

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... [] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [X] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... 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 AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND AND SUBSIDIARY 1b Three-digit plan number (PN) 001 1c Effective date of plan 10/02/1959 2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TRUSTEES OF THE AMERICAN FEDERATION OF MUSICIANS AND EMPLOYE 2b Employer Identification Number (EIN) 51-6120204 2c Plan Sponsor's telephone number 212-284-1242 2d Business code (see instructions) 711510

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/11/2023, AUGUSTINO GAGLIARDI (Plan administrator); 2. Filed with authorized/valid electronic signature, 10/11/2023, CHRISTOPHER J.G. BROCKMEYER (Employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2022) v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 49180
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 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) 15003 6a(2) 18826 6b 15921 6c 14026 6d 48773 6e 2588 6f 51361 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3972
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

▶ **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 <u>AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND AND SUBSIDIARY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF THE AMERICAN FEDERATION OF MUSICIANS AND EMPLOYE</u>	D Employer Identification Number (EIN) <u>51-6120204</u>

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

1a Enter the valuation date: Month 04 Day 01 Year 2022

b Assets		
(1) Current value of assets	1b(1)	<u>1931106846</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>1733484653</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>3511565128</u>
(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)	<u>3511565128</u>
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)	<u>6315484819</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>59863348</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>184681858</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>198987281</u>

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		<u>10/10/2023</u>
	Signature of actuary	Date
	<u>KEVIN M. CAMPE</u>	<u>20-05356</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>312-726-0677</u>
	Firm name	Telephone number (including area code)
	<u>71 S. WACKER DRIVE SUITE 3100, CHICAGO, IL 60606-4637</u>	
	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	1931634477
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	18736	3238710387
(2) For terminated vested participants	15760	681840886
(3) For active participants:		
(a) Non-vested benefits		60879900
(b) Vested benefits.....		2334053646
(c) Total active	15003	2394933546
(4) Total.....	49499	6315484819
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	30.59 %

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
08/15/2022	58753761				
			Totals ▶	3(b)	
				58753761	3(c)
					90119

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 90119

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	49.4 %
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	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2039

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?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	1.88 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	7P A
(2) Females.....	6c(2)	7FP A
d Valuation liability interest rate.....	6d	7.00 % 7.00%
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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	11.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.4%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	14305423
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-63863005	-4914824
4	-5577659	-429251

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	611181805
b Employer's normal cost for plan year as of valuation date	9b	35333934

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)	2131804992	257016196
9c(2)		
9c(3)		

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

9d	47032017
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e Total charges. Add lines 9a through 9d.....

9e	950563952
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	0
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g Employer contributions. Total from column (b) of line 3.....

9g	58753761
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	964906322	162572552

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

9i	9995862
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j Full funding limitation (FFL) and credits:

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

9j(1)	1907809010	
9j(2)	4029915037	
9j(3)		0

k (1) Waived funding deficiency.....

9k(1)	0
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(2) Other credits.....

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	231322175
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	719241777
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (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.....
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0

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

10	719241777
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

A Name of plan AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND AND SUBSIDIARY	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 AMERICAN FEDERATION OF MUSICIANS AND EMPLOYEE	D Employer Identification Number (EIN) 51-6120204	

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

1901 PARTNERS MANAGEMENT LP

47-1533396

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

400 CAPITAL MANAGEMENT LLC

26-3489627

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

ARBY PARTNERS VII, LP

27-4628090

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

AC CARBON CAYMAN LP

98-1622151

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

APOLLO ADVISORS VIII, LP

80-0877161

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

ARBOUR LANE CREDIT OPP FD III (B)

700 CANAL STREET
STAMFORD, CT 06902

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

ARCM FEEDER FUND IV LTD

98-1585067

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

ASF VIII LP

THIRD FLOOR 27 ESPLANADE
ST HELIER, JERSEY JE23QA CI

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

ATALAYA CAPITAL MANAGEMENT, LP

11-3774841

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

BLACKSTONE ENERGY MGMT ASSOC II LLC

37-1762494

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

BLACKSTONE MGMT ASSOC VII LLV

35-2521729

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

BLUE TORCH

98-1533006

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

BLUE TORCH CREDIT OPP. FUND I LP

32-0535542

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

CAPITAL TODAY EVERGREEN FUND, LP

88 CENTURY BOULEVARD SUITE 3808 JIN MAO TOWER
PU DONG, SHANGHAI 200121 CH

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

CASTLELAKE, LP

20-3323857

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

CATALYST FUND LIMITED PARTNERSHIP V

98-1252120

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

CHARTERHOUSE CAPITAL PARTNERS LLP

6TH FLOOR BELGRAVE HOUSE 76 BUCKINGHAM PALACE ROAD
LONDON, LONDON SWS1W9TQ GB

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

CRAYHILL PRINCIPL STRATEGIES FD II

31 E 51ST STREET
NEW YORK, NY 10022

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

CVC CAPITAL PARTNERS VII LIMITED

27 ESPLANADE
ST HELIER, JERSEY JE11SG CI

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

EIG ENERGY FUND XVI, LP

46-2825629

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

ENERGY CAPITAL PARTNERS MGMT LP

20-2755010

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

FORTRESS CREDIT OPP. V ADVISORS LLC

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

FORTRESS LENDING FUND III GP LMTD

PO BOX 309 UGLAND HOUSE
GRAND CAYMAN, GRAND CAYMAN KY11104 KY

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

GAOCHENG FUND I, LP

98-1462664

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

GAOCHENG FUND II, LP

98-1613111

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

HARBOURVEST

74-3130888

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

HILLHOUSE FUND IV HLDG PARTNERS, LP

190 ELGIN AVENUE
GEORGE TOWN, GRAND CAYMAN KY19008 CI

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

HPS MEZZANINE MANAGEMENT III, LLC

30-0895367

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

JACKSON SQUARE VENTURES MGMT CO

46-4183470

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

JANCHOR PARTNERS OPP. OFFSH. FD II

98-1490873

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

KELSO INVESTMENT ASSOCIATES IX, LP

320 PARK AVENUE
STE 24
NEW YORK, NY 10022

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

KPS SPECIAL SITUATIONS FD IV, LP

1 VANDERBILT AVENUE
52ND FLOOR
NEW YORK, NY 10017

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

KPS SPECIAL SITUATIONS FD V (A), LP

1 VANDERBILT AVENUE
52ND FLOOR
NEW YORK, NY 10017

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

LCM PARTNERS COPS 4 (USD) SLP

98-1509785

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

LIBERTY HALL CAPITAL PTNRS FD I, LP

350 PARK AVE
NEW YORK, NY 10022

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

LIGHTSPEED CHINA PTNRS SELECT I, LP

98-1462260

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

LSC SELECT II, LP

98-1619621

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

MCP PRIVATE CAPITAL (FEEDER) FD IV

98-1512405

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

OCP ASIA FUND III LP

98-1396023

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

OCP ASIA PTE. LIMITED

98-0621043

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

PLATINUM EQUITY ADVISORS, LLC

20-0080603

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

QUAN VENTURE FUND II, LP

98-1432100

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

QUAN VENTURE FUND III, LP

98-1614331

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

ROARK CAPITAL MANAGEMENT LLC

06-1735341

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

SILVER LAKE TECHNOLOGY ASSOC. VI LP

84-4908393

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

THOMAS H. LEE PARALLEL FUND VII, LP

47-1412309

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

THOMPSON STREET CAPITAL PTNRS V, LP

82-4416208

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

TPG OPP. PARTNERS III (B) ,LP

46-3372876

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

TRIDENT VIII, LP

98-1455374

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

TRIDENT IX, LP

98-1602367

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

VALINOR MANAGEMENT, LP

20-8961915

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

VIP IV FEEDER LP

105 WIGMORE STREET
LONDON, LONDON W1U1QY GB

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

WPEF VI MANAGER LIMITED

DE CAPTAN HOUSE GRANGE ROAD
ST PETER PORT, GUERNSEY GY12QG KY

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

XIANG HE FUND IL, LP

98-1436661

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

KENNEDY LEWIS MANAGEMENT LP

255 LIBERTY STREET
SUITE 4210
NEW YORK, NY 10281

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

MERITECH CAPITAL ASSOCIATES VI LLC

83-0674172

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

MERITECH CAPITAL ASSOCIATES VII LLC

85-1034322

(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)

CAMBRIDGE ASSOCIATES

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	1792248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	600000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAMBER CAPITAL MANAGEMENT, LP

42-1693587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	501463	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MILLIMAN CONSULTANTS AND ACTUARIES

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	476066	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUNTO OFFSHORE FUND LTD

450 PARK AVENUE
25TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	469026	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SILCHESTER INT'L INVESTORS LLP

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	459465	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

PROSKAUER ROSE

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	451048	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BNY MELLON ASSET SERVICING

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 64	NONE	398092	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 448588

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	377179	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE CHILDRENS INVESTMENT FUND

7 CLIFFORD STREET
LONDON, LONDON W1G 0PD GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	347386	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HBK MULTI-STRATEGY OFFSHORE FUND

98-0497416

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	343843	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	300459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

COHEN, WEISS & SIMON LLP

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	279508	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 416611

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	274904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 416572

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	258213	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ARTISAN INTERNATIONAL VALUE FUND

30-0551775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	248638	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INDABA CAPITAL MANAGEMENT, L.P.

27-1639439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	234506	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CEVIAN CAPITAL

98-0374494

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	233893	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

PARK PRESIDIO

46-2796115

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	227069	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOROBAN CAPITAL PARTNERS LP

32-0303386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	223722	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIKING GLOBAL INVESTORS LP

13-4055118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	217402	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

CAT ROCK CAPITAL MANAGEMENT LP

47-4285565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	217382	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELLIOTT INTERNATIONAL LIMITED

22-3338737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	207870	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EAGLE CAPITAL MANAGEMENT, LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	201785	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	195576	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAKEWOOD CAPITAL MANAGEMENT LP

20-8865904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	195369	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

OVERLOOK PARTNERS

98-0131278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	194044	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352572

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	166381	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 416845

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	163053	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SENATOR INVESTMENT GROUP LP

26-2124641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	162381	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

EMPLOYEE ID 352550

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	161642	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 320480

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	153887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352748

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	151206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352066

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	149634	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352429

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	149460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352561

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	148277	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

AETOS CAPITAL OPPORT. FD CAYMAN LP

98-1531331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	146131	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HS MANAGEMENT PARTNERS, LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	145238	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BUENA VISTA FUND MANAGEMENT, LLC

94-3304338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	143367	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

DOUBLEINE CAPITAL LP

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	133550	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EMPLOYEE ID 352638

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	130866	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LYXOR ASSET MANAGEMENT S.A.S.

TOURS SOCIETE GENERALE 17 COURS VALMY
PUTEAUX, FRANCE 92800 FR

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	126732	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

MATRIX CAPITAL MANAGEMENT COMPANY

04-3475951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	126732	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EMPLOYEE ID 32072

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	121646	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 32041

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	117190	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TIGER GLOBAL

13-4167110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	113335	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352616

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	112266	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352803

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	110491	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 288333

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	109050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352440

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	104691	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ORBIS INVESTMENT MANAGEMENT LIMITED

98-0451139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	102961	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

MALABAR INDIA FUND LP

104 WEST 40TH STREET
19TH FLOOR
NEW YORK, NY 10018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	101335	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352374

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	87390	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352605

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	81485	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352242

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	80622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352396

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	79610	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 256664

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	76106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352385

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	76022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 320570

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	75640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352341

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	75569	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352649

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	73983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 384184

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	73194	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 128096

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	71633	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352583

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	71475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 320330

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	71071	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352220

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	70559	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352825

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	69351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 320020

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	69230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 320540

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	68983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NAUTICUS GROUP

1001 AVENUE OF THE AMERICAS
NEW YORK, NY 10018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 49 50	NONE	68090	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352418

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	67123	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 320080

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	65311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 32045

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	65024	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NU-CENTURY PRODUCTS, LLC

17 MILLSTONE CT
MORRISTOWN, NJ 07960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	63219	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352726

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	60494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352308

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	60406	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352231

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	58498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 320140

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	55240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352297

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	55174	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALINDA INFRASTRUCTURE FUND II

26-2932089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	51191	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352319

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	51150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

OPUS INVESTMENT ADVISORS, LLC

41-2063321

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	48750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 256072

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	47449	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352025

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	46693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PZENA INVESTMENT MANAGEMENT, LLC

13-3860154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	46136	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	45481	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 96210

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	45253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 352033

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	43905	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 256104

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	42133	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 224105

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	39758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	39565	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 352957

13-1895132

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

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

EMPLOYEE ID 32030

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	38655	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BLAKEMAN CREST ADVISORS, LLC

180 CABRINI BLVD
APT 117
NEW YORK, NY 10033-1149

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	38400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 256200

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	37644	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PERFECT PRINTING SOLUTIONS, INC.

34 E MAIN STREET
PMB 396
SMITHTOWN, NY 11787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	36584	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BARES CAPITAL MANAGEMENT INC

74-2961140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	36272	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DAVIDSON KEMPER CAPITAL MGMT LP

13-3863161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	35000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 224049

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	34621	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 320450

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	32983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROMENET INC.

