028	1,425,000	1,439,509
	GOLUB CAPITAL BDC INC	CORPORATE BONDS	N/A	2.050%	02/15/2027	612,000	583,661
	GOLUB CAPITAL BDC INC	CORPORATE BONDS	N/A	7.050%	12/05/2028	265,000	278,248
*	GS MORTGAGE SECURI SHIP A 144A	CORPORATE BONDS	N/A	VAR RT	09/10/2038	1,593,000	1,583,227
	HEALTHPEAK OP LLC	CORPORATE BONDS	N/A	5.250%	12/15/2032	520,000	529,181
	HERCULES CAPITAL INC	CORPORATE BONDS	N/A	3.375%	01/20/2027	1,115,000	1,079,792
	HERCULES CAPITAL INC	CORPORATE BONDS	N/A	6.000%	06/16/2030	343,000	342,297
	HOWMET AEROSPACE INC	CORPORATE BONDS	N/A	4.850%	10/15/2031	566,000	573,200
	HPS CORPORATE LENDING FUND	CORPORATE BONDS	N/A	5.450%	01/14/2028	565,000	566,593
	INFOR LLC 144A	CORPORATE BONDS	N/A	1.750%	07/15/2025	106,000	105,853
	INTERSTATE POWER AND LIGHT CO	CORPORATE BONDS	N/A	5.600%	06/29/2035	1,036,000	1,064,873
	INVITATION HOMES OPERATING PAR	CORPORATE BONDS	N/A	2.300%	11/15/2028	700,000	655,391
	JB HUNT TRANSPORT SERVICES INC	CORPORATE BONDS	N/A	4.900%	03/15/2030	838,000	850,384
	JERSEY MIKE'S FUNDI 1A A2 144A	CORPORATE BONDS	N/A	5.636%	02/15/2055	333,165	338,364
	JOHN DEERE CAPITAL CORP	CORPORATE BONDS	N/A	5.100%	04/11/2034	765,000	782,190
	KEYSIGHT TECHNOLOGIES INC	CORPORATE BONDS	N/A	5.350%	07/30/2030	710,000	732,314
	KINDER MORGAN INC	CORPORATE BONDS	N/A	5.850%	06/01/2035	610,000	632,317
	L3HARRIS TECHNOLOGIES INC	CORPORATE BONDS	N/A	5.400%	01/15/2027	855,000	869,167
	L3HARRIS TECHNOLOGIES INC	CORPORATE BONDS	N/A	5.250%	06/01/2031	470,000	484,786
	LIBERTY MUTUAL GROUP INC 144A	CORPORATE BONDS	N/A	4.569%	02/01/2029	689,000	689,446

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	
	LKQ CORP	CORPORATE BONDS	N/A	5.750%	06/15/2028	705,000	726,344
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	VAR RT	06/13/2036	616,000	633,309
	LOWE'S COS INC	CORPORATE BONDS	N/A	1.700%	10/15/2030	861,000	749,491
	LOWE'S COS INC	CORPORATE BONDS	N/A	1.700%	09/15/2028	470,000	434,730
	LPL HOLDINGS INC	CORPORATE BONDS	N/A	5.650%	03/15/2035	758,000	762,111
	MACQUARIE AIRFINANCE HOLD 144A	CORPORATE BONDS	N/A	5.150%	03/17/2030	1,189,000	1,188,201
	MACY'S RETAIL HOLDINGS LL 144A	CORPORATE BONDS	N/A	5.875%	03/15/2030	684,000	671,849
	MARTIN MARIETTA MATERIALS INC	CORPORATE BONDS	N/A	5.150%	12/01/2034	725,000	728,367
	MCDONALD'S CORP	CORPORATE BONDS	N/A	3.600%	07/01/2030	182,000	176,059
*	MICROCHIP TECHNOLOGY INC	CORPORATE BONDS	N/A	5.050%	03/15/2029	640,000	650,202
*	MICROCHIP TECHNOLOGY INC	CORPORATE BONDS	N/A	5.050%	02/15/2030	915,000	928,196
	MPLX LP	CORPORATE BONDS	N/A	1.750%	03/01/2026	800,000	784,547
	NATIONAL GRID PLC	CORPORATE BONDS	N/A	5.809%	06/12/2033	473,000	497,125
	NATIONAL RURAL UTILITIES COOPE	CORPORATE BONDS	N/A	VAR RT	09/15/2053	382,000	399,405
*	NEW YORK AND PRESBYTERIAN HOSP	CORPORATE BONDS	N/A	1.651%	08/01/2030	410,000	354,368
	NEXTERA ENERGY CAPITAL HOLDING	CORPORATE BONDS	N/A	VAR RT	08/15/2055	921,000	940,484
	NIAGARA MOHAWK POWER CORP 144A	CORPORATE BONDS	N/A	1.960%	06/27/2030	765,000	675,356
	NORDSON CORP	CORPORATE BONDS	N/A	4.500%	12/15/2029	736,000	736,377
	NORFOLK SOUTHERN CORP	CORPORATE BONDS	N/A	3.800%	08/01/2028	1,055,000	1,043,370
	NORTHROP GRUMMAN CORP	CORPORATE BONDS	N/A	4.900%	06/01/2034	880,000	877,427
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	3.150%	05/01/2027	1,518,000	1,485,231
	NXP BV / NXP FUNDING LLC / NXP	CORPORATE BONDS	N/A	5.000%	01/15/2033	677,000	675,096
	OAKTREE SPECIALTY LENDING CORP	CORPORATE BONDS	N/A	2.700%	01/15/2027	582,000	557,923
	OCCIDENTAL PETROLEUM CORP	CORPORATE BONDS	N/A	0.000%	10/10/2036	1,000,000	552,582
	ORACLE CORP	CORPORATE BONDS	N/A	2.950%	04/01/2030	633,000	591,125
	ORACLE CORP	CORPORATE BONDS	N/A	2.875%	03/25/2031	708,000	645,710
	ORACLE CORP	CORPORATE BONDS	N/A	6.150%	11/09/2029	1,034,000	1,103,275
	OVINTIV INC	CORPORATE BONDS	N/A	5.650%	05/15/2028	484,000	497,552
	PAYCHEX INC	CORPORATE BONDS	N/A	5.350%	04/15/2032	762,000	782,456
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.000%	07/15/2025	248,000	247,943
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	4.400%	07/01/2027	325,000	324,530
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	5.700%	02/01/2028	1,282,000	1,318,028
	PENSKE TRUCK LEASING CO L 144A	CORPORATE BONDS	N/A	5.350%	01/12/2027	890,000	900,079
	PFS FINANCING CORP F A 144A	CORPORATE BONDS	N/A	4.750%	08/15/2029	560,000	564,361
	PLANET FITNESS MAS 1A A21 144A	CORPORATE BONDS	N/A	5.765%	06/05/2054	1,438,133	1,458,340
	PPL CAPITAL FUNDING INC	CORPORATE BONDS	N/A	5.250%	09/01/2034	840,000	846,754
	PRINCIPAL FINANCIAL GROUP INC	CORPORATE BONDS	N/A	3.700%	05/15/2029	815,000	795,047
*	PROGRESS RESIDENTI SFR5 A 144A	CORPORATE BONDS	N/A	3.000%	08/09/2029	1,535,000	1,443,495