22-3662709

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	32770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE ID 224539

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	30305	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE ID 320160

13-1895132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 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	28603	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAPLES FUND SERVICES (CAYMAN) LMTD

PO BOX 1093, BOUNDARY HALL CRICKET SQUARE
GEORGE TOWN, GRAND CAYMAN KY1-1102 CI

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	28113	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUSTEE 5

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	21932	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PERFECT RETENTION CORP

11-3245139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	20690	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INCA INVESTMENTS, LLC

22-3899123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	19290	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRUSTEE 7

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	15982	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TRUSTEE 13

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	14444	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DATA STORAGE CORP

52-2352707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IRON MOUNTAIN OFF-SITE DATA

23-2588479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13428	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TRUSTEE 14

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	13343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONST BRAZIL US FEEDER FUND LP

90-0652424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13332	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CLOUDFIRST TECHNOLOGY CORPORATION

52-2352707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13279	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TRUSTEE 12

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	13105	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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?
16 49 50	NONE	12869	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PENN SQUARE GLOBAL REAL ESTATE FUND

26-2590335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12068	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MIDATLANTIC EMPLOYERS ASSOCIATION

23-0837700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11439	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUSTEE 3

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	10286	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUSTEE 9

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	9839	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BLACKROCK FUND ADVISORS

94-2948313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9627	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ACCURINT

65-0852445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9288	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUSTEE 6

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	9026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PAYLOCITY

46-4066644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUSTEE 1

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	7924	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUSTEE 11

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	7856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TRUSTEE 10

51-6120204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	7343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: small;">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).</p> <p>► File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>04/01/2022</u> and ending <u>12/31/2022</u>	
<p>A Name of plan <u>AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND AND SUBSIDIARY</u></p>	<p>B Three-digit plan number (PN) ► <u>001</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE AMERICAN FEDERATION OF MUSICIANS AND EMPLOYE</u></p>	<p>D Employer Identification Number (EIN) <u>51-6120204</u></p>

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	110585	696536
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	8674373	10455777
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	95768332	71868662
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	75406108	77863013
(2) U.S. Government securities.....	1c(2)	42115334	26236872
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	6318190	3099436
(B) All other.....	1c(3)(B)	14829149	6376087
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	298560	0
(B) Common.....	1c(4)(B)	102732496	82152636
(5) Partnership/joint venture interests.....	1c(5)	1525620106	1352169465
(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)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	53121238	47142014
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	107989131	63861326

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	2705716	7543199
f Total assets (add all amounts in lines 1a through 1e).....	1f	2035689318	1749465023
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	8115303	8247209
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	95939538	80325664
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	104054841	88572873
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1931634477	1660892150

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)	58663642	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	159573	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		58823215
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	75143	
(B) U.S. Government securities.....	2b(1)(B)	167690	
(C) Corporate debt instruments.....	2b(1)(C)	454615	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1737581	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2435029
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	938103	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	9656007	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		10594110
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	212776078	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	197729320	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		15046758
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-160332271	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-160332271

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2352238
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-75785397
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	174335705	
(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)		174335705
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1577801	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	8601819	
(4) Other	2i(4)	10441605	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		20621225
j Total expenses. Add all expense amounts in column (b) and enter total	2j		194956930
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-270742327
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** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b	X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c	X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d	X	
e Was this plan covered by a fidelity bond?.....	4e	X	7500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g	X	1416030791
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h	X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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 499180.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

A Name of plan <u>AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND AND SUBSIDIARY</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE AMERICAN FEDERATION OF MUSICIANS AND EMPLOYE</u>	D Employer Identification Number (EIN) <u>51-6120204</u>	

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): 25-1992685

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	39
---	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer UNIVERSAL MUSIC

b EIN 84-1487620 **c** Dollar amount contributed by employer 2861944

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 01 Day 31 Year 2026

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) 14.41

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): % OF EARNINGS

a Name of contributing employer DISNEY WORLDWIDE SERVICES INC

b EIN 95-4245682 **c** Dollar amount contributed by employer 2365815

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 THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

b EIN 53-0245017 **c** Dollar amount contributed by employer 2213637

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 SONY MUSIC ENTERTAINMENT

b EIN 13-1914734 **c** Dollar amount contributed by employer 1918543

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 03 Day 13 Year 2023

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

(1) Contribution rate (in dollars and cents) 14.09

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): % OF EARNINGS

a Name of contributing employer FILM MUSICIANS SECONDARY MARKETS FUND

b EIN 13-6695765 **c** Dollar amount contributed by employer 1899809

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 03 Day 31 Year 2026

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) 9.59

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): % OF EARNINGS

a Name of contributing employer TEAM MUSIC

b EIN 95-4836608 **c** Dollar amount contributed by employer 1266255

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): _____

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 WARNER BROS RECORDS INC

b EIN 13-4271875 **c** Dollar amount contributed by employer 1243626

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 03 Day 13 Year 2023

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

(1) Contribution rate (in dollars and cents) 14.09

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): % OF EARNINGS

a Name of contributing employer LOS ANGELES PHILHARMONIC ASSOCIATION

b EIN 95-1696734 **c** Dollar amount contributed by employer 1048013

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 SAN FRANCISCO OPERA

b EIN 94-0836240 **c** Dollar amount contributed by employer 877562

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 MINNESOTA ORCHESTRAL ASSOCIATION

b EIN 41-0693875 **c** Dollar amount contributed by employer 839298

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	5

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	0.00

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	161
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	9865332

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) through (c)

a Enter the percentage of plan assets held as:
 Stock: 31% Investment-Grade Debt: 6% High-Yield Debt: 1% Real Estate: 0% Other: 62%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

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 _____

**AMERICAN FEDERATION OF MUSICIANS AND
EMPLOYERS' PENSION FUND AND SUBSIDIARY**
Consolidated Financial Statements
December 31, 2022 and March 31, 2022
With Independent Auditor's Report

American Federation of Musicians and Employers' Pension Fund and Subsidiary
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December 31, 2022 and March 31, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
American Federation of Musicians and Employers' Pension Fund and Subsidiary:

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of the American Federation of Musicians and Employers' Pension Fund and Subsidiary, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the consolidated statements of net assets available for benefits as of December 31, 2022 and March 31, 2022, and the related consolidated statement of changes in net assets available for benefits for the period April 1, 2022 through December 31, 2022, and the consolidated statement of accumulated plan benefits as of March 31, 2022, and the related consolidated statement of changes in accumulated plan benefits for the year then ended March 31, 2022, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the net assets available for benefits of the plan as of December 31, 2022 and March 31, 2022, and the changes in its net assets available for benefits for the period April 1, 2022 through December 31, 2022, and the accumulated plan benefits as of March 31, 2022, and the changes in its accumulated plan benefits for the year then ended March 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the American Federation of Musicians and Employers' Pension Fund and Subsidiary 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.

Emphasis of Matters

As discussed in Note 13 to the consolidated financial statements, the Board of Trustees approved a change in the American Federation of Musicians and Employers' Pension Fund and Subsidiary's fiscal year end from March 31 to December 31. Our opinion is not modified with respect to this matter.

As described in Note 2, the American Federation of Musicians and Employers' Pension Fund and Subsidiary adopted Accounting Standards Update No. 2016-02, Leases (Topic 842), as of April 1, 2022. Prior period amounts have not been adjusted and continue to be reported in accordance with the American Federation of Musicians and Employers' Pension Fund and Subsidiary's historic accounting under Topic 840, Leases. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the American Federation of Musicians and Employers' Pension Fund and Subsidiary's ability to continue as a going concern for one year after the date that the consolidated 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 consolidated 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 Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 American Federation of Musicians and Employers' Pension Fund and Subsidiary'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the American Federation of Musicians and Employers' Pension Fund and Subsidiary's ability to continue as a going concern for a reasonable period of time.

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

Withum Smith & Brown, PC

October 11, 2023

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Consolidated Statements of Net Assets Available for Benefits
December 31, 2022 and March 31, 2022

	<u>December 31,</u> <u>2022</u>	<u>March 31,</u> <u>2022</u>
Assets		
Investments - at fair value	\$ 1,656,160,198	\$ 1,919,832,963
Receivables		
Due from broker for securities sold	70,877,099	94,879,442
Employer contributions	10,455,777	8,674,373
Employers withdrawal liability - net	601,911	527,631
Accrued interest and dividends	387,087	358,694
Other	<u>2,565</u>	<u>2,565</u>
Total receivables	<u>82,324,439</u>	<u>104,442,705</u>
Cash and cash equivalents	3,437,187	8,707,934
Fixed assets - net	149,397	153,054
Other assets	1,367,438	2,552,662
Right-of-use asset - net	<u>6,026,364</u>	<u>-</u>
	<u>10,980,386</u>	<u>11,413,650</u>
 Total assets	 <u>1,749,465,023</u>	 <u>2,035,689,318</u>
Liabilities		
Accrued expenses and other liabilities	8,247,209	8,115,303
Due to broker for securities purchased	73,427,274	95,939,538
Lease liability	<u>6,898,390</u>	<u>-</u>
Total liabilities	<u>88,572,873</u>	<u>104,054,841</u>
 Net assets available for benefits	 <u>\$ 1,660,892,150</u>	 <u>\$ 1,931,634,477</u>

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Consolidated Statement of Changes in Net Assets Available for Benefits
For the Period April 1, 2022 through December 31, 2022

Additions

Investment income	
Net depreciation in fair value	\$ (147,637,751)
Interest and dividends	<u>13,029,139</u>
Total investment loss	(134,608,612)
Investment expenses	<u>(8,601,819)</u>
Net investment loss	(143,210,431)
Employer contributions	58,663,642
Withdrawal liability assessments	86,261
Withdrawal liability assessment adjustments	<u>73,312</u>
Total additions	<u>(84,387,216)</u>

Deductions

Benefit payments	174,335,705
Administrative expenses	<u>12,019,406</u>
Total deductions	<u>186,355,111</u>

Net change in net assets available for benefits (270,742,327)

Net assets available for benefits

Beginning of period	<u>1,931,634,477</u>
End of period	<u>\$ 1,660,892,150</u>

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Consolidated Statement of Accumulated Plan Benefits
March 31, 2022

Vested benefits

Active participants	\$ 1,026,061,936
Age retirees	2,121,337,228
Terminated vested participants	324,043,280
Beneficiaries	156,110,258
Disabled participants	<u>25,406,229</u>
Total vested benefits	3,652,958,931

Nonvested benefits	<u>39,107,528</u>
--------------------	-------------------

Total actuarial present value of accumulated plan benefits	<u>\$ 3,692,066,459</u>
---	-------------------------

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Consolidated Statement of Changes in Accumulated Plan Benefits
Year Ended March 31, 2022

Actuarial present value of accumulated plan benefits at the beginning of year	<u>\$ 3,652,225,691</u>
Increase (decrease) during the year attributable to	
Discount period	247,286,548
Benefits accumulated plus actuarial gain	41,367,166
Changes in actuarial assumptions	(5,577,659)
Benefit payments	<u>(243,235,287)</u>
Net change	<u>39,840,768</u>
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 3,692,066,459</u>

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
For the Period April 1, 2022 through December 31, 2022
And the Year Ended March 31, 2022

1. PLAN DESCRIPTION AND FUNDING

The American Federation of Musicians and Employers' Pension Fund and Subsidiary (the "Plan") is a multi-employer, noncontributory defined benefit pension plan primarily covering individuals covered under collective bargaining agreements of the American Federation of Musicians of the United States and Canada, AFL-CIO or one of its affiliated local unions (collectively, the "Union"). The Plan is operated by a Board of Trustees with equal representation from the Union and the employers. The Trustees serve without compensation from the Plan.

General

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan is funded by employer contributions and investment returns. Employer contributions are based on a participant's covered earnings pursuant to the terms of the respective collective bargaining agreements between the employer and the Union, or other approved agreements, at various fixed contribution percentage rates.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and has complied with the applicable minimum funding requirements.

Eligibility

An individual is eligible to become a participant of the Plan if both of the following conditions are met:

- The individual is employed as a musician, by the Plan, the Union, or other employer acceptable to the Board of Trustees, and
- The individual's employer has entered into a collective bargaining agreement, participation agreement or similar agreement acceptable to the Board of Trustees requiring the employer to contribute to the Plan on the employee's behalf.

In order to become a participant, an eligible individual must earn at least \$750 of covered earnings during a calendar year (also known as one quarter-year of vesting service).

Pension Benefits

A participant earns the non-forfeitable right to receive a Regular Pension Benefit (the participant is vested) when either of the following thresholds are met:

- Completion of 5 years of vesting service, including at least one quarter-year of vesting service after 1986, or completion of 10 years of vesting service, with no vesting service after 1986.
- Reaching age 65 while an active participant or reaching age 55, are vested, and retire from all Covered Employment.

Normal Retirement Age is 65, or, if later, the date on which the participant completes five years of participation (not including any years of participation before a permanent break in service) on or after April 1, 1988.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
For the Period April 1, 2022 through December 31, 2022
And the Year Ended March 31, 2022

Participants with fewer than 3 years of vesting service on January 1, 2004, will need \$750 of covered earnings during a calendar year to receive a one quarter-year of vesting service, or \$3,000 during a calendar year to receive a full year of vesting service. Also, each participant with three or more years of vesting service on January 1, 2004, will continue to earn vesting service under the rules in effect before January 1, 2004, unless the participant has a permanent break-in-service after 2003. Prior to January 1, 2004, participants received one quarter-year of vesting service for each \$375 of covered earnings during a calendar year, up to a maximum of one year of vesting service per calendar year for covered earnings of \$1,500 or more.

The Plan also provides for certain periods of non-covered employment and military service to be counted in determining years of vesting service. For employment before 1977, vesting service was determined according to a different schedule.

The Regular Pension Benefit, generally paid as either a single life or a joint-and-survivor annuity, consists of monthly payments based on the total contributions earned by a participant through the participant's pension effective date. The Regular Pension Benefit is calculated by multiplying each \$100 of contributions (rounded to the nearest \$100) by the applicable benefit multiplier, which is determined by the participant's age at his/her pension effective date and the period when the contributions were earned.

Participants who currently are receiving a pension and return to work continue to receive their pension. In addition, they continue to earn additional benefits that are calculated differently depending on age. Additional benefits earned by working pensioners before normal retirement age are the greater of (1) the difference between (i) the monthly early retirement benefit being paid and (ii) the total benefit calculated as if the early retirement benefit had not begun, minus the actuarial value of benefits received expressed as a monthly benefit, and (2) the sum of all of the annual benefits payable with respect to contributions earned through May 31, 2010, under specified rules that were in effect before 1996. Additional benefits earned by working pensioners after age 65 will be reduced by the actuarial equivalent, as defined, of the benefits paid during the previous calendar year, so long as those benefits were both earned and paid after 2003.

Disability Benefits

A participant with ten years of vesting service who has not started to receive a regular pension benefit and becomes permanently and totally disabled is entitled to a disability pension benefit. The monthly disability benefit is calculated by multiplying each \$100 of contributions by the applicable age 65 benefit multipliers and is actuarially reduced to reflect early commencement. Effective June 1, 2018, to be eligible for a disability pension benefit, a participant must also not be eligible, on his or her effective date, for a regular pension benefit and have earned at least one year of vesting service in the three calendar year period immediately preceding the pension effective date.

Death Benefits

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

Pension Protection Act Filing of Critical and Declining Status

The actuary certified that for the Plan year beginning April 1, 2019, the Plan transitioned from "critical" status under the Pension Protection Act of 2006 ("PPA") to "critical and declining" status. The significance of entering critical status is that the Plan's Board of Trustees is required by law to adopt a Rehabilitation Plan, consistent with the requirements of the PPA, designed to improve the Plan's financial health and to allow it to emerge from critical status. On April 15, 2010, the Board adopted a Rehabilitation Plan consistent with this requirement. The Rehabilitation Plan has been amended since the adoption.

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The Rehabilitation Plan originally employed reasonable measures to enable the Plan to emerge from critical status at a later date than the 10-year rehabilitation period. As the Plan is currently not projected to emerge from critical status (either during the 10-year rehabilitation period that began April 1, 2013, or otherwise), the Rehabilitation Plan was updated in 2016 to employ reasonable measures to forestall insolvency and it does not have a definite term. The Rehabilitation Plan was further updated in June 2018 to require an additional 10% increase in the rate of contributions in collective bargaining agreements, or extensions thereof, that expire on or after August 1, 2018, and after the bargaining parties received notice of the update. The additional 10% in the rate of contributions will not be used to calculate any participant's benefits under the Plan but will be used solely to improve the financial health of the Plan.

The following benefits and benefit alternatives available under the Plan were eliminated under the Rehabilitation Plan, effective June 1, 2010: (i) early retirement subsidies; (ii) benefit guarantees for the single life annuity; (iii) "pop-up" and benefit guarantee features of the 50% joint and survivor annuity; (iv) post-normal retirement age subsidies; (v) certain forms of benefit for merged plans; and (vi) the lump-sum form of benefit offered by the Plan (not including lump sums with an actuarial present value of \$5,000 or less).

The Rehabilitation Plan also required additional employer contributions to the Plan. Effective for contributions earned on or after June 1, 2010, but before April 1, 2011, the contribution rate was 104% of the contribution rate otherwise in effect under the collective bargaining agreement or expired collective bargaining agreement. Effective for contributions earned on or after April 1, 2011, the contribution rate is 109% of the contribution rate otherwise in effect under the collective bargaining agreement or expired collective bargaining agreement (excluding the 4% increase, which is not cumulative). Consistent with the PPA, if the collective bargaining agreements were not amended to include the new contribution rates under the Rehabilitation Plan, mandatory surcharges on employer contributions were established as follows: (i) effective for contributions earned on or after June 1, 2010, and before April 1, 2011, the surcharge was 5% of the employer's contributions to the Plan; and (ii) effective for contributions earned on or after April 1, 2011, the surcharge is 10% of the employer's contributions to the Plan. Surcharges do not generate benefit accruals and are included in employer contributions on the consolidated statement of changes in net assets available for benefits.

On March 17, 2021, Trustees of the Plan decided to withdraw the Plan's application to reduce benefits under the Multiemployer Pension Reform Act and the U.S. Department of Treasury was notified of the decision. Under the American Rescue Plan Act of 2021, the Plan is eligible for financial relief and the Plan had filed an application for Special Financial Assistance on March 10, 2023. This initial application was withdrawn, and a revised application was submitted on August 4, 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Principles of Consolidation

The consolidated financial statements include the accounts of the Plan and the Plan's wholly owned subsidiary, AFM 14 PENN LLC ("Penn"). Penn was organized on November 28, 2012, for the purpose of entering into a new lease for office space for the Plan.

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Use of Estimates

The preparation of consolidated financial statements in accordance 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 changes therein; fair value measurement of investments; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Cash Equivalents

Highly liquid investments with a maturity of three months or less, when acquired, are considered cash equivalents. Cash equivalents include money market funds and are valued at cost, which approximates fair value.

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. Investment policies, guidelines and procedures have been established by the Trustees of the Plan and may be modified or amended only at the direction of the Trustees. In establishing and determining the reasonableness of investment valuations, management enlists the assistance of an investment consultant, who reviews and monitors the performance of investments to ensure adherence to those policies, guidelines and procedures. See the note on fair value measurements.

Realized and unrealized gains and losses on the value of investments are recognized in net depreciation in fair value of investments on the consolidated statement of changes in net assets available for benefits. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales are recorded on a trade-date basis.

Employer Contributions Receivable

For the period April 1, 2022 through December 31, 2022, and the year ended March 31, 2022, the Plan reported as employer contributions receivable any contributions due to the Plan as of the year-end date which related to engagements performed on or before the respective year-end. No provision for uncollectible accounts has been reported, as management believes all receivables to be collectible.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor the contributing employers' compliance with their obligation to make contributions. It is the Plan's policy that any additional employer contributions that are due to the Plan based on the engagements are recorded as income in the period in which such amounts are received.

Employers' Withdrawal Liability

Each contributing employer is required to pay the Plan all amounts due as withdrawal liability resulting from a partial or complete withdrawal from the Plan, in accordance with Article XIII of the Agreement and Declaration of Trust of the Plan and ERISA.

Withdrawal liability represents a withdrawing employer's share of the unfunded vested benefit liability ("UVB") of the Plan. The UVB arises when the actuarial present value of a Plan's vested accrued benefits exceeds the fair value of the Plan's net assets available for benefits. A portion of the Plan's actuarially determined UVB is allocated to a withdrawing employer. For a complete withdrawal, the Plan determines the amount of withdrawal liability using the "one-pool" method, set forth in ERISA.

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During the period April 1, 2022 through December 31, 2022, management of the Plan adjusted previous years' withdrawal liability estimates. The adjustments are reflected on the consolidated statement of changes in net assets available for benefits as withdrawal liability assessment adjustments. As of December 31, 2022 and March 31, 2022, the Plan recognized receivables from withdrawing employers in the amount of \$11,188,195 and \$9,085,282, respectively. The allowance for doubtful accounts, totaling \$10,586,284 and \$8,557,651 as of December 31, 2022 and March 31, 2022, respectively, was estimated based on an analysis by management and recognized as a reduction of the receivables.

Fixed Assets and Depreciation and Amortization

Fixed assets are capitalized at cost. Costs of major additions, replacements and improvements are capitalized. Maintenance and repairs which do not improve or extend the useful lives of the respective assets are charged to expense as incurred. Depreciation and amortization is computed using the straight-line method over the estimated useful lives of the assets as follows:

<u>Description</u>	<u>Estimated Life (Years)</u>
Computer software	3-10
Computer equipment	5
Office furniture and equipment	10
Leasehold improvements	Lesser of the estimated life or the remaining term of lease

Recognition of Benefits

Benefits are recorded when paid.

Leases

The Plan recognizes a lease liability and a right-of-use asset on the consolidated statements of net assets available for benefits for all operating leases with contractual terms longer than 12 months. Finance leases are general those leases that allow the Plan to substantially utilize or pay for the entire asset over its useful life. All other leases are categorized as operating leases. Leases with contractual terms of 12 months or less are not recorded on the consolidated statements of net assets available for benefits. The Plan had no financing leases at December 31, 2022.

Certain lease contracts include obligations to pay for other services, such as operations, property taxes, and maintenance. For the lease of the property, the Plan does not account for these other services as a component of the lease.

The lease liability is recognized at the present value of the fixed lease payments, using the risk-free rate as the discount rate. The weighted average remaining lease term at December 31, 2022, was 5.83 years. The weighted average discount rate at December 31, 2022, was 2.55%. The right-of-use asset is recognized based on the initial present value of the fixed lease payments, plus any direct costs from executing the lease. The lease asset is tested for impairment in the same manner as long-lived assets used in operations.

Options to extend lease terms, terminate leases before the contractual expiration date, or purchase the leased assets, are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease. Costs associated with operating lease assets are recognized on a straight-line basis within operating expenses over the term of the lease.

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Recently Adopted Accounting Standards

In February 2016, the Financial Accounting Standards Board ("FASB") issued an Accounting Standards Update ("ASU") amending the accounting for leases. The Plan adopted the new standard effective April 1, 2022, using the modified retrospective approach. Prior periods were not adjusted upon adoption, as the Plan utilized the practical expedient available under the guidance. Further, the Plan elected to implement the package of practical expedients, whereby the Plan did not (i) reassess existing contracts for embedded leases, (ii) reassess existing lease agreements for finance or operating classification, or (iii) reassess existing lease agreements in consideration of initial direct costs. The implementation of this standard did not have a material impact to the consolidated statement of changes in net assets available for benefits.

Upon adoption, the Plan recognized \$6,758,266 in a right-of-use asset for its leased property. Corresponding lease liabilities of \$7,623,955 were also recognized. Deferred rent liabilities of \$872,026 were reclassified and netted against the right-of-use asset. There was no cumulative effect of applying the new standard and accordingly there was no adjustment to net assets upon adoption.

Subsequent Events

In preparing these consolidated financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2022, for potential recognition or disclosure in the consolidated financial statements. These events and transactions were evaluated through October 11, 2023, the date that the consolidated financial statements were available to be issued, and no items, other than noted in Note 13, 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, including lump-sum distributions, that are attributable under the Plan's provisions to the service 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 participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on a basic monthly amount for each \$100 of contributions made to the Plan on a participant's behalf.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, Milliman, Inc., and is that 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.

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The assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the benefit obligations. The computation of the actuarial present value of accumulated plan benefits was made as of April 1, 2022. Had the valuation been performed as of March 31, 2022, there would be no material difference. The following were significant assumptions used in the valuation as of April 1, 2022:

Investment Earnings

7.00% (net of investment-related administrative expenses).

The current liability interest rate assumption is 1.88%.

March 2022 PBGC interest rates for mass withdrawal purposes of 2.37% for first 20 years and ultimate rate of 2.03% for unfunded vested benefit liability for withdrawal liability calculations.

Actuarial Cost Method

Unit Credit Actuarial Cost Method.

Actuarial Value of Assets

The fair value of assets is adjusted by smoothing the differences between the expected fair value of assets and the actual fair value of assets from the past five years. In accordance with the special asset valuation rule under funding relief, the amount of the difference in the expected fair value of assets and the actual fair value of assets for the Plan year ending March 31, 2009, is amortized over a 10-year period. The expected value of assets for each year is the fair value of assets at the valuation date for the prior year brought forward with interest at the valuation rate to the current year plus contributions minus benefit payments and administrative expenses, all adjusted with interest at the valuation rate from the prior year to the valuation date for the current year. The actuarial value of assets is the resulting amount except that if the resulting amount is greater than 120% of the fair value, the actuarial value of assets is set equal to 120% of the fair value of assets and if the resulting amount is less than 80% of the fair value, the actuarial value of assets is set equal to 80% of the fair value of assets.

Mortality Rates

Employee: RP-2006 Employee Mortality Table and Mortality Improvement Scale MP-2021 on a generational basis for males and females.

Annuitant: Plan-specific mortality rates developed using Internal Revenue Service ("IRS") Revenue Procedure 2017-55 with 2017 base year and Mortality Improvement Scale MP-2021 on a generational basis for males and females.

Disabled: RP-2006 Disabled Annuitant Mortality Table and Mortality Improvement Scale MP-2021 on a generational basis for males and females.

Termination Rates

Termination rates have been separated into two groups: (1) participants who earned less than \$10,000, or (2) participants who earned \$10,000 or more in the plan year prior to the valuation date.

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Sample rates are shown below for participants who earned less than \$10,000 in the plan year prior to the valuation date:

<u>Attained Age</u>	<u>0 - 2* (Select)</u>	<u>2 - 3 (Select) (Select)</u>	<u>3 - 4 (Select)</u>	<u>4 or More (Ultimate)</u>
20	35%	30%	20%	20%
25	35%	30%	20%	20%
30	40%	35%	25%	20%
35	45%	40%	30%	20%
40	45%	40%	30%	20%
45	45%	40%	30%	20%
50	45%	35%	30%	20%
55	45%	35%	30%	20%
60	45%	35%	30%	20%
64	45%	35%	30%	20%
65	0%	0%	0%	0%

* Participants with less than one year of service are not included for valuation purposes. Therefore, this select period with respect to the present value of benefits only impacts participants who have accrued between 1 and 2 years of vesting service as of the valuation date. Nonetheless, this select period has an impact on the Normal Cost (which spreads liability from entry age to retirement age) for all participants.