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	
*	PSMC 2020-2 TRUST 2 A2 144A	CORPORATE BONDS	N/A	VAR RT	05/25/2050	46,121	41,083
	PUBLIC SERVICE ENTERPRISE GROU	CORPORATE BONDS	N/A	0.800%	08/15/2025	1,204,000	1,198,036
	REALTY INCOME CORP	CORPORATE BONDS	N/A	2.100%	03/15/2028	705,000	667,534
	ROGERS COMMUNICATIONS INC	CORPORATE BONDS	N/A	3.800%	03/15/2032	1,239,000	1,151,350
*	ROLLINS INC	CORPORATE BONDS	N/A	5.250%	02/24/2035	1,476,000	1,481,333
	ROYALTY PHARMA PLC	CORPORATE BONDS	N/A	2.200%	09/02/2030	507,000	449,432
	RTX CORP	CORPORATE BONDS	N/A	6.100%	03/15/2034	702,000	758,940
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	5.650%	03/01/2028	1,405,000	1,450,913
	RYDER SYSTEM INC	CORPORATE BONDS	N/A	6.300%	12/01/2028	500,000	529,873
	SABINE PASS LIQUEFACTION LLC	CORPORATE BONDS	N/A	4.200%	03/15/2028	1,005,000	999,678
	SBL HOLDINGS INC 144A	CORPORATE BONDS	N/A	5.000%	02/18/2031	466,000	423,178
	SEALED AIR CORP 144A	CORPORATE BONDS	N/A	1.573%	10/15/2026	660,000	631,654
	SEMPRA	CORPORATE BONDS	N/A	5.400%	08/01/2026	1,200,000	1,211,628
*	SEQUOIA MORTGAGE TRU 2 A5 144A	CORPORATE BONDS	N/A	VAR RT	03/25/2055	743,038	745,156
	SERVPRO MASTER ISSU 1A A2 144A	CORPORATE BONDS	N/A	2.394%	04/25/2051	220,800	205,881
	SERVPRO MASTER ISSU 1A A2 144A	CORPORATE BONDS	N/A	3.127%	01/25/2052	414,090	388,944
	SILGAN HOLDINGS INC 144A	CORPORATE BONDS	N/A	1.400%	04/01/2026	267,000	259,800
	SIXTH STREET LENDING PART 144A	CORPORATE BONDS	N/A	6.125%	07/15/2030	282,000	287,152
	SIXTH STREET SPECIALTY LENDING	CORPORATE BONDS	N/A	6.125%	03/01/2029	380,000	388,985
	SONOCO PRODUCTS CO	CORPORATE BONDS	N/A	4.600%	09/01/2029	759,000	757,249
	SOUTHERN CO/THE	CORPORATE BONDS	N/A	5.200%	06/15/2033	1,166,000	1,186,343
	SUBWAY FUNDING LL 1A A2II 144A	CORPORATE BONDS	N/A	6.268%	07/30/2054	734,310	752,278
	SYNOPSIS INC	CORPORATE BONDS	N/A	5.150%	04/01/2035	1,066,000	1,074,463
	TACO BELL FUNDING 1A A2II 144A	CORPORATE BONDS	N/A	2.294%	08/25/2051	2,433,653	2,212,962
	TAKEDA PHARMACEUTICAL CO LTD	CORPORATE BONDS	N/A	2.050%	03/31/2030	849,000	760,364
	TARGA RESOURCES CORP	CORPORATE BONDS	N/A	6.125%	03/15/2033	650,000	685,038
	TARGA RESOURCES CORP	CORPORATE BONDS	N/A	5.550%	08/15/2035	362,000	363,831
	TD SYNnex CORP	CORPORATE BONDS	N/A	6.100%	04/12/2034	751,000	790,386
	TEXAS EASTERN TRANSMISSIO 144A	CORPORATE BONDS	N/A	3.500%	01/15/2028	1,224,000	1,200,308
	T-MOBILE USA INC	CORPORATE BONDS	N/A	3.875%	04/15/2030	2,240,000	2,175,528
	T-MOBILE USA INC	CORPORATE BONDS	N/A	3.375%	04/15/2029	1,079,000	1,038,157
	TRANSURBAN FINANCE CO PTY 144A	CORPORATE BONDS	N/A	3.375%	03/22/2027	650,000	639,931
*	TRICON RESIDENTIAL SFR2 A 144A	CORPORATE BONDS	N/A	5.000%	12/17/2040	1,131,375	1,135,367
*	TRICON RESIDENTIAL SFR4 A 144A	CORPORATE BONDS	N/A	4.300%	11/17/2041	938,467	925,002
	TRITON CONTAINER INTERNAT 144A	CORPORATE BONDS	N/A	3.150%	06/15/2031	510,000	442,487
	TRITON CONTAINER INTERNATIONAL	CORPORATE BONDS	N/A	3.250%	03/15/2032	832,000	718,937
	TRUIST FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	10/28/2033	933,000	991,585
	TRUIST FINANCIAL CORP	CORPORATE BONDS	N/A	VAR RT	05/20/2031	656,000	665,971