Sample rates are shown below for participants who earned \$10,000 or more in the plan year prior to the valuation date:

<u>Attained Age</u>	<u>Termination Rate</u>
20	6.0%
25	6.0%
30	6.0%
35	4.0%
40	4.0%
45	4.0%
50	3.0%
55	3.0%
60	3.0%
64	3.0%
65	0.0%

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Retirement Rates

<u>Attained Age</u>	<u>Retirement Rate</u>
55-61	1.0%
62-63	2.0%
64	15.0%
65	50.0%
66-69	20.0%
70 and over	100.0%

Disability Rates

None

Pre-retirement Death Benefits

80% of the participants are assumed to have beneficiaries. Male participants are assumed to be three years older than female beneficiaries and female participants are assumed to be three years younger than male beneficiaries.

Administrative Expenses

\$19.7 million for the 2022-2023 Plan year based on the Fund office's estimated administrative expenses budget for the 2022-2023 Plan year. For FASB ASC Topic 960 plan accounting, the present value of the administrative expenses was calculated by projecting the payment of expected administrative expenses for the duration of the Plan's liabilities. The duration of the Plan's liabilities was calculated to be 12 years at March 31, 2022. Projected administrative expenses were increases 2.25% per annum after the valuation year, then discounted using the Plan's investment return assumption of 7.0%.

Future Benefits Accruals

Current actives until retirement and current in-pay retirees under 65 until age 65: Future years' contributions are assumed to increase by 2.25% per year from those contributions reported for the prior pension credit year.

Current in-pay retirees at or over 65: Future years' contributions are assumed to be equal to contributions reported for the prior pension credit year.

<u>Attained Age</u>	<u>Annual Contribution Amount</u>
55-75	\$ 750
76-85	\$ 250

Assumed Age of Commencement of Deferred Benefits

Age 65.

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Special Amortization Rule

The Plan's investment loss for the Plan year ended March 31, 2009, is treated separately from other investment gains/losses, to be amortized in equal installments over the period from April 1, 2009 through March 31, 2039.

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

For funding purposes, the current liability mortality assumption was updated, as mandated by the IRS.

Significant Changes in Actuarial Assumptions

In developing the actuarial present value of accumulated plan benefits as of April 1, 2022, the following changes in actuarial assumptions were made from the assumptions used for the April 1, 2021, valuation.

- The mortality projection scaled was changed to MP-2021 from MP-2020.
- The assumption for future contribution increases was changed to 1.9% per year from the Plan year ending March 31, 2020, through the Plan year ending March 31, 2029, and 1.0% per year thereafter from 2.25% per year.
- The ultimate return to work percentage was updated from 98% to 100%.
- Terminated vested participants ages 85 and over as of the valuation date are assumed to never commence benefits and therefore excluded from the valuation. Previously, all terminated vested participants were assumed to commence benefits and included in the valuation.
- The assumption for retroactive payments to participants beyond Required Beginning Date was changed to exclude interest from the Required Beginning Date. This change was made to conform to Plan practice.
- The administrative expense assumption was changed to \$19.7 million from \$19.0 million based on the Fund office's administrative expense budget for the Plan year ending March 31, 2023.
- For Current Liability purposes, the interest rate changed to 1.88% from 2.02%. The statutory mortality rates also have been updated as required by law.
- For withdrawal liability purposes, the interest rate was changed to 2.37% for the first 20 years and ultimate rate of 2.03% from 1.69% for the first 20 years and ultimate rate of 1.66%.

4. FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America define fair value as 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, establish a fair value reporting hierarchy and define three broad levels of inputs (the assumptions that market participants would use in pricing the asset or liability) as noted below:

Level 1 - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Inputs are 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.

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Level 3 - Valuation is based on unobservable inputs for the asset or liability. Level 3 assets may include financial instruments whose value is determined using pricing models with internally developed assumptions, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodology was not changed during the period April 1, 2022 through December 31, 2022, and year ended March 31, 2022.

- *Corporate stocks and futures* - valued at closing quoted market prices in active markets in which the securities are traded.
- *Corporate bonds, asset-backed securities, and other bonds* - valued using quoted prices of like assets, corroborated market data, indices and/or yield curves.
- *U.S. government bonds and U.S. agency obligations* - valued using closing quoted market prices in active markets in which the securities are traded.
- *Short-term investments* - valued at cost which approximates fair value.
- *Registered investment companies* - mutual funds are valued at closing quoted market prices in active markets which represent the net asset value of shares ("NAV") held by the Plan at year end. Other registered investment companies are valued on the basis of the NAV per share of the last business day of the year.
- *Collective trusts* - valued at NAV. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. The NAV of these investments is based on the fair value of the underlying assets held by the fund less its liabilities.
- *Limited partnerships* - valued at NAV. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. The NAV of these investments is based on the fair value of the underlying assets held by the fund less its liabilities.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the period April 1, 2022 through December 31, 2022, and the year ended March 31, 2022, there were no transfers in or out of Level 3.

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As of December 31, 2022 and March 31, 2022, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	December 31, 2022			Total Fair Value
	Level 1	Level 2	Level 3	
Corporate stocks and futures	\$ 82,152,636	\$ -	\$ -	\$ 82,152,636
Corporate bonds, asset-backed securities, and other bonds	-	9,475,523	-	9,475,523
U.S. Government bonds and U.S. agency obligations	17,909,862	8,327,010	-	26,236,872
Short-term investments	-	75,122,362	-	75,122,362
Registered investment companies	47,142,014	-	-	47,142,014
Total investments in the fair value hierarchy	<u>\$ 147,204,512</u>	<u>\$ 92,924,895</u>	<u>\$ -</u>	240,129,407
Investments measured at NAV				<u>1,416,030,791</u>
Total investments - fair value				<u>\$ 1,656,160,198</u>

	March 31, 2022			Total Fair Value
	Level 1	Level 2	Level 3	
Corporate stocks and futures	\$ 103,031,056	\$ -	\$ -	\$ 103,031,056
Corporate bonds, asset-backed securities, and other bonds	-	21,147,313	-	21,147,313
U.S. Government bonds and U.S. agency obligations	32,720,696	9,394,638	-	42,115,334
Short-term investments	-	66,808,785	-	66,808,785
Registered investment companies	53,121,238	-	-	53,121,238
Total investments in the fair value hierarchy	<u>\$ 188,872,990</u>	<u>\$ 97,350,736</u>	<u>\$ -</u>	286,223,726
Investments measured at NAV				<u>1,633,609,237</u>
Total investments - fair value				<u>\$ 1,919,832,963</u>

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The following table sets forth a summary of investments held by the Plan reported at NAV as of December 31, 2022 and March 31, 2022:

	December 31, 2022		March 31, 2022		Redemption Frequency	Redemption Notice Period
	Fair Value	Unfunded Commitment	Fair Value	Unfunded Commitment		
Absolute Return (a)	\$ 134,048,288	\$ 2,516,800	\$ 124,370,769	\$ 4,404,400	Upon Liquidation	Upon Liquidation
Developed ex. U.S. Equity (b)	104,559,659	-	139,992,255	-	Daily/Monthly	5 to 9 days
Emerging Market (c)	70,407,928	-	118,601,469	-	Daily/Monthly/ Quarterly/Annual	7 to 45 days
Fixed Income (d)	62,252,254	-	81,646,491	-	Daily	Prior to the valuation date
Global Managers (e)	120,076,773	1,579,565	154,428,135	-	Daily/Monthly/ Annually	10 to 60 days
Hedged Equity (f)	149,040,809	-	198,257,736	-	Upon Liquidation	Upon Liquidation
Private Equity Fund (g)	755,545,159	242,923,850	783,004,115	298,061,711	Upon Liquidation	Upon Liquidation
Private Real Estate (h)	1,539,635	10,438,917	3,741,052	10,520,504	Quarterly/at Partner's	General Partner's
U.S. Equity (i)	18,560,286	-	29,567,215	-	Daily	None
	<u>\$ 1,416,030,791</u>	<u>\$ 257,459,132</u>	<u>\$ 1,633,609,237</u>	<u>\$ 312,986,615</u>		

- a) These funds generally invest in diversified portfolios across global markets in order to achieve risk-adjusted targeted returns by taking advantage of perceived opportunities in current economic environments. Investment strategies include long-short, hedge and arbitrage without restriction to investment type, sector or geography.
- b) These funds generally invest in the stocks located in the developed countries across the world.
- c) These funds generally are diversified, core portfolio seeking to identify growing countries and companies that could potentially benefit within emerging markets.
- d) These funds generally aim to deliver diversification, income, total return and capital preservation for investors in various debt instruments.
- e) These funds generally invest in stock or other securities representing ownership interest in public companies across the globe to provide portfolio return.
- f) These funds generally invest in portfolio diversification that reduce overall volatility by investing in assets and strategies that tend to have lower market exposure and lower correlations to the equity and fixed income markets.
- g) These funds generally invest in established, mature companies or business units to provide increase expected return and help diversify the total portfolio. These investments are across various sectors.
- h) These funds generally invest in real estate seeking potential increase in value opportunities.
- i) These funds generally achieve long-term capital appreciation primarily through investing in equity securities of issuers domiciled, traded or with the majority of their revenues or operations in the United States.

5. DERIVATIVE FINANCIAL INSTRUMENTS

The Plan is exposed to certain risks relating to its ongoing investment operations. The primary risk managed by using derivative instruments is interest rate risk.

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The Plan enters into interest rate contracts such as fixed-income futures contracts in the normal course of its investment activities to reduce the interest rate risk associated with its fixed-income investments, as substitutes for the underlying fixed income securities, and as a duration management tool to enhance portfolio returns. Treasury futures are used to implement yield curve strategies.

Upon entering into a futures contract, the Plan is required to deposit either cash or securities in an amount equal to a certain percentage of the nominal value of the contract as specified by the exchange. Subsequent payments are then made or received by the Plan, depending on daily fluctuation in the value of the underlying contracts. Such receipts or payments are included in the net depreciation in fair value of investments on the consolidated statement of changes in net assets available for benefits. As of December 31, 2022 and March 31, 2022, the fair value of futures contracts in the consolidated statements of net assets available for benefits is \$(514,494) and \$(3,208,533) respectively, and is included in corporate stocks and futures in the fair value hierarchy table.

While these contracts involve elements of market risk in excess of amounts recognized in the consolidated statements of net assets available for benefits, the investment manager employs risk controls at the portfolio and individual security levels by which the duration impact of the futures contracts is evaluated and monitored to ensure that duration bands for the portfolio of fixed income securities are within the investment policy guidelines.

The risk of counterparty nonperformance associated with the use of fixed-income and equity futures are considered to be modest as performance is assured by the futures exchanges, which provide multiple layers of protection, such as the collection of variation margin on a daily basis and the use of standardized contracts to facilitate liquidity.

U.S. Treasury bonds and equities owned and included in the investments of the Plan in the consolidated statements of net assets available for benefits, with a fair value of \$4,214,553 and \$5,752,162 at December 31, 2022 and March 31, 2022, respectively, were held by the Plan's brokers as collateral on fixed-income futures contracts.

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At December 31, 2022 and March 31, 2022, the Plan had futures contracts to purchase and sell as follows:

	<u>Number of Contracts</u>	<u>Maturity Date</u>	<u>Notional Amount</u>	
			<u>December 31, 2022</u>	<u>March 31, 2022</u>
Fixed income futures				
Future U.S. Treasury Note 2 Year	89	Mar-23	\$ 15,973,594	\$ 22,039,876
Future U.S. Treasury Note 5 Year	148	Mar-23	18,251,954	19,840,938
Future U.S. Treasury Note 10 Year	97	Mar-23	10,892,797	11,427,375
Future U.S. Treasury Long Bond	53	Mar-23	6,643,219	6,452,688
Future U.S. Treasury Ultra T-Bond	56	Mar-23	7,521,500	9,387,625
Future U.S. Treasury Ultra 10 Year	61	Mar-23	<u>7,215,156</u>	<u>7,721,719</u>
Total fixed income futures			<u>66,498,220</u>	<u>76,870,219</u>
Equity futures				
Mini MSCI EAFE Future	(131)	Mar-23	(12,768,570)	(14,474,700)
Mini MSCI EMG Mkt Future	(51)	Mar-23	(2,446,470)	(3,657,875)
MSCI Emer Mkt Future	370	Mar-23	21,130,700	-
MSCI India	(16)	Mar-23	(1,496,480)	(4,263,450)
S & P 500 Emini Index Future	(103)	Mar-23	<u>(19,884,150)</u>	<u>(2,718,450)</u>
Total equity futures			<u>(15,464,970)</u>	<u>(25,114,475)</u>
			<u>\$ 51,033,250</u>	<u>\$ 51,755,744</u>

Notional amounts do not quantify risk or represent assets or liabilities of the Plan but are used in the calculation of cash settlements under the contracts.

For the period ended December 31, 2022 and year ended March 31, 2022, the recognized loss in net depreciation in fair value of investments of derivatives designated as hedging instruments under ASC 815-20, *Derivatives and Hedging*, on the Plan's consolidated statements of net assets available for benefits was as follows:

	<u>December 31, 2022</u>	<u>March 31, 2022</u>
Fixed income and equity future contracts	\$ <u>(514,494)</u>	\$ <u>(3,208,533)</u>

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6. FIXED ASSETS

At December 31, 2022 and March 31, 2022, fixed assets consisted of the following:

	<u>December 31, 2022</u>	<u>March 31, 2022</u>
Computer software	\$ 14,500,495	\$ 14,500,462
Computer equipment	3,812,084	3,746,344
Office furniture and equipment	1,507,378	1,507,103
Leasehold improvements	<u>1,662,504</u>	<u>1,662,504</u>
	21,482,461	21,416,413
Accumulated depreciation and amortization	<u>(21,333,064)</u>	<u>(21,263,359)</u>
	<u>\$ 149,397</u>	<u>\$ 153,054</u>

Depreciation and amortization expense for the period April 1, 2022 through December 31, 2022, was \$69,707.

7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the custodian. Any purchases and sales of these investments are made at fair value and qualify as party-in-interest transactions under ERISA. Such transactions are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

8. EMPLOYEE PENSION BENEFITS

The Plan provides pension benefits to Plan employees. With regard to these benefits, the Plan computes an appropriate contribution amount each year and recognizes both contribution revenue and administrative expense in an equal amount. For the period April 1, 2022 through December 31, 2022, the Plan recognized contributions and administrative expense of \$373,630. This amount was less than 5% of contributions to the Plan for the period.

9. TAX STATUS

The Plan is a qualified plan under Section 401(a) of the Internal Revenue Code ("IRC"), and its trust is exempt from Federal income taxes under Section 501(a). However, the Plan is subject to income tax on unrelated business income. Unrelated business income arises from certain investments of the Plan, but the amount of income and resulting tax is insignificant. The Plan obtained a favorable determination letter dated February 4, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a 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 analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and March 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability in the consolidated financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

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10. RISKS AND UNCERTAINTIES

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

The Plan has significant cash balance at financial institutions which throughout the year regularly exceed the federally insured limit of \$250,000. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's net assets available for benefits and changes in net assets available for benefits.

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

11. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and other participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by the governing documents and in accordance with ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time of the priority of those benefits.

The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. Moreover, the PBGC guarantees apply only when the Plan becomes insolvent, that is, when available resources are insufficient to pay benefits under the Plan. Additional information describing pension guarantees can be found in the SPD, as well as the annual funding notice.

12. LEASE COMMITMENTS

On December 10, 2012, Penn entered into a fifteen-year lease agreement for office premises located in New York City. The lease and rent commencement dates were May 1, 2013 and November 1, 2013, respectively, which provided a rent abatement of six months. The Plan has guaranteed all of Penn's obligations under the lease.

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The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liability for years subsequent to December 31, 2022:

2023	\$ 1,236,463
2024	1,279,100
2025	1,279,100
2026	1,279,100
2027	1,279,100
Thereafter	<u>1,065,917</u>
Total future annual payments	7,418,780
Less: imputed interest	<u>(520,390)</u>
Total lease liability	<u>\$ 6,898,390</u>

Lease expense for operating leases, including amounts paid for variable lease expense of \$157,710, was \$1,021,102 for the period ended December 31, 2022, which is included in administrative expenses on the consolidated statement of changes in net assets available for benefits. Operating cash flows from measurement of operating leases was \$863,393.

13. SUBSEQUENT EVENTS

On March 10, 2023, the Plan applied for \$1.5 billion of Special Financial Assistance ("SFA") under the American Rescue Plan Act of 2021 ("ARPA"). The application was withdrawn on June 30, 2023, after extensive discussions with the PBGC, in order to make some revisions that the PBGC requested. The Plan refiled a revised application on August 4, 2023. Although the process of resubmitting may delay the receipt of the special financial assistance by a few months, the Plan expects to receive the funds by the end of 2023 and the PBGC pays interest on the assistance amount from December 31, 2022, to the date it is paid.

In March 2023, the IRS approved the Plan's request for a change in plan year effective April 1, 2022. The Plan's fiscal year (called the "Plan Year") changed from an April 1 to March 31 period to a January 1 to December 31 period.

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
American Federation of Musicians and Employers' Pension Fund and Subsidiary:

We have audited the financial statements of American Federation of Musicians and Employers' Pension Fund and Subsidiary as of and for the years ended December 31, 2022 and March 31, 2022, and have issued our report thereon, dated October 11, 2023, 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 of schedule H, line 4i, schedule of assets (held at end of year) as of December 31, 2022 and schedule H, line 4j, schedule of reportable transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing principles generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 11, 2023

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 51-6120204, Plan Number 001
December 31, 2022

(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		
Interest Bearing Cash								
	CASH COLLATERAL HELD AT MORGAN	STIF	N/A	N/A	N/A	160,000	\$ 160,000	\$ 160,000
	FIDELITY INV MMKT TREAS 680	STIF	N/A	VAR RT	12/31/2049	45,874,551	45,874,551	45,874,551
	FIDELITY INV MMKT TREAS 680	STIF	N/A	VAR RT	12/31/2049	21,702,813	21,702,813	21,702,813
	MORGAN STANLEY CASH COLLATERAL	STIF	N/A	VAR RT	1/1/2049	50,000	50,000	50,000
	MS ICE CCP COLLAT	STIF	N/A	VAR RT	1/1/2049	304,000	304,000	304,000
	PIMCO FDS	STIF	N/A	FLTG	N/A	702,748	7,030,998	7,030,998
							<u>75,122,362</u>	<u>75,122,362</u>
U.S. Government Securities								
	CCP_CDS. SP UL GENERAL ELECTRI	Gov't	N/A	1.000%	12/20/2024	100,000	-	834
	CCP_CDS. SP UL GENERAL ELECTRI	Gov't	N/A	1.000%	6/20/2024	200,000	-	1,456
	CCP_CDS. SP UL GENERAL ELECTRI	Gov't	N/A	N/A	12/20/2024	(100,000)	(2,872)	-
	CCP_CDS. SP UL GENERAL ELECTRI	Gov't	N/A	N/A	6/20/2024	(200,000)	(4,013)	-
	CCP_CDX. SP UL CDX.NA.IG.39 CM	Gov't	N/A	1.000%	12/20/2027	1,800,000	650	14,393
	CCP_CDX. SP UL CDX.NA.IG.39 CM	Gov't	N/A	N/A	12/20/2027	(1,800,000)	(521)	-
	CCP_IRS. P CAD-BA-CDOR 3M CME	Gov't	N/A	2.070%	11/22/2023	7,300,000	-	(134,677)
	CCP_IRS. P CAD-BA-CDOR 3M CME	Gov't	N/A	4.740%	11/22/2023	(7,300,000)	(134,655)	-
	CDS. SP UL UNITED MEXICAN STAT	Gov't	N/A	1.000%	12/20/2024	(100,000)	(595)	-
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	179	179	179
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	2,510	2,510	2,510
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	19	19	19
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	5,109,749	5,109,749	5,109,749
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	183,770	183,770	183,770
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	1,322,457	1,322,457	1,322,457
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	28,672	28,672	28,672
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	4.260%	12/31/2049	215,214	215,214	215,214
	COMMIT TO PUR FNMA SF MTG	Gov't	N/A	2.500%	2/1/2053	3,400,000	2,933,430	2,885,614
	COMMIT TO PUR FNMA SF MTG	Gov't	N/A	3.000%	2/1/2053	2,800,000	2,497,688	2,462,376
	COMMIT TO PUR FNMA SF MTG	Gov't	N/A	3.500%	2/1/2053	3,400,000	3,136,500	3,094,306
	U S TREASURY BOND	Gov't	N/A	2.380%	5/15/2051	600,000	665,836	434,532
	U S TREASURY BOND	Gov't	N/A	1.750%	8/15/2041	2,700,000	2,634,584	1,861,407
	U S TREASURY BOND	Gov't	N/A	2.000%	11/15/2041	800,000	815,978	575,408
	U S TREASURY BOND	Gov't	N/A	3.000%	8/15/2052	400,000	348,813	332,624
	U S TREASURY BOND	Gov't	N/A	4.000%	11/15/2052	300,000	325,500	303,093
	U S TREASURY NOTE	Gov't	N/A	0.250%	9/30/2025	4,700,000	4,697,131	4,224,313
	U S TREASURY NOTE	Gov't	N/A	0.630%	7/31/2026	1,900,000	1,852,981	1,680,911
	U S TREASURY NOTE	Gov't	N/A	3.130%	8/31/2027	1,700,000	1,696,480	1,637,712
							<u>28,325,485</u>	<u>26,236,872</u>
Corporate Debt Instruments - Preferred								
	AVOLON HOLDINGS FUNDING L 144A	Bonds	N/A	2.530%	11/18/2027	12,000	12,116	9,607
	BOC AVIATION LTD 144A	Bonds	N/A	3.500%	10/10/2024	400,000	412,672	386,120
	CARLYLE FINANCE SUBSIDIAR 144A	Bonds	N/A	3.500%	9/19/2029	200,000	199,682	169,614
	CENTEX HOME EQUITY LOAN T D M5	Bonds	N/A	5.470%	10/25/2035	400,000	396,096	388,108
	CLNC 2019-FL1 LTD FL1 A 144A	Bonds	N/A	5.850%	8/20/2035	216,540	216,540	212,803
	EMPRESA DE TRANSPORTE DE 144A	Bonds	N/A	3.650%	5/7/2030	200,000	199,518	181,714
	HIGHWOODS REALTY LP	Bonds	N/A	3.050%	2/15/2030	100,000	94,317	79,824
	KILROY REALTY LP	Bonds	N/A	3.050%	2/15/2030	100,000	93,541	80,241
	NORTHWESTERN UNIVERSITY	Bonds	N/A	2.640%	12/1/2050	100,000	100,000	65,325
	NOVASTAR MORTGAGE FUNDING 3 M2	Bonds	N/A	5.210%	11/25/2036	104,220	102,136	101,924
	PACIFIC GAS AND ELECTRIC CO	Bonds	N/A	3.750%	8/15/2042	100,000	104,284	67,436
	SMBC AVIATION CAPITAL FIN 144A	Bonds	N/A	3.550%	4/15/2024	500,000	513,180	483,495
	SOUTHERN CALIFORNIA EDISON CO	Bonds	N/A	6.650%	4/1/2029	200,000	245,478	206,740
	TOWD POINT MORTGA GR4A A1 144A	Bonds	N/A	4.570%	10/20/2051	188,790	249,580	226,388
	TOWD POINT MORTGAG HY2 A1 144A	Bonds	N/A	5.510%	5/25/2058	103,225	103,435	102,256
	TOWD POINT MORTGAGE V2A A 144A	Bonds	N/A	4.420%	2/20/2054	281,785	360,977	337,841
							<u>3,403,552</u>	<u>3,099,436</u>
Corporate Debt Instruments								
	ABFC 2005-WF1 TRUST WF1 M5	Bonds	N/A	5.450%	7/25/2034	217,231	212,895	211,691
	AON CORP	Bonds	N/A	2.800%	5/15/2030	265,000	264,907	226,843
	ARES FINANCE CO II LLC 144A	Bonds	N/A	3.250%	6/15/2030	150,000	149,657	124,067
	AVIATION CAPITAL GROUP LL 144A	Bonds	N/A	3.880%	5/1/2023	300,000	296,475	297,558
	AVOLON HOLDINGS FUNDING L 144A	Bonds	N/A	4.250%	4/15/2026	200,000	199,950	181,614
	BARCLAYS PLC	Bonds	N/A	8.000%	12/31/2049	200,000	200,000	194,322
	BEAR STEARNS ASSET BAC HE10 M1	Bonds	N/A	5.480%	12/25/2034	205,885	205,756	201,667
	BGC PARTNERS INC	Bonds	N/A	4.380%	12/15/2025	100,000	100,123	93,774
	CORP GEO SAB DE CV 144A	Bonds	N/A	8.880%	3/27/2022	600,000	600,000	60
	CREDIT SUISSE GROUP AG REGS	Bonds	N/A	7.500%	12/31/2049	300,000	337,200	261,000
	CRESTLINE DENALI C 1A AR2 144A	Bonds	N/A	5.960%	10/23/2031	250,000	250,000	245,329
	CUBESMART LP	Bonds	N/A	4.380%	2/15/2029	150,000	165,429	138,656
	CUSHMAN & WAKEFIELD US BO 144A	Bonds	N/A	6.750%	5/15/2028	100,000	100,000	95,436
	DSLA MORTGAGE LOAN TR AR1 2A1A	Bonds	N/A	4.970%	2/19/2045	43,459	42,284	41,751
	EDGEWELL PERSONAL CARE CO 144A	Bonds	N/A	5.500%	6/1/2028	100,000	100,000	93,523

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 51-6120204, Plan Number 001
December 31, 2022