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	UBER TECHNOLOGIES INC	CORPORATE BONDS	N/A	4.800%	09/15/2034	770,000	769,446	756,322
	UNITEDHEALTH GROUP INC	CORPORATE BONDS	N/A	4.500%	04/15/2033	264,000	253,981	257,301
	UNIVERSAL HEALTH SERVICES INC	CORPORATE BONDS	N/A	2.650%	10/15/2030	495,000	422,604	441,351
	VENTAS REALTY LP	CORPORATE BONDS	N/A	3.250%	10/15/2026	278,000	264,169	273,655
	VERISIGN INC	CORPORATE BONDS	N/A	2.700%	06/15/2031	563,000	471,137	504,505
	VERISK ANALYTICS INC	CORPORATE BONDS	N/A	5.250%	03/15/2035	774,000	772,088	778,384
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.500%	08/10/2033	1,010,000	949,513	981,763
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	3.875%	02/08/2029	222,000	210,999	219,228
	VERIZON COMMUNICATIONS INC	CORPORATE BONDS	N/A	4.016%	12/03/2029	491,000	464,062	484,449
	VICI PROPERTIES LP	CORPORATE BONDS	N/A	5.750%	04/01/2034	804,000	796,466	821,890
	VIRGINIA ELECTRIC AND POWER CO	CORPORATE BONDS	N/A	2.875%	07/15/2029	292,000	263,723	277,212
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	3.200%	09/26/2026	215,000	204,689	211,204
	VOLKSWAGEN GROUP OF AMERI 144A	CORPORATE BONDS	N/A	4.600%	06/08/2029	1,135,000	1,100,116	1,121,316
	WEC ENERGY GROUP INC	CORPORATE BONDS	N/A	1.375%	10/15/2027	1,130,000	1,001,561	1,058,914
	WENDY'S FUNDING LL 1A A2I 144A	CORPORATE BONDS	N/A	3.783%	06/15/2049	212,373	203,477	209,497
	WESTINGHOUSE AIR BRAKE TECHNOL	CORPORATE BONDS	N/A	5.500%	05/29/2035	735,000	734,500	745,706
	XCEL ENERGY INC	CORPORATE BONDS	N/A	4.600%	06/01/2032	388,000	362,802	379,406
							159,871,196	164,598,817
	CORPORATE STOCKS AND REITS							
	ADVANCED MICRO DEVICES INC	COMMON STOCK	N/A	N/A	N/A	25,726	2,579,664	3,650,519
	ALPHABET INC	COMMON STOCK	N/A	N/A	N/A	66,842	12,074,643	11,779,566
	AMAZON.COM INC	COMMON STOCK	N/A	N/A	N/A	71,502	12,842,355	15,686,824
	APPLE INC	COMMON STOCK	N/A	N/A	N/A	25,960	5,484,520	5,326,213
	APPLIED MATERIALS INC	COMMON STOCK	N/A	N/A	N/A	21,200	4,887,104	3,881,084
	AUTOZONE INC	COMMON STOCK	N/A	N/A	N/A	1,822	5,416,828	6,763,683
	BALL CORP	COMMON STOCK	N/A	N/A	N/A	71,985	4,314,590	4,037,639
	BANK OF AMERICA CORP	COMMON STOCK	N/A	N/A	N/A	117,385	4,666,829	5,554,658
	BROADCOM INC	COMMON STOCK	N/A	N/A	N/A	30,037	4,837,229	8,279,699
	BROWN & BROWN INC	COMMON STOCK	N/A	N/A	N/A	47,198	5,466,375	5,232,842
	COSTCO WHOLESALE CORP	COMMON STOCK	N/A	N/A	N/A	3,499	2,975,878	3,463,800
	DANAHER CORP	COMMON STOCK	N/A	N/A	N/A	43,116	9,642,725	8,517,135
	DEERE & CO	COMMON STOCK	N/A	N/A	N/A	20,382	7,696,027	10,364,043
	ELI LILLY & CO	COMMON STOCK	N/A	N/A	N/A	6,181	4,814,679	4,818,275
	EQUIFAX INC	COMMON STOCK	N/A	N/A	N/A	11,846	2,902,348	3,072,497
	FERGUSON ENTERPRISES INC	COMMON STOCK	N/A	N/A	N/A	20,300	3,945,599	4,420,325
	FISERV INC	COMMON STOCK	N/A	N/A	N/A	30,373	4,595,572	5,236,609
	INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	N/A	N/A	N/A	48,153	6,654,548	8,834,631
	INTUIT INC	COMMON STOCK	N/A	N/A	N/A	8,187	5,276,302	6,448,327

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par, or Maturity Value

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	
	KLA CORP	COMMON STOCK	N/A	N/A	N/A	3,861	3,458,452
	LINDE PLC	COMMON STOCK	N/A	N/A	N/A	14,341	6,728,510
	MARRIOTT INTERNATIONAL INC/MD	COMMON STOCK	N/A	N/A	N/A	14,149	3,865,648
	MARSH & MCLENNAN COS INC	COMMON STOCK	N/A	N/A	N/A	19,599	4,285,125
	MASTERCARD INC	COMMON STOCK	N/A	N/A	N/A	13,708	7,703,074
	MICROSOFT CORP	COMMON STOCK	N/A	N/A	N/A	35,872	17,843,092
	NVIDIA CORP	COMMON STOCK	N/A	N/A	N/A	104,897	16,572,677
	ORACLE CORP	COMMON STOCK	N/A	N/A	N/A	16,518	3,611,330
	PROCTER & GAMBLE CO/THE	COMMON STOCK	N/A	N/A	N/A	23,641	3,766,484
	REALTY INCOME CORP	COMMON STOCK	N/A	N/A	N/A	127,349	7,336,576
	S&P GLOBAL INC	COMMON STOCK	N/A	N/A	N/A	12,378	6,526,796
	SALESFORCE INC	COMMON STOCK	N/A	N/A	N/A	17,936	4,890,968
	SERVICENOW INC	COMMON STOCK	N/A	N/A	N/A	4,661	4,791,881
	SHERWIN-WILLIAMS CO/THE	COMMON STOCK	N/A	N/A	N/A	9,051	3,107,751
	STRYKER CORP	COMMON STOCK	N/A	N/A	N/A	12,915	5,109,561
	SYNOPSIS INC	COMMON STOCK	N/A	N/A	N/A	9,922	5,086,811
	THERMO FISHER SCIENTIFIC INC	COMMON STOCK	N/A	N/A	N/A	14,374	5,828,082
	VERISK ANALYTICS INC	COMMON STOCK	N/A	N/A	N/A	8,176	2,546,824
	VERTEX PHARMACEUTICALS INC	COMMON STOCK	N/A	N/A	N/A	12,379	5,511,131
	WASTE MANAGEMENT INC	COMMON STOCK	N/A	N/A	N/A	41,579	9,514,107
	WORKDAY INC	COMMON STOCK	N/A	N/A	N/A	18,448	4,427,520
						<u>229,733,587</u>	<u>257,880,769</u>
	COMMON INVESTMENT FUNDS						
	ALTRINISIC INTERNATIONAL EQUITY	COLLECTIVE TRUST	N/A	N/A	N/A	15,994,780	260,733,873
	CF AMALGAMATED LONGVIEW LARGE CAP 500 INDEX FUND	COLLECTIVE TRUST	N/A	N/A	N/A	273,927	647,034,167
	DRIEHAUS EMERG MKTS GROWTH CIT	COLLECTIVE TRUST	N/A	N/A	N/A	6,639,378	110,877,617
	GQG INTL EQUIT CIT	COLLECTIVE TRUST	N/A	N/A	N/A	13,763,980	277,068,911
	LONG U.S. TREASURY INDEX NL FD	COLLECTIVE TRUST	N/A	N/A	N/A	7,991,382	172,334,145
	MFB NT COLLECTIVE AGGREGATE BD FD NL	COLLECTIVE TRUST	N/A	N/A	N/A	3,456,447	540,069,879
	MFB NT COLLECTIVE RUSSELL 2000 INDEX FD	COLLECTIVE TRUST	N/A	N/A	N/A	1,305,192	78,986,334
	MFB NT COLLECTIVE S&P400 INDEX FUND NL	COLLECTIVE TRUST	N/A	N/A	N/A	26,363	99,660,611
	MSCI EAFE INDX NL FUND (FD12)	COLLECTIVE TRUST	N/A	N/A	N/A	930,732	151,551,172
	MSCI EMERGING MARKETS EX CHINA NL	COLLECTIVE TRUST	N/A	N/A	N/A	5,415,699	66,504,790
	RUSSELL 1000x VALUE INDEX NL FUND	COLLECTIVE TRUST	N/A	N/A	N/A	889,612	158,110,743
	S&P GLOBAL LARGEMIDCAP NATURAL RESOURCES INDEX NL FD	COLLECTIVE TRUST	N/A	N/A	N/A	5,157,508	95,965,757
						<u>1,499,421,224</u>	<u>2,658,897,999</u>
	103-12 INVESTMENT ENTITIES						
	ADAMS STREET PARTNERS	LIMITED PARTNERSHIP	N/A	N/A	N/A	66,498,926	69,540,376