(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
	FAIRFAX FINANCIAL HOLDINGS LTD	Bonds	N/A	4.630%	4/29/2030	150,000	150,000	136,443
	GE-WMC ASSET-BACKED PASS 1 M1	Bonds	N/A	5.170%	10/25/2035	133,261	132,095	124,461
	GOODMAN US FINANCE THREE 144A	Bonds	N/A	3.700%	3/15/2028	100,000	109,686	90,370
	GREYSTONE CRE NOTES FL2 A 144A	Bonds	N/A	5.630%	9/15/2037	278,789	278,789	274,570
	IPALCO ENTERPRISES INC	Bonds	N/A	4.250%	5/1/2030	50,000	51,773	44,543
	JELD-WEN INC 144A	Bonds	N/A	6.250%	5/15/2025	100,000	100,000	93,534
	LLOYDS BANKING GROUP PLC	Bonds	N/A	7.500%	12/31/2049	350,000	334,600	337,649
	LONG BEACH MORTGAGE LOAN 4 M2	Bonds	N/A	5.480%	10/25/2034	178,101	177,767	173,239
	MORGAN STANLEY REGS	Bonds	N/A	0.000%	4/2/2032	300,000	254,550	171,474
	NEW CENTURY HOME EQUITY L B M1	Bonds	N/A	5.480%	10/25/2033	128,490	127,321	122,428
	NEWCREST FINANCE PTY LTD 144A	Bonds	N/A	3.250%	5/13/2030	100,000	99,678	83,695
	NVR INC	Bonds	N/A	3.000%	5/15/2030	225,000	224,993	189,437
	PACIFIC NATIONAL FINANCE REGS	Bonds	N/A	4.750%	3/22/2028	200,000	191,336	177,061
	REGENCY CENTERS LP	Bonds	N/A	3.700%	6/15/2030	200,000	199,610	174,968
	RENAISSANCE HOME EQUITY 2 AF5	Bonds	N/A	5.200%	8/25/2035	400,000	404,000	350,212
	SEMPRA ENERGY	Bonds	N/A	4.880%	12/31/2049	300,000	300,000	277,404
	SOUNDVIEW HOME LOAN TR CTX1 M4	Bonds	N/A	5.440%	11/25/2035	372,086	371,620	367,520
	SPIRIT REALTY LP	Bonds	N/A	3.400%	1/15/2030	100,000	84,782	83,283
	STORE CAPITAL CORP	Bonds	N/A	4.630%	3/15/2029	100,000	92,292	89,856
	TOWD POINT MORTGA A13A A1 144A	Bonds	N/A	4.780%	7/20/2045	201,504	246,398	238,826
	UBS AG REGS	Bonds	N/A	5.130%	5/15/2024	100,000	101,629	98,619
	UNITED AIRLINES 2012-1 CLASS A	Bonds	N/A	4.150%	10/11/2025	106,484	96,368	103,134
	VMWARE INC	Bonds	N/A	4.650%	5/15/2027	160,000	178,738	155,087
							7,532,701	6,365,104
Common Stock								
	AERCAP HOLDINGS NV	Common	N/A	N/A	N/A	12,690	657,892	740,081
	ALIGN TECHNOLOGY INC	Common	N/A	N/A	N/A	3,743	737,634	789,399
	ALPHABET INC	Common	N/A	N/A	N/A	26,960	1,639,512	2,392,161
	ALPHABET INC	Common	N/A	N/A	N/A	27,725	2,735,313	2,460,039
	ALTERYX INC	Common	N/A	N/A	N/A	13,517	1,583,922	684,906
	AMAZON.COM INC	Common	N/A	N/A	N/A	21,808	2,128,883	1,831,872
	AON PLC	Common	N/A	N/A	N/A	3,354	584,927	1,006,670
	BLOCK INC	Common	N/A	N/A	N/A	28,672	2,107,028	1,801,748
	BOOKING HOLDINGS INC	Common	N/A	N/A	N/A	687	1,353,730	1,384,497
	CAPITAL ONE FINANCIAL CORP	Common	N/A	N/A	N/A	10,069	883,465	936,014
	CHARTER COMMUNICATIONS INC	Common	N/A	N/A	N/A	1,435	463,762	486,609
	CITIGROUP INC	Common	N/A	N/A	N/A	28,981	1,955,665	1,310,811
	COCA-COLA CO/THE	Common	N/A	N/A	N/A	21,175	1,205,332	1,346,942
	COMCAST CORP	Common	N/A	N/A	N/A	37,489	1,460,328	1,310,990
	CONOCOPHILLIPS	Common	N/A	N/A	N/A	9,408	926,922	1,110,144
	COSTAR GROUP INC	Common	N/A	N/A	N/A	10,260	307,246	792,893
	DIAGEO PLC	Common	N/A	N/A	N/A	7,325	1,230,744	1,305,242
	DICK'S SPORTING GOODS INC	Common	N/A	N/A	N/A	20,400	1,993,101	2,453,916
	DISH NETWORK CORP	Common	N/A	N/A	N/A	23,853	819,449	334,896
	ELEVANCE HEALTH INC	Common	N/A	N/A	N/A	1,272	402,066	652,498
	ESTEE LAUDER COS INC/THE	Common	N/A	N/A	N/A	3,060	654,999	759,217
	ETSY INC	Common	N/A	N/A	N/A	5,651	505,153	676,877
	EVOLUTION AB	Common	N/A	N/A	N/A	1,835	259,334	178,824
	GENERAL ELECTRIC CO	Common	N/A	N/A	N/A	18,671	1,483,279	1,564,443
	GOLDMAN SACHS GROUP INC/THE	Common	N/A	N/A	N/A	5,042	1,218,382	1,731,322
	HEINEKEN NV	Common	N/A	N/A	N/A	20,400	963,079	956,658
	HILTON WORLDWIDE HOLDINGS INC	Common	N/A	N/A	N/A	7,880	663,482	995,717
	HOME DEPOT INC/THE	Common	N/A	N/A	N/A	2,990	866,014	944,421
	IAC INC	Common	N/A	N/A	N/A	3,727	477,462	165,479
	INTEL CORP	Common	N/A	N/A	N/A	30,825	1,267,575	814,705
	INTERACTIVE BROKERS GROUP INC	Common	N/A	N/A	N/A	15,807	856,055	1,143,636
	LIBERTY BROADBAND CORP	Common	N/A	N/A	N/A	11,670	1,248,904	890,071
	LOCKHEED MARTIN CORP	Common	N/A	N/A	N/A	3,360	1,462,186	1,634,606
	MARRIOTT INTERNATIONAL INC/MD	Common	N/A	N/A	N/A	6,769	728,010	1,007,836
	MARRIOTT INTERNATIONAL INC/MD	Common	N/A	N/A	N/A	11,225	1,729,844	1,671,290
	MCDONALD'S CORP	Common	N/A	N/A	N/A	4,270	971,488	1,125,273
	META PLATFORMS INC	Common	N/A	N/A	N/A	14,031	2,685,249	1,688,491
	META PLATFORMS INC	Common	N/A	N/A	N/A	8,255	2,038,127	993,407
	MICROSOFT CORP	Common	N/A	N/A	N/A	11,559	1,295,382	2,772,079
	MICROSOFT CORP	Common	N/A	N/A	N/A	10,255	2,344,988	2,459,354
	MONDELEZ INTERNATIONAL INC	Common	N/A	N/A	N/A	24,725	1,506,963	1,647,921
	MORGAN STANLEY	Common	N/A	N/A	N/A	8,997	574,806	764,925
	NASPERS LTD	Common	N/A	N/A	N/A	5,751	229,304	190,922
	NESTLE SA	Common	N/A	N/A	N/A	8,250	877,400	955,367
	NETFLIX INC	Common	N/A	N/A	N/A	7,735	2,441,223	2,280,897
	NIKE INC	Common	N/A	N/A	N/A	8,875	943,156	1,038,464
	PEGASYSYSTEMS INC	Common	N/A	N/A	N/A	32,831	2,567,264	1,124,133
	PEPSICO INC	Common	N/A	N/A	N/A	6,150	914,281	1,111,059
	PLANET FITNESS INC	Common	N/A	N/A	N/A	7,054	510,709	555,855

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 51-6120204, Plan Number 001
December 31, 2022

(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		
	PREMIER BRANDS GROUP HOLDCO	Common	N/A	N/A	N/A	187	3,684	187
	PREMIER BRANDS GROUP HOLDCO	Common	N/A	N/A	N/A	589	1,145	29
	PROSUS NV	Common	N/A	N/A	N/A	54,162	842,367	745,107
	RALPH LAUREN CORP	Common	N/A	N/A	N/A	24,125	2,684,007	2,549,289
	REDFIN CORP	Common	N/A	N/A	N/A	91,438	4,187,174	387,697
	SAFRAN SA	Common	N/A	N/A	N/A	42,504	1,271,399	1,325,955
	SCHLUMBERGER LTD	Common	N/A	N/A	N/A	36,375	1,402,262	1,944,608
	SHELL PLC	Common	N/A	N/A	N/A	13,705	733,735	780,500
	STARBUCKS CORP	Common	N/A	N/A	N/A	8,500	798,423	843,200
	UNITED PARCEL SERVICE INC	Common	N/A	N/A	N/A	13,360	2,319,040	2,322,502
	UNITEDHEALTH GROUP INC	Common	N/A	N/A	N/A	3,150	764,761	1,670,067
	VISA INC	Common	N/A	N/A	N/A	2,384	478,674	495,300
	VISA INC	Common	N/A	N/A	N/A	7,570	1,531,559	1,572,743
	WALT DISNEY CO/THE	Common	N/A	N/A	N/A	4,832	549,101	419,804
	WAYFAIR INC	Common	N/A	N/A	N/A	11,962	1,393,681	393,430
	WELLS FARGO & CO	Common	N/A	N/A	N/A	38,861	1,531,787	1,604,571
	WILLIAMS-SONOMA INC	Common	N/A	N/A	N/A	19,705	2,559,400	2,264,499
	WOODWARD INC	Common	N/A	N/A	N/A	6,057	659,457	585,167
	WORKDAY INC	Common	N/A	N/A	N/A	9,893	1,323,606	1,655,396
	YUM! BRANDS INC	Common	N/A	N/A	N/A	12,625	1,353,603	1,617,008
							<u>85,849,884</u>	<u>82,152,636</u>
Partnership / Joint Venture Interest								
	1901 PARTNERS LP	P/JVI	N/A	N/A	N/A	1,465,888	9,138,900	1,483,037
	400 CAP A BASED OFFSHR TERM II	P/JVI	N/A	N/A	N/A	28,321,614	20,000,000	28,406,837
	400 CAP ASSET BASED OFFSHR	P/JVI	N/A	N/A	N/A	4,695,633	4,475,922	4,685,787
	ABRAAJ GBL GRWTH MKTS STRATEGI	P/JVI	N/A	N/A	N/A	4,531,861	6,116,414	-
	ABRY PARTNERS VII L.P.	P/JVI	N/A	N/A	N/A	1,408,724	4,785,275	1,336,210
	AC CARBON CAYMAN LP	P/JVI	N/A	N/A	N/A	100,561	9,000,000	8,386,139
	ACADIAN EMERGING MARKETS FUND	P/JVI	N/A	N/A	N/A	5,599	31,917,736	30,943,500
	AETOS CAP OPP FD CAYMAN LP	P/JVI	N/A	N/A	N/A	10,145,142	9,000,000	10,899,443
	ALINDA INFRASTRUCTURE FD II	P/JVI	N/A	N/A	N/A	78,933	4,573,447	119,507
	AMERICAN FED MUS DK INTL C 3	P/JVI	N/A	N/A	N/A	28,000,000	28,000,000	28,402,612
	AMERICAN SECURITIES PTNRS VII	P/JVI	N/A	N/A	N/A	20,065,034	12,486,536	21,437,380
	APOLLO INVESTMENT FUND VIII LP	P/JVI	N/A	N/A	N/A	3,928,287	3,615,067	4,125,690
	ARBOUR LANE CR OPP FD III B LP	P/JVI	N/A	N/A	N/A	3,193,597	3,193,597	2,955,572
	ARCM FEEDER FUND IV LTD	P/JVI	N/A	N/A	N/A	7,609,829	1	7,399,745
	ASCRIBE OPP FUND III LP	P/JVI	N/A	N/A	N/A	437,318	6,102,603	442,797
	ASF VIII LP	P/JVI	N/A	N/A	N/A	4,914,441	3,313,967	4,999,204
	ATALAYA ASSET INCOME FUND V LP	P/JVI	N/A	N/A	N/A	18,163,505	18,291,434	18,821,888
	BALANCE POINT CAP PTNRS III LP	P/JVI	N/A	N/A	N/A	12,898,898	11,201,929	13,671,032
	BALANCE POINT CAPITAL PTNS V	P/JVI	N/A	N/A	N/A	4,360,718	4,045,895	4,668,913
	BCP ENERGY SERVICES FUND-A LP	P/JVI	N/A	N/A	N/A	9,803,369	10,770,405	11,324,155
	BDC III LP	P/JVI	N/A	N/A	N/A	5,394,997	4,181,328	6,406,632
	BLACKSTONE CAPITAL PARTNERS	P/JVI	N/A	N/A	N/A	10,029,403	8,089,741	10,164,712
	BLACKSTONE ENERGY PARTNERS II	P/JVI	N/A	N/A	N/A	9,248,211	7,197,328	9,599,121
	BLUE TORCH CREDIT OPP FD I LP	P/JVI	N/A	N/A	N/A	7,871,656	2,375,321	8,051,665
	BLUE TORCH OFFSHR CR OPP II LP	P/JVI	N/A	N/A	N/A	15,903,382	14,736,248	16,492,547
	BLUE TORCH OFFSHR CR OPP III	P/JVI	N/A	N/A	N/A	187,500	187,500	190,208
	CAMBER CAPITAL OFFSHORE FUND	P/JVI	N/A	N/A	N/A	2,712	10,000,000	12,888,858
	CAPITAL TODAY EVERGREEN FUND	P/JVI	N/A	N/A	N/A	11,318,094	8,663,773	11,008,611
	CASTLELAKE III LP	P/JVI	N/A	N/A	N/A	20,363,620	12,779,718	20,443,261
	CASTLELAKE IV LP	P/JVI	N/A	N/A	N/A	8,179,973	5,128,972	8,283,792
	CAT ROCK CAPITAL PARTNERS	P/JVI	N/A	N/A	N/A	7,502	12,761,725	23,855,483
	CATALYST FUND V	P/JVI	N/A	N/A	N/A	7,336,691	7,089,036	7,594,959
	CCP X NO. 1 LP	P/JVI	N/A	N/A	N/A	6,089,015	4,238,631	8,970,224
	CEVIAN CAPITAL II LTD SUBS	P/JVI	N/A	N/A	N/A	199,370	18,750,000	24,622,834
	CRAYHILL PRINCIPAL STRAT II	P/JVI	N/A	N/A	N/A	3,702,446	3,996,079	4,997,683
	CVC CAPITAL PARTNERS VII A	P/JVI	N/A	N/A	N/A	23,530,514	13,267,053	22,729,166
	DOVER STREET X LP	P/JVI	N/A	N/A	N/A	5,587,023	3,862,649	5,741,882
	EIG ENERGY FUND XVI LP	P/JVI	N/A	N/A	N/A	6,435,144	4,931,684	5,956,673
	ELLIOTT INTL LTD - CLASS C	P/JVI	N/A	N/A	N/A	10,421	18,876,000	18,163,812
	ENCAP ENERGY CAPITAL XI	P/JVI	N/A	N/A	N/A	7,836,907	5,951,865	6,240,610
	ENCAP FLATROCK MIDSTREAM FD IV	P/JVI	N/A	N/A	N/A	5,059,573	4,595,160	8,354,578
	ENCAP FLATROCK MIDSTREAM III-C	P/JVI	N/A	N/A	N/A	5,724,715	5,404,135	5,122,486
	ENERGY CAPITAL PARTNERS	P/JVI	N/A	N/A	N/A	2,372,595	7,758	2,428,080
	FORTRESS CR OPP FD V EXP B LP	P/JVI	N/A	N/A	N/A	5,247,426	4,583,712	5,209,995
	FORTRESS CREDIT OPP FUND V A	P/JVI	N/A	N/A	N/A	17,002,271	9,109,366	16,934,703
	FORTRESS LENDING FD III A LP	P/JVI	N/A	N/A	N/A	3,601,247	3,899,331	4,570,381
	GAOCHENG FUND I LP	P/JVI	N/A	N/A	N/A	4,893,845	4,408,097	4,789,667
	GAOCHENG FUND II LP	P/JVI	N/A	N/A	N/A	403,987	538,524	378,226
	GREAT HILL EQUITY PTNRS VII	P/JVI	N/A	N/A	N/A	4,989,192	4,456,656	4,928,887
	GREAT HILL EQUITY PTNS VIII LP	P/JVI	N/A	N/A	N/A	257,622	257,622	(50,260)
	GRIDIRON CAPITAL FUND III LP	P/JVI	N/A	N/A	N/A	37,762,720	36,534	38,392,779
	HAMILTON LANE VC FD SRS 2014	P/JVI	N/A	N/A	N/A	19,395,057	6,999,424	18,900,270
	HAMILTON LANE VC FD SRS 2015	P/JVI	N/A	N/A	N/A	16,058,570	6,243,145	15,239,736

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 51-6120204, Plan Number 001
December 31, 2022

(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
	HAMILTON LANE VC OFFSHORE FD	P/JVI	N/A	N/A	N/A	17,333,056	7,239,281	14,714,997
	HAMILTON LANE VENTURE CAP FD	P/JVI	N/A	N/A	N/A	16,383,122	7,453,090	16,474,040
	HBK MULTI-STRATEGY OFFSHORE	P/JVI	N/A	N/A	N/A	23,951	28,114,011	35,233,737
	HILLHOUSE FUND IV FEEDER LP	P/JVI	N/A	N/A	N/A	9,594,629	6,741,954	9,771,317
	HL SECONDARY INVEST SPV-6 LP	P/JVI	N/A	N/A	N/A	913,306	1,305,856	1,049,800
	HPS-MEZZANINE PARTNERS III LP	P/JVI	N/A	N/A	N/A	14,853,552	11,158,219	15,153,734
	INCA LATIN AMERICA FUND LP	P/JVI	N/A	N/A	N/A	2,679,691	2,505,436	2,679,691
	INDABA CAPITAL PARTNERS CAYMAN	P/JVI	N/A	N/A	N/A	17,115,491	15,381,248	17,115,491
	JACKSON SQUARE VENTURES III	P/JVI	N/A	N/A	N/A	2,839,452	2,452,704	2,819,047
	JANCHOR PTNR OPP OFFSHR FD II	P/JVI	N/A	N/A	N/A	11,412,751	11,420,435	11,412,751
	JUNTO OFFSHORE FUND LTD CLASS	P/JVI	N/A	N/A	N/A	21,293	32,540,472	41,519,936
	KELSO INVEST ASSOCIATES IX LP	P/JVI	N/A	N/A	N/A	7,871,970	5,226,531	7,865,800
	KLCP COINV OPP DOM III LP	P/JVI	N/A	N/A	N/A	421,882	421,882	422,329
	KLCP ERISA FUND E III LP	P/JVI	N/A	N/A	N/A	1,854,294	1,723,372	2,387,389
	KLCP ERISA FUND E2 US LP	P/JVI	N/A	N/A	N/A	19,907,136	14,833,462	20,199,973
	KPS FUND V	P/JVI	N/A	N/A	N/A	10,640,561	7,637,278	11,895,574
	KPS SPECIAL SITUATIONS FUND IV	P/JVI	N/A	N/A	N/A	12,981,227	8,235,932	13,844,490
	LAKEWOOD CAPITAL OFFSHORE	P/JVI	N/A	N/A	N/A	4,021	11,837,823	13,167,768
	LANDMARK ACQUISITION FD VIII	P/JVI	N/A	N/A	N/A	19,588	19,588	12,837
	LCM PARTNERS COPS 4 USD SLP	P/JVI	N/A	N/A	N/A	7,753,632	6,445,414	7,932,934
	LIBERTY HALL CAP PTNRS FD I	P/JVI	N/A	N/A	N/A	10,460,902	7,021,826	9,047,459
	LIGHTSPEED CHINA PTNRS SLCT I	P/JVI	N/A	N/A	N/A	5,274,713	3,674,870	5,567,354
	LIGHTSPEED OPPORTUNITIES IIÉ	P/JVI	N/A	N/A	N/A	541,439	550,000	635,528
	LIGHTSPEED OPPORTUNITY FUND LP	P/JVI	N/A	N/A	N/A	10,255,876	7,234,984	9,088,565
	LIGHTSPEED VENT PTN SELECT V	P/JVI	N/A	N/A	N/A	864,923	1,000,000	1,050,845
	LIGHTSPEED VENT PTNS SEL IV LP	P/JVI	N/A	N/A	N/A	5,808,365	4,450,000	5,785,678
	LSC SELECT II LP	P/JVI	N/A	N/A	N/A	626,371	662,376	610,099
	MALABAR IN LP	P/JVI	N/A	N/A	N/A	7,411,025	3,700,000	7,411,025
	MANAGED FUND / BRIDGEWATER	P/JVI	N/A	N/A	N/A	163,943	20,187,720	14,414,114
	MATRIX CAPITAL MANAGEMENT FUND	P/JVI	N/A	N/A	N/A	6,919	6,918,594	8,639,583
	MCP PRIV CAP (FEEDER) FD IV	P/JVI	N/A	N/A	N/A	11,033,482	10,984,831	12,958,053
	MERITECH CAPITAL PTNRS V LP	P/JVI	N/A	N/A	N/A	10,542,006	8,820,218	10,314,843
	MERITECH CAPITAL PTNS VII LP	P/JVI	N/A	N/A	N/A	4,274,314	3,900,000	4,367,817
	NONANTUM CAP PARTNERS FD I LP	P/JVI	N/A	N/A	N/A	4,743,879	3,165,871	5,300,472
	OCP ASIA FUND III LP	P/JVI	N/A	N/A	N/A	20,612,365	17,964,773	20,085,227
	OCP ASIA FUND IV LP	P/JVI	N/A	N/A	N/A	12,429,715	11,489,209	12,032,010
	ORBIS INSTITUTIONAL GLOBAL	P/JVI	N/A	N/A	N/A	2,111,941	43,210,310	37,275,756
	PARK PRESIDIO CAPITAL OFFSHORE	P/JVI	N/A	N/A	N/A	11,730	11,812,500	14,083,316
	PENN SQUARE GLOBAL RE FD II	P/JVI	N/A	N/A	N/A	1,420,128	1,420,128	1,420,128
	PLATINUM EQUITY CAP PTNRS IV L	P/JVI	N/A	N/A	N/A	23,398,613	12,203,828	22,831,037
	PLATINUM EQUITY CAPITAL	P/JVI	N/A	N/A	N/A	2,029,550	2,479,048	2,160,695
	PZENA US BEST IDEAS FUND LP	P/JVI	N/A	N/A	N/A	18,560,286	21,924,410	18,560,286
	QUAN VENTURE PARTNERS II LLC	P/JVI	N/A	N/A	N/A	4,965,105	3,947,751	4,695,324
	QUAN VENTURE PARTNERS III LP	P/JVI	N/A	N/A	N/A	1,873,731	1,496,853	1,843,391
	ROARK CAPITAL PARTNERS IV AIV	P/JVI	N/A	N/A	N/A	8,273,825	5,446,006	8,381,269
	SECONDARY INVESTMENTS SPV-4 LP	P/JVI	N/A	N/A	N/A	655,853	655,853	650,485
	SENATOR GLOBAL OPPORTUNITY	P/JVI	N/A	N/A	N/A	18,431	18,431,427	20,718,522
	SILCHESTER INTERNATIONAL VALUE	P/JVI	N/A	N/A	N/A	524,295	62,936,438	79,936,825
	SILVER LAKE PARTNERS VI LP	P/JVI	N/A	N/A	N/A	4,358,473	4,361,538	4,398,128
	SIXTH ST OPP PTNS III (B) LP	P/JVI	N/A	N/A	N/A	1,226,898	793,365	1,173,837
	SOROBAN OPPORTUNITIES CAYMEN	P/JVI	N/A	N/A	N/A	1,381	1,380,826	2,157,591
	SOROBAN OPPORTUNITIES CAYMEN	P/JVI	N/A	N/A	N/A	11,000	11,000,000	17,167,113
	THE CHILDREN'S INVESTMENT FUND	P/JVI	N/A	N/A	N/A	209,684	20,968,423	34,094,656
	THE OVERLOOK PARTNERS FUND L.P	P/JVI	N/A	N/A	N/A	26,515,166	21,747,993	26,515,166
	THE RUSSIAN PROSPERITY FUND -	P/JVI	N/A	N/A	N/A	20,721	2,072,096	1,249,474
	THOMA BRAVO FUND XIII-A LP	P/JVI	N/A	N/A	N/A	14,048,815	9,761,148	14,633,553
	THOMA BRAVO FUND XIV LP	P/JVI	N/A	N/A	N/A	6,203,668	7,060,814	7,042,117
	THOMA BRAVO FUND XV-A LP	P/JVI	N/A	N/A	N/A	2,468,671	2,468,671	2,335,568
	THOMAS H LEE EQUITY FD VII LP	P/JVI	N/A	N/A	N/A	6,639,695	37,459	6,532,408
	THOMPSON ST CAP PTNRS V LP	P/JVI	N/A	N/A	N/A	6,106,636	4,967,135	6,401,828
	THOMPSON ST CAPITAL PTNS VI LP	P/JVI	N/A	N/A	N/A	2,788,940	2,828,293	2,680,559
	TIGER GLOBAL LONG	P/JVI	N/A	N/A	N/A	109,660	14,919,040	13,438,127
	TRIDENT IX LP	P/JVI	N/A	N/A	N/A	645,023	784,639	1,386,815
	TRIDENT VIII LP	P/JVI	N/A	N/A	N/A	5,784,519	4,348,746	5,747,712
	VALINOR CAPITAL PARTNERS	P/JVI	N/A	N/A	N/A	5	4,725	7,991
	VENROCK ASSOCIATES IX LP	P/JVI	N/A	N/A	N/A	1,362,643	1,350,000	1,343,849
	VENROCK HEALTHCARE CAP PTNS EG	P/JVI	N/A	N/A	N/A	6,741,147	8,500,000	7,563,161
	VENROCK HEALTHCARE CP III LP	P/JVI	N/A	N/A	N/A	8,170,557	5,406,562	7,672,508
	VENROCK OPPORTUNITIES FUND LP	P/JVI	N/A	N/A	N/A	2,978,455	2,962,500	3,159,601
	VIKING GLOBAL EQUITIES III LTD	P/JVI	N/A	N/A	N/A	4,172	20,000,000	20,123,070
	VITRUVIAN INVEST PTRSHP IV LP	P/JVI	N/A	N/A	N/A	4,743,446	4,572,497	5,484,376
	WATERLAND PE FUND VI FEEDER	P/JVI	N/A	N/A	N/A	5,811,536	4,826,902	6,586,366
	XIANG HE FUND II LP	P/JVI	N/A	N/A	N/A	5,671,337	4,597,175	5,622,841
							<u>1,059,737,602</u>	<u>1,352,169,465</u>

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 51-6120204, Plan Number 001
December 31, 2022