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF JUNE 30, 2025

LIMITED PARTNERSHIPS								
BLACKROCK GLB INFRA IV B SCSP	LIMITED PARTNERSHIP	N/A	N/A	N/A	24,939,633	21,980,313	25,346,420	
GIP IV-B FEEDER FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	37,023,049	33,025,703	37,816,210	
GLOBAL INFRA III-B FEEDER FUND	LIMITED PARTNERSHIP	N/A	N/A	N/A	23,745,340	32,748,851	20,008,926	
GLOBAL INFRA PARTNERS V LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	9,177,686	9,177,686	8,659,786	
GRAIN COMM OPP FUND III LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	19,499,531	20,741,030	19,955,018	
GRAIN COMMUNICATIONS OPP FD II	LIMITED PARTNERSHIP	N/A	N/A	N/A	43,818,638	41,639,688	44,058,611	
IFM GLOBAL INFRA US LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	187,404,333	167,784,277	187,404,332	
IRONSIDES DIR INVEST FD IV LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	4,948,202	7,510,002	3,285,561	
IRONSIDES PTNRSH FUND IV LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	57,773,395	75,801,214	58,336,276	
ISQ GLOBAL INFRA FD III (USTE) LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	41,473,296	34,641,516	42,648,415	
ISQ GLOBAL INFRA FUND II USTE LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	57,641,276	56,907,925	60,029,952	
ISQ GLOBAL INFRA USTE LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	30,339,563	29,277,097	30,398,390	
KKR EUROPEAN V ASP FUND	LIMITED PARTNERSHIP	N/A	N/A	N/A	517,120	605,773	517,119	
LEXINGTON CAPITAL PTNRS VII	LIMITED PARTNERSHIP	N/A	N/A	N/A	1,003,806	3,297,922	995,456	
LSV EMERGING MARKETS EQUITY FUND LP	LIMITED PARTNERSHIP				224,658	71,415,709	117,644,019	
POMONA CAPITAL VIII LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	226,633	8,975	228,570	
PRIMUS HIGH YIELD BOND FUND LP	LIMITED PARTNERSHIP	N/A	N/A	N/A	175,778,148	159,682,877	175,778,149	
STEPSTONE VC GBL PTNS X-B LP	LIMITED PARTNERSHIP				44,490,376	45,416,868	45,521,650	
STRATEGIC PARTNERS VII ASP FD	LIMITED PARTNERSHIP	N/A	N/A	N/A	531,413	531,413	531,413	
						<u>876,385,929</u>	<u>879,164,273</u>	
REGISTERED INVESTMENT COMPANIES								
AFL-CIO HOUSING INVESTMENT TR	REGISTERED INVESTMENT COMPAN'	N/A	N/A	N/A	11,354	10,895,537	11,084,227	
VANGUARD S/T INFL PROT-INST	REGISTERED INVESTMENT COMPAN'	N/A	N/A	N/A	12,473,349	317,460,732	312,083,199	
						<u>328,356,269</u>	<u>323,167,426</u>	
TOTAL INVESTMENTS							<u>\$ 4,492,097,630</u>	

(a) * A party-in-interest as defined by ERISA

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN: 13-1879376 PLAN NUMBER: 001

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED JUNE 30, 2025

<u>(a)</u>	<u>(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
	<i>SINGLE REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS</i>							
	NONE							
	<i>SERIES OF REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS</i>							
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD	\$ 327,743,104	N/A	N/A	-	\$ 327,743,104	\$ 327,743,104	N/A
	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD	N/A	\$ 374,423,436	N/A	-	\$ 374,423,436	\$ 374,423,436	-

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376

Plan No. 001

Plan Year Ended June 30, 2025

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376

Plan No. 001

Plan Year Ended June 30, 2025

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376

Plan No. 001

Plan Year Ended June 30, 2025

Form 5500, Schedule R, Line 13e

Schedule of Employer Contribution Rates

Employer	Base Unit Measure	2024 CONTRIBUTION RATE		2025 CONTRIBUTION RATE	
ABM JANITORIAL SERVICES, INC - Program A	WEEKLY	\$	134.75	\$	138.75
ABM JANITORIAL SERVICES, INC - Program B	HOURLY	\$	0.60	\$	0.62
ABM JANITORIAL SERVICES, INC - Program C	HOURLY	\$	0.83	\$	0.83
COLLINS BUILDING SERVICES INC (CBS) - Program A	WEEKLY	\$	134.75	\$	138.75
COLLINS BUILDING SERVICES INC (CBS) - Program B	HOURLY	\$	0.60	\$	0.62
COLLINS BUILDING SERVICES INC (CBS) - Program C	HOURLY	\$	0.83	\$	0.83
GUARDIAN SERVICES INDUSTRIES INC. - PROGRAM A	WEEKLY	\$	134.75	\$	138.75
GUARDIAN SERVICES INDUSTRIES INC. - PROGRAM C	HOURLY	\$	0.83	\$	0.83
HARVARD MAINTENANCE - PROGRAM A	WEEKLY	\$	134.75	\$	138.75
HARVARD MAINTENANCE - PROGRAM C	HOURLY	\$	0.83	\$	0.83
FIRST QUALITY MAINTENANCE (FQM) - PROGRAM A	WEEKLY	\$	134.75	\$	138.75
FIRST QUALITY MAINTENANCE (FQM) - PROGRAM C	HOURLY	\$	0.83	\$	0.83
PRITCHARD INDUSTRIES INC - PROGRAM A	WEEKLY	\$	134.75	\$	138.75
PRITCHARD INDUSTRIES INC - PROGRAM C	HOURLY	\$	0.83	\$	0.83
PBM, LLC - PROGRAM A	WEEKLY	\$	134.75	\$	138.75
PBM, LLC - PROGRAM D	HOURLY	\$	1.81	\$	1.87

BUILDING SERVICE 32BJ PENSION FUND

EIN 13-1879376

Plan No. 001

Plan Year Ended June 30, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

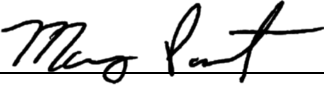
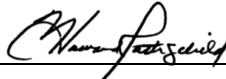
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan BUILDING SERVICE 32BJ PENSION FUND	1b	Three-digit plan number (PN) ▶	001			
		1c	Effective date of plan 07/01/1978				
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PENSION FUND 25 WEST 18TH STREET NEW YORK NY 10011	2b	Employer Identification Number (EIN) 13-1879376	2c	Plan Sponsor's telephone number (212) 539-2778	2d	Business code (see instructions) 561790

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

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

SIGN HERE		04/08/2026	Manny Pastreich
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		04/08/2026	Howard Rothschild
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 118,763
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 53,357 6a(2) 53,782 6b 35,057 6c 20,000 6d 108,839 6e 12,395 6f 121,234 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3,994

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan BUILDING SERVICE 32BJ PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE BUILDING SERVICE 32BJ PEN	D Employer Identification Number (EIN) 13-1879376

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 4,093,197,776
(2) Actuarial value of assets for funding standard account	1b(2) 4,084,097,039
c (1) Accrued liability for plan using immediate gain methods	1c(1) 4,936,002,562
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 4,936,002,562
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) 7,881,899,600
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 190,969,321
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 362,785,506
(3) Expected plan disbursements for the plan year	1d(3) 385,285,506

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

SIGN HERE Susan L. Boyle Signature of actuary SUSAN L. BOYLE, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 66 Hudson Blvd E, 20th Floor NEW YORK NY 10001-2192 Address of the firm	02/24/2026 Date 2306862 Most recent enrollment number 212-251-5000 Telephone number (including area code)
--	---

a Current value of assets (see instructions)		2a	4,096,484,151
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	42,064	3,269,640,650	
(2) For terminated vested participants	19,854	979,367,252	
(3) For active participants:			
(a) Non-vested benefits		420,088,769	
(b) Vested benefits		3,212,802,929	
(c) Total active.....	51,089	3,632,891,698	
(4) Total.....	113,007	7,881,899,600	
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	51.97 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/03/2024	69,000,000				
01/15/2025	346,318,299				
01/03/2025	28,000,000				
			Totals ►	3(b)	443,318,299
				3(c)	0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	82.7 %
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

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	
--	------------------	--

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.69 %
	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	7.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.7 %
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)	21,640,315
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	378,702	39,909
3	214,179,917	22,571,024

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
--	-----------	--

9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	106,706,553

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	1,243,881,662	194,485,461
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	22,589,401
e Total charges. Add lines 9a through 9d.....	9e	323,781,415

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	298,009,803
g Employer contributions. Total from column (b) of line 3.....	9g	443,318,299

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	93,966,336	10,764,235

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	38,397,120
--	-----------	------------

j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1,350,868,520	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	3,211,031,681	
(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	790,489,457
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	466,708,042
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
---	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	--

Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended June 30, 2024

Age	Total	Service Credits								
		Average Accrued Monthly Benefit Payable at Normal Retirement Age								
		Less than 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 20	27	27	-	-	-	-	-	-	-	-
	\$39	\$39	-	-	-	-	-	-	-	-
20 - 24	885	873	12	-	-	-	-	-	-	-
	\$70	\$67	-	-	-	-	-	-	-	-
25 - 29	2,129	1,681	442	6	-	-	-	-	-	-
	\$131	\$90	\$281	-	-	-	-	-	-	-
30 - 34	3,672	1,929	1,377	354	12	-	-	-	-	-
	\$219	\$97	\$311	\$511	-	-	-	-	-	-
35 - 39	4,595	1,719	1,540	887	445	4	-	-	-	-
	\$320	\$95	\$319	\$544	\$745	-	-	-	-	-
40 - 44	5,531	1,692	1,469	983	1,048	337	2	-	-	-
	\$422	\$96	\$318	\$545	\$777	\$1,035	-	-	-	-
45 - 49	6,250	1,627	1,370	973	1,141	944	186	9	-	-
	\$527	\$96	\$311	\$541	\$779	\$1,070	\$1,483	-	-	-
50 - 54	7,242	1,595	1,347	955	1,224	1,166	601	335	19	-
	\$652	\$95	\$315	\$536	\$780	\$1,086	\$1,478	\$1,484	-	-
55 - 59	8,170	1,373	1,264	1,004	1,266	1,355	759	767	370	12
	\$776	\$96	\$314	\$531	\$780	\$1,088	\$1,475	\$1,478	\$1,485	-
60 - 64	7,749	879	995	936	1,154	1,316	718	843	694	214
	\$887	\$100	\$311	\$527	\$780	\$1,080	\$1,480	\$1,482	\$1,484	\$1,483
65 - 69	3,605	297	420	466	588	597	308	356	359	214
	\$926	\$109	\$308	\$511	\$777	\$1,087	\$1,473	\$1,479	\$1,482	\$1,486
70 & over	1,232	55	82	143	173	194	124	131	120	210
	\$1,065	\$72	\$308	\$481	\$787	\$1,088	\$1,481	\$1,480	\$1,483	\$1,481
Unknown	2	1	1	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
Total	51,089	13,748	10,319	6,707	7,051	5,913	2,698	2,441	1,562	650
	\$604	\$94	\$313	\$533	\$777	\$1,080	\$1,478	\$1,481	\$1,484	\$1,484

Note: Excludes 3,419 participants with less than one service credit

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Healthy Annuitant: Pri-2012 Blue Collar Healthy Annuitant Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

Disabled Annuitant: Pri-2012 Disabled Retiree Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

Non-Annuitant: Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

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

Annuitant mortality rates¹

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

¹ Mortality rates shown for base table and do not reflect any mortality projection.

Section 3: Certificate of Actuarial Valuation

Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Disability	Withdrawal ² Less than 2 Years of Service	Withdrawal 2-4 Years of Service	Withdrawal 5-9 Years of Service	Withdrawal 10 or more Years of Service
20	0.07	0.02	0.00	9.00	7.10	—	—
25	0.07	0.03	0.00	10.87	8.57	6.48	—
30	0.07	0.03	0.00	9.31	6.79	4.20	2.42
35	0.07	0.04	0.00	8.39	5.51	3.58	2.51
40	0.09	0.06	0.00	7.96	5.18	3.01	2.08
45	0.12	0.09	0.00	7.74	4.74	2.91	1.87
50	0.18	0.13	0.15	7.80	4.45	2.66	1.75
55	0.28	0.20	0.25	6.76	3.91	1.30	0.44
60	0.44	0.30	0.41	6.82	3.92	1.06	0.10

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

¹ Mortality rates shown for base table and do not reflect any mortality projection.

² Withdrawal rates cut out at first eligibility for an immediate pension.

Section 3: Certificate of Actuarial Valuation

Retirement rates for active participants

Age	Annual Retirement Rates ¹
55-61	1%
62	16
53-65	10
66-67	20
68-69	15
70-71	50
72 and older	100

¹ if eligible

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

Description of weighted average retirement age

Age 67, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2024 actuarial valuation.

Section 3: Certificate of Actuarial Valuation

Retirement rates for inactive vested participants

Age	Annual Retirement Rates ¹
55	5%
56 – 61	4
62	20
63	7
64	20
65	40
66 – 67	20
68 – 70	10
71 and older	100

¹ if eligible

The retirement rates for inactive vested participants was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to retirements and the projected number and liability change based on the prior year's assumption over recent years.

Future benefit accruals

One service credit per year except for Program B and C part-time employees who are expected to earn 0.5 service credit per year

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

Unknown data for participants

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

Section 3: Certificate of Actuarial Valuation

Definition of active participants

Active participants are defined as those with at least 3 months (or 13 weeks) worked during the year who have accumulated at least one year of service credit, and have not retired as of the valuation date. Program C active participants are defined as those who had at least one year of vesting service.

Exclusion of inactive vested participants

Inactive participants over age 75 are excluded from the valuation.

The exclusion of inactive vested participants over age 75 was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

80%

Age of spouse

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

Benefit election

All participants are assumed to elect the 36-Month Benefit Guarantee form of payment (12-Month Guarantee for Program B and 60-Month Guarantee for Program D).

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

Section 3: Certificate of Actuarial Valuation

Net investment return

7.50%

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

Annual administrative expenses

\$22,500,000 for the year beginning July 1, 2024 (equivalent to \$21,640,315 payable at the beginning of the year).

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

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

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

Benefits valued

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

Section 3: Certificate of Actuarial Valuation

Current liability assumptions

- **Interest:** 3.69%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2022 (previously, MP-2021)

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 7.2%, for the Plan Year ending June 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 10.7%, for the Plan Year ending June 30, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date. Diverted contributions are credited interest based on the actual dates received by the plan.

Actuarial models

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

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

For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following assumption was changed as of July 1, 2024:

Annual administrative expenses, previously \$19,500,000 per year.

Section 3: Certificate of Actuarial Valuation

Exhibit L: 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

July 1 through June 30

Pension credit year

July 1 through June 30

Plan status

Ongoing plan

Regular pension

- **Program A:**

- *Age and service requirement:* 65 with at least 300 months of service credit
- *Amount:* the highest benefit based on up to 300 months of service. For retirement on and after July 1, 2024, reflecting the 10% increase to accrual rates:
 - For service before July 1, 2008, \$4.59 per month of service credit to a maximum of \$1,377 after 300 months of service credit.
 - For service on or after July 1, 2008, \$5.14 per month of service credit to a maximum of \$1,542 after 300 months of service credit.

Section 3: Certificate of Actuarial Valuation

- **Program B:**

- *Age and service requirement:* 65 with at least 25 years of service credit, or 62 at termination with at least 25 years of service credit
- *Amount:* For retirement on and after July 1, 2024, reflecting the 10% increase in accrual rates:

Monthly Contribution Rate as of December 31, 2010	Maximum Monthly Benefit Level after 25 or more years of service credit
\$55.99	\$468
145.60	1,100
204.16	1,276

- **Program C:**

- *Age and service requirement:* 65 with at least 300 months of service credit.
- *Amount:*

Hourly Contribution Rate	Maximum Monthly Benefit Level after 300 or more months of service credit
\$0.28	\$210
0.32	250
0.38	310
0.58	500
0.83	750
1.08	1,000

- **Program D:**

- *Age and Service Requirement:* 65 with at least 10 pension credits
- *Amount:* Equal to the sum of the following based on a maximum of 30 pension credits.
 - The accrued benefit earned as of December 31, 2007, which is based on service accrued on December 31, 2007 multiplied by the benefit amount that corresponds to the contribution rate in effect as of that date. Plus
 - Benefits earned after January 1, 2008 are based on the benefit level corresponding to the contribution rate for that plan year, and the applicable accrual rate chart for that Plan Year as detailed in the Program D Plan document.
 - Benefits earned for each Plan Year beginning on or after July 1, 2024 are based on the applicable accrual rate determined by the formula providing \$1.00 of accrual for every \$0.05 increase in the hourly contribution rate.

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age requirement:** 55
- **Service requirement:** 120 months of service credit (10 years of service credit for Programs B and D)
- **Amount:** Regular or Vested pension accrued, reduced by 6% for each year of age less than 65

Disability

- **Age requirement:** None (50 for Program B and Program C, 45 for Program D)
- **Service requirement:** 120 months of service credit (15 years of service credit for Program B and Program D, 180 months of service credit for Program C)
- **Amount:** Regular pension accrued
 - **Program A and Program C:**
Regular or Vested pension accrued reduced by 6% for each year of age less than 65, with no further reduction for ages less than 62. Pension amounts will be increased from 82% of Normal Retirement Pension to 100% of Normal Retirement Pension at Normal Retirement Age or reduced 0.5% per month of age younger than 65 if elect Early Retirement Pension.
 - **Program B:**
Regular or Vested pension accrued
 - **Program D:**
Early Retirement Pension (but not reduced below age 55) plus 10% except that in no event shall the Disability Pension exceed the Regular Pension

Vested / Basic Deferred (Program D)

- **Age requirement:** None
- **Service requirement:** Five years of Vesting Service (or 10 years of participation for Program D)

Section 3: Certificate of Actuarial Valuation

- **Amount:**

- **Program A:**

Months of service credit:	Accrual rate per month of service credit earned before July 1, 2008	Accrual rate per month of service credit earned after July 1, 2008
Less than 240	\$3.45	\$3.85
240 to 293	3.79	4.24
More than 240	4.59	5.14
Maximum monthly benefit	\$1,377	\$1,542

- **Program B:**

- Regular pension, proportionately reduced for service less than 25 years

- **Program C:**

- Less than 240 months of service credits: 1/12 of 3% of the maximum Regular pension benefit level for each month of credited service.
 - At least 240 months of service credits but less than 300 months of service credits: 1/12 of 3⅓% of the maximum Regular pension benefit level for each month of credited service.

- **Program D:**

- 90% of the Regular pension with monthly amounts payable at Normal Retirement Age based on a maximum of 33-1/3 pension credits

- **Normal Retirement Age:** Later of age 65 or 5th anniversary of participation

Special Deferred Benefit (Program D)

- **Age requirement:** 50 upon termination
- **Service requirement:** 15 pension credits
- **Amount:** Regular or Early pension accrued

Section 3: Certificate of Actuarial Valuation

Spouse's pre-retirement death benefit

- **Age requirement:** None
- **Service requirement:** Five years of vesting service
- **Amount:** 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have reached his or her earliest retirement age.
- **Charge for coverage:** None

Pre-retirement One-year Guarantee (Program B)

- **Requirement:** Eligible for Regular, Vested, or Early pension, and active at the time of death
- **Amount:** Monthly benefit to which employee would have been entitled had he or she retired the day before he or she died, payable for one year. Not applicable if employee is covered under spouse's benefit

Post-retirement death benefit

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with three years of payment (for Program B: one year of payment; for Program D: 5 years of payments) guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

- 75% Participant and Spouse Option
- 60 Certain Payment Option (Program D only)
- 120 Certain Payment Option (Program D only)
- 12 Month Guarantee (Program B only)
- 36 Month Guarantee (Program A only)

Section 3: Certificate of Actuarial Valuation

Participation

The earliest January 1 or July 1 following completion of a 12 consecutive month period during which the employee worked at least 22 weeks in covered employment (1,000 hours for Programs B and C; 750 hours for Program D)

Vesting credit

22 weeks of covered employment or 1,000 hours equals one year of vesting service credit for Programs A, B, and C.

750 or more hours of service (excluding overtime) equals one year of vesting service for Program D

Service credit

- Program A:

Weeks of employment	Months of service credit
5 – 8	1
9 – 12	2
13 – 16	3
17 – 20	4
21 – 24	5
25 – 29	6
30 – 33	7
34 – 37	8
38 – 41	9
42 – 45	10
46 – 49	11
50 and over	12

- Program B:

Hours	Service credits
910 – 1,364	½ year
1,365 – 1,819	¾ year
1,820 or more	1 year

Section 3: Certificate of Actuarial Valuation

- **Program C:**

Hours	Months of Service Credit
715 – 1,071	6
1,072 – 1,429	9
1,430 or more	12

- **Program D:**

Hours	Months of Service Credit
150 to 274	1
275 to 399	2
400 to 524	3
525 to 644	4
645 to 809	5
810 to 974	6
975 to 1,139	7
1,140 to 1,304	8
1,305 to 1,469	9
1,470 to 1,634	10
1,635 to 1799	11
1,800 and over	12

Contribution rates

- **Program A:**

- Effective January 1, 2023, \$130.75 per week
- Effective January 1, 2024, \$134.75 per week
- Effective January 1, 2025, \$138.75 per week
- Effective January 1, 2026, \$142.75 per week
- Effective January 1, 2027, \$146.75 per week

Section 3: Certificate of Actuarial Valuation

- **Program B:**

Contribution rates for monthly maximum Regular pension

Effective January 1	\$468	\$1,100	\$1,276
2023	\$0.58 per hour	\$230.25 per month	\$322.75 per month
2024	\$0.60 per hour	\$237.25 per month	\$332.75 per month
2025	\$0.62 per hour	\$244.25 per month	\$342.75 per month
2026	\$0.64 per hour	\$251.25 per month	\$352.75 per month
2027	\$0.66 per hour	\$258.25 per month	\$362.75 per month

- **Program C:**

- Contribution rates range from \$0.30 to \$1.08 per hour, with an average contribution rate of \$0.89 per hour for the 2024 plan year.

- **Program D:**

- Contribution rates range from \$1.14 to \$4.99 per hour as of July 1, 2024 and increase to an ultimate negotiated contribution rate of \$1.18 to \$5.16 per hour. The average contribution rate increases from \$3.71 for the 2024 plan year to \$3.91 for the 2029 plan year.

Changes in plan provisions

- Effective July 1, 2024, Program A and B participants who are actively employed received a 10% increase to their monthly accrual rates for all years of service.
- A Voluntary Early Retirement Incentive Program (VERIP) is available for actively employed Program A and B participants that meet certain criteria (age 60 and 15 years of service) and commence benefits between July 1, 2024 and September 1, 2024. These participants will receive a 15% increase in their accrued benefit and no reduction for Early Retirement.
- Effective July 1, 2024, for Program D participants, benefits earned for each Plan Year after June 30, 2024 are based on updated accrual rates corresponding to contribution rates.

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
07/2024	\$23,710.68	\$0.00	\$23,710.68
08/2024	\$24,340.94	\$73,896.00	\$98,236.94
09/2024	\$37,603.65	\$0.00	\$37,603.65
10/2024	\$32,854.33	\$273,415.00	\$306,269.33
11/2024	\$32,832.38	\$0.00	\$32,832.38
12/2024	\$137,334.98	\$0.00	\$137,334.98
01/2025	\$25,293.17	\$0.00	\$25,293.17
02/2025	\$26,192.73	\$0.00	\$26,192.73
03/2025	\$51,923.17	\$0.00	\$51,923.17
04/2025	\$44,882.50	\$0.00	\$44,882.50
05/2025	\$43,018.34	\$0.00	\$43,018.34
06/2025	\$48,470.98	\$0.00	\$48,470.98
Total	\$528,457.85	\$347,311.00	\$875,768.85

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1996	\$18,724,664	2	\$9,700,730
Plan amendment	07/01/1997	9,311,616	3	3,330,853
Assumption change	07/01/1999	8,387,430	5	1,928,444
Plan amendment	07/01/1999	15,271,035	5	3,511,127
Plan amendment	07/01/1999	25,902,354	5	5,955,487
Plan amendment	07/01/2000	3,397,897	6	673,400
Plan amendment	07/01/2000	82,809,857	6	16,411,365
Assumption change	07/01/2002	6,855,522	8	1,088,765
Plan amendment	07/01/2002	11,520,744	8	1,829,677
Plan amendment	07/01/2002	16,002,450	8	2,541,442
Plan amendment	07/01/2003	25,581,838	9	3,730,597
Plan amendment	07/01/2004	1,152,357	10	156,169
Plan amendment	07/01/2005	1,529,395	11	194,479
Assumption change	07/01/2006	49,133,076	12	5,908,667
June 30, 2009 investment loss subject to relief	07/01/2009	158,733,279	14	17,393,826
Assumption change	07/01/2010	5,934,002	1	5,934,002
Actuarial loss	07/01/2011	2,424,517	2	1,256,075
Actuarial loss	07/01/2012	7,794,613	3	2,788,207
June 30, 2009 investment loss subject to relief	07/01/2012	33,653,786	14	3,687,747
Assumption change	07/01/2013	2,475,767	4	687,613
June 30, 2009 investment loss subject to relief	07/01/2013	53,188,468	14	5,828,337
June 30, 2009 investment loss subject to relief	07/01/2014	45,978,662	14	5,038,294
Assumption change	07/01/2014	93,431,055	5	21,481,731
Actuarial loss	07/01/2015	17,568,790	6	3,481,806

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	07/01/2016	58,596,778	7	10,291,247
Assumption change	07/01/2017	15,775,420	8	2,505,387
Actuarial loss	07/01/2017	54,476,831	8	8,651,783
Actuarial loss	07/01/2018	34,115,281	9	4,975,029
Actuarial loss	07/01/2019	45,740,331	10	6,198,812
Actuarial loss	07/01/2020	59,758,245	11	7,598,885
Actuarial loss	07/01/2022	18,546,220	13	2,123,140
Plan amendment	07/01/2023	2,710,918	14	297,060
Actuarial loss	07/01/2023	42,839,845	14	4,694,345
Actuarial loss	07/01/2024	378,702	15	39,909
Plan amendment	07/01/2024	214,179,917	15	22,571,024
Total		\$1,243,881,662		\$194,485,461

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
Actuarial gain	07/01/2021	\$43,775,707	12	\$5,264,399
Assumption change	07/01/2023	50,190,629	14	5,499,836
Total		\$93,966,336		\$10,764,235

Section 3: Certificate of Actuarial Valuation

Current liability assumptions

- **Interest:** 3.69%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2022 (previously, MP-2021)

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 7.2%, for the Plan Year ending June 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 10.7%, for the Plan Year ending June 30, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date. Diverted contributions are credited interest based on the actual dates received by the plan.

Actuarial models

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

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

For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following assumption was changed as of July 1, 2024:

Annual administrative expenses, previously \$19,500,000 per year.

Section 2: Actuarial Valuation Results

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

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

Assumption	Description
Interest	For liabilities up to market value of assets, 5.50% for 20 years and 4.83% beyond (5.38% for 20 years and 5.09% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding.
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of June 30, 2024 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of June 30, 2024 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$28,007,359	\$9,238,940	\$312,686,078	\$349,932,377
2025	45,933,727	14,441,981	299,990,405	360,366,113
2026	64,327,446	19,601,108	287,078,184	371,006,738
2027	80,613,266	24,398,176	274,114,722	379,126,164
2028	97,327,793	29,302,769	261,315,447	387,946,009
2029	113,738,503	33,906,499	248,512,508	396,157,510
2030	129,223,157	38,109,249	235,728,597	403,061,003
2031	143,874,682	41,979,791	222,967,060	408,821,533
2032	157,536,836	45,385,691	210,282,738	413,205,265
2033	170,116,323	48,547,678	197,695,447	416,359,448
2034	181,482,051	51,516,825	185,247,726	418,246,602
2035	191,514,035	54,090,317	172,975,241	418,579,593
2036	200,250,442	56,140,251	160,905,585	417,296,278
2037	207,840,039	57,872,567	149,074,644	414,787,250
2038	214,103,967	59,141,669	137,518,159	410,763,795
2039	219,270,968	60,133,807	126,271,622	405,676,397
2040	223,347,752	60,987,447	115,371,529	399,706,728
2041	226,288,582	61,439,363	104,855,102	392,583,047

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$228,087,091	\$61,596,443	\$94,759,677	\$384,443,211
2043	228,903,782	61,433,012	85,122,089	375,458,883
2044	228,626,973	61,002,830	75,977,945	365,607,748
2045	227,465,283	60,253,917	67,360,477	355,079,677
2046	225,257,526	59,368,878	59,299,374	343,925,778
2047	222,209,521	58,300,739	51,819,523	332,329,783
2048	218,333,163	57,019,506	44,939,656	320,292,325
2049	213,599,991	55,604,963	38,671,001	307,875,955
2050	208,054,049	54,051,515	33,016,006	295,121,570
2051	201,842,177	52,304,348	27,967,457	282,113,982
2052	195,025,116	50,473,298	23,508,471	269,006,885
2053	187,703,556	48,565,774	19,612,885	255,882,215
2054	179,909,953	46,560,105	16,246,300	242,716,358
2055	171,777,838	44,479,671	13,367,950	229,625,459
2056	163,381,226	42,374,514	10,932,628	216,688,368
2057	154,800,006	40,145,752	8,892,833	203,838,591
2058	146,139,477	37,916,866	7,200,695	191,257,038
2059	137,498,754	35,695,114	5,809,570	179,003,438

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$128,941,504	\$33,484,713	\$4,675,384	\$167,101,601
2061	120,516,174	31,263,235	3,757,510	155,536,919
2062	112,249,076	29,051,436	3,019,388	144,319,900
2063	104,207,466	26,889,901	2,428,811	133,526,178
2064	96,429,344	24,806,350	1,957,982	123,193,676
2065	88,940,971	22,805,062	1,583,402	113,329,435
2066	81,754,333	20,889,503	1,285,560	103,929,396
2067	74,900,704	19,064,357	1,048,530	95,013,591
2068	68,390,451	17,333,763	859,479	86,583,693
2069	62,235,063	15,707,811	708,180	78,651,054
2070	56,428,082	14,184,999	586,561	71,199,642
2071	50,972,771	12,761,907	488,275	64,222,953
2072	45,869,880	11,434,214	408,359	57,712,453
2073	41,111,185	10,199,279	342,946	51,653,410

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$346,073,745	\$429,295	\$346,503,040
2025	\$356,106,170	\$429,295	\$356,535,465
2026	\$366,123,923	\$429,295	\$366,553,218
2027	\$371,129,569	\$429,295	\$371,558,864
2028	\$371,129,569	\$414,384	\$371,543,953
2029	\$371,129,569	\$400,344	\$371,529,913
2030	\$371,129,569	\$249,872	\$371,379,441
2031	\$371,129,569	\$212,974	\$371,342,543
2032	\$371,129,569	\$212,974	\$371,342,543
2033	\$371,129,569	\$212,974	\$371,342,543