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				Par/Maturity Value	(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date			
Registered Investment Companies								
	ARTISAN INTL VAL-INST	Mutual Fund	N/A	N/A	N/A	971,210	34,762,493	37,478,985
	PIMCO FDS PAC INVT MGMT SER	Mutual Fund	N/A	N/A	N/A	1,002,478	10,439,460	9,663,029
							<u>45,201,953</u>	<u>47,142,014</u>
Other Investments								
	AFL-CIO EQUITY INDEX FUND	Commingled Fund	N/A	N/A	N/A	16,000,000	16,000,000	16,257,767
	COL DOUBLELINE TTL RTRN BD FD	Commingled Fund	N/A	N/A	N/A	4,343,200	46,867,154	45,994,487
	CONSTELLATION FUND SPC -	Commingled Fund	N/A	N/A	N/A	9,499	2,826,957	1,609,072
	PAPS LONG DURATION CREDIT BOND	Bonds	N/A	N/A	N/A	1,202	13,359	10,983
							<u>65,707,470</u>	<u>63,872,309</u>
							<u>\$ 1,286,384,728</u>	<u>\$ 1,656,160,198</u>

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

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 51-6120204, Plan Number 001
December 31, 2022

<u>(a) Identity of Party Involved</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) Expenses 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>Series of Transactions</i>								
BANK OF NEW YORK MELLON	BNY MELLON CASH RESERVE 0.100% 12/31/2049	136,334,773	N/A	N/A	N/A	136,334,773	136,334,773	-
BANK OF NEW YORK MELLON	BNY MELLON CASH RESERVE 0.100% 12/31/2049	N/A	136,334,773	N/A	N/A	136,334,773	136,334,773	-
BANK OF NEW YORK MELLON	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049	364,204,794	N/A	N/A	N/A	364,204,794	364,204,794	-
BANK OF NEW YORK MELLON	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049	N/A	350,323,460	N/A	N/A	350,323,460	350,323,460	-

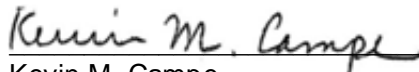
See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

Attachment to 2022 Form 5500
Schedule MB, Line 4c – Documentation Regarding Progress under Rehabilitation Plan

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Scheduled Progress

The Pension Protection Act (PPA) requires the actuary to certify whether the plan is making scheduled progress in meeting the requirements of its Rehabilitation Plan. The Rehabilitation Plan for the American Federation of Musicians & Employers' Pension Fund was adopted in April 2010 which reduced certain benefits and increased the Plan's contribution rates. The Trustees determined using reasonable actuarial assumptions and methods that they were unable to adopt a Rehabilitation Plan that would enable the Plan to emerge from critical status by the end of the ten-year Rehabilitation Period on March 31, 2023 which began on April 1, 2013. As a result, the Trustees adopted a Rehabilitation Plan that, in their judgment, consisted of all reasonable measures to either emerge from critical status by a later date than the ten-year period mentioned above or forestall insolvency. The Trustees revised the Rehabilitation Plan effective June 27, 2016 such that in their judgment, it consisted of all reasonable measures to forestall insolvency. The Rehabilitation Plan contribution schedule has been updated effective June, 2018 to require a 10% increase in the rate of contributions with such increases not considered when calculating a pension benefit. As required under the PPA, the Trustees have been and will continue to review the Rehabilitation Plan annually. Based on implementation of the Rehabilitation Plan and reflecting the Plan's experience through March 31, 2022, I hereby certify that the Plan is making scheduled progress as of April 1, 2022 as required under IRC Section 432(b)(3)(A)(ii).



Kevin M. Campe
Enrolled Actuary #20-5356

June 29, 2022

Date

Attachment to 2022 Form 5500
Schedule MB, Line 8b(1) - Projection of Expected Benefit Payments*
American Federation of Musicians & Employer's Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries		Total
			Receiving Payments		
2022	7,225,806	8,797,975	230,358,221		246,382,001
2023	14,201,954	5,779,892	223,575,706		243,557,552
2024	23,156,605	8,624,682	219,018,154		250,799,442
2025	32,421,267	11,431,912	214,367,725		258,220,904
2026	41,983,851	14,071,941	209,326,963		265,382,755
2027	51,732,428	16,708,852	204,172,665		272,613,945
2028	60,762,938	19,591,108	198,419,595		278,773,641
2029	69,252,818	22,363,987	192,397,627		284,014,432
2030	76,487,443	24,728,932	186,018,016		287,234,390
2031	83,165,605	26,881,693	179,420,110		289,467,407
2032	88,851,101	28,741,982	172,579,218		290,172,301
2033	94,302,036	30,198,876	165,600,126		290,101,037
2034	98,957,461	31,659,784	158,366,585		288,983,829
2035	103,142,893	32,921,777	150,931,592		286,996,263
2036	106,798,514	33,830,732	143,274,155		283,903,401
2037	110,150,590	34,583,530	135,435,661		280,169,781
2038	113,009,060	35,183,542	127,431,689		275,624,292
2039	115,353,772	35,500,225	119,322,304		270,176,301
2040	117,194,368	35,749,652	111,131,199		264,075,220
2041	118,784,257	35,867,112	102,924,346		257,575,716
2042	119,881,300	35,685,604	94,714,395		250,281,299
2043	120,205,337	35,390,035	86,595,764		242,191,136
2044	119,969,074	34,823,171	78,584,934		233,377,179
2045	119,275,856	34,193,982	70,767,642		224,237,480
2046	118,023,257	33,361,529	63,215,402		214,600,187
2047	116,297,718	32,398,315	55,989,496		204,685,529
2048	114,097,966	31,315,205	49,153,740		194,566,911
2049	111,315,828	30,028,723	42,764,412		184,108,962
2050	108,186,627	28,681,301	36,863,788		173,731,716
2051	104,521,444	27,234,544	31,482,574		163,238,562
2052	100,587,451	25,700,144	26,637,437		152,925,032
2053	96,351,208	24,106,304	22,332,610		142,790,123
2054	91,861,570	22,495,911	18,560,256		132,917,736
2055	87,191,787	20,892,523	15,300,248		123,384,558
2056	82,382,888	19,294,833	12,521,574		114,199,294
2057	77,465,766	17,714,460	10,184,722		105,364,949
2058	72,574,520	16,189,019	8,244,217		97,007,756
2059	67,697,618	14,728,164	6,651,303		89,077,085
2060	62,895,886	13,335,425	5,356,942		81,588,253
2061	58,242,248	12,018,685	4,314,159		74,575,092
2062	53,718,544	10,780,930	3,479,688		67,979,162
2063	49,363,136	9,624,683	2,815,133		61,802,952
2064	45,205,674	8,553,667	2,287,436		56,046,777
2065	41,237,887	7,566,280	1,868,815		50,672,982
2066	37,485,152	6,660,418	1,536,505		45,682,075
2067	33,949,263	5,833,467	1,272,128		41,054,858
2068	30,635,324	5,082,156	1,061,005		36,778,485
2069	27,544,732	4,402,912	891,574		32,839,217
2070	24,675,202	3,791,940	754,799		29,221,941
2071	22,019,561	3,245,367	643,621		25,908,550

* Projected benefit payments are annual payments based on prior plan year ending March 31.

Attachment to 2022 Form 5500
Schedule MB, Line 3(d) - Withdrawal Liability Amounts
American Federation of Musicians & Employer's Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Schedule MB, Line 3(d) - Withdrawal Liability Amounts			
Paymnet Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
April	9,724.39	0.00	9,724.39
May	1,000.00	0.00	1,000.00
June	22,315.28	0.00	22,315.28
July	9,724.39	0.00	9,724.39
August	0.00	0.00	0.00
September	13,315.28	0.00	13,315.28
October	20,724.39	0.00	20,724.39
November	0.00	0.00	0.00
December	13,315.28	0.00	13,315.28
Total	90,119.01	0.00	90,119.01

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Summary of Principal Plan Provisions

Effective Date

November 16, 1959. The plan was amended and restated effective January 1, 2014.

Participation

An eligible employee becomes a participant on January 1 of the year in which the participant earns \$750 in Covered Earnings by an Employer who is required to make contributions to the Fund.

Normal Retirement Age

Age 65 or if later, the date on which a Participant completes five years of participation in the Plan.

Vesting Service

Vesting Service is based on the Covered Earnings earned in each calendar year, as follow:

Covered Earnings	Years of Vesting Service
< \$750	0.00
\$750 - \$1,499	0.25
\$1,500 - \$2,249	0.50
\$2,250 - \$2,999	0.75
>= \$3,000	1.00

A Participant becomes vested upon completion of 5 years of Vesting Service or upon attainment of Normal Retirement Age.

Regular Pension Benefit

A Participant is eligible to receive a Regular Pension Benefit at Normal Retirement Age or at age 55 with 5 years Vesting Service.

Regular Pension Benefit is calculated by multiplying each \$100 of vested contributions earned by a Benefit Multiplier (a specific dollar amount). The monthly benefit amount under the Life Annuity form of payment is calculated in accordance with the following tables:

**Attachment to 2022 Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions**

**American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001**

Effective June 1, 2010 Monthly Amount per \$100 of Vested Contributions					
Age	For Contributions for Covered Employment before 1/1/04	For Contributions for Covered Employment Between 1/1/04 and 3/31/07	For Contributions for Covered Employment Between 4/1/07 and 4/30/09	For Contributions for Covered Employment Between 5/1/09 and 12/31/09	For Contributions For Covered Employment on and after 1/1/10
55	\$1.70	\$1.28	\$1.19	\$0.73	\$0.37
56	1.86	1.40	1.30	0.80	0.40
57	2.05	1.54	1.43	0.88	0.44
58	2.26	1.70	1.58	0.97	0.49
59	2.48	1.87	1.74	1.07	0.53
60	2.75	2.07	1.92	1.18	0.59
61	3.04	2.29	2.13	1.31	0.65
62	3.36	2.53	2.35	1.45	0.72
63	3.75	2.82	2.62	1.61	0.80
64	4.16	3.13	2.91	1.79	0.90
65	4.65	3.50	3.25	2.00	1.00

For participants who retire after Normal Retirement Age, the monthly benefit is the regular pension amount at Normal Retirement Age actuarially increased to account for delayed retirement.

Disability Pension Benefits

An active participant who has completed at least 10 years of Vesting Service, who has stopped working in Covered Employment because of a condition of Total Disability, and who has not started to receive a Regular Pension Benefit, is eligible for a Disability Pension Benefit.

The monthly Disability Pension Benefit is calculated by multiplying each \$100 of contributions by the applicable age-65 Benefit Multipliers, actuarially reduced to participant's actual age as of the effective date of Disability Pension Benefit.

Pre-Retirement Death Benefits

If a vested participant who has not yet retired dies after age 55, the participant's beneficiary will receive a benefit equal to the benefit the beneficiary would have received had the participant retired on his date of death and elected to receive a 50% Joint and Survivor Annuity.

If a vested participant dies before age 55, the beneficiary's benefit is actuarially equivalent to the 50% Joint and Survivor Annuity at age 55.

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Post-Retirement Death Benefits

If a vested participant dies after his or her benefit begins and the pension benefit was being paid as a Joint and Survivor Annuity, the Joint Annuitant will receive 50% of the participant's monthly benefit for his or her lifetime; if the pension benefit was being paid as Life Annuity, the remaining balance of the guaranteed benefit will be paid.

Re-Retirement Benefits

If a participant retires before his or her Normal Retirement Age, later returns to Covered Employment, and earns \$50 or more of contributions in at least one calendar year between his or her initial pension Benefit Annuity Start Date and Normal Retirement Age, an additional benefit calculated based on the contributions made on the participant's behalf during that period will be paid as of the first of the month after the participant reaches Normal Retirement Age.

Redetermination Benefits

If a pensioner returns to Covered Employment and earns \$50 or more of contributions in a calendar year after Normal Retirement Age, he or she will earn an additional pension benefit. This redetermination benefit is calculated each July 1st based on contributions for Covered Employment earned during the previous calendar year. The redetermination benefit is based on the age-65 Benefit Multiplier in effect at the end of the previous calendar year and is offset by the actuarial equivalent of any redetermination benefit received in the previous year that is based on contributions earned after 2003.

Normal Form of Payment

If a participant has an eligible spouse as of his or her Annuity Starting Date, the normal form of payment is Joint and Survivor Annuity. If a participant does not have an eligible spouse as of the Annuity Starting Date, the normal form of payment will be Single Life Annuity with respect to any benefit earned on and after January 1, 2004. If a portion of the participant's benefit was based on contributions earned prior to January 1, 2004, there is a guaranteed amount of 100 times that portion of the participant's benefit. The guaranteed feature is eliminated for benefit with an annuity starting date on or after June 1, 2010.

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

▶ **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 AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND AND SUBSIDIARY	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 AMERICAN FEDERATION OF MUSICIANS & EMPLOYER'	D Employer Identification Number (EIN) 51-6120204	

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


1a Enter the valuation date: Month 4 Day 1 Year 2022

b Assets

(1) Current value of assets.....	1b(1)	1,931,106,846
(2) Actuarial value of assets for funding standard account	1b(2)	1,733,484,653
c (1) Accrued liability for plan using immediate gain methods	1c(1)	3,511,565,128
(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)	3,511,565,128
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)	6,315,484,819
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	59,863,348
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	184,681,858
(3) Expected plan disbursements for the plan year.....	1d(3)	198,987,281

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>10/10/2023</u> Date
	Kevin M. Campe Type or print name of actuary	<u>23-05356</u> Most recent enrollment number
	Milliman, Inc. Firm name	<u>(312) 726-0677</u> Telephone number (including area code)
	71 S. Wacker Drive Suite 3100 Chicago IL 60606-4637 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

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

Schedule MB (Form 5500) 2022 v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,931,634,477
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	18,736	3,238,710,387
(2) For terminated vested participants	15,760	681,840,886
(3) For active participants:		
(a) Non-vested benefits.....		60,879,900
(b) Vested benefits.....		2,334,053,646
(c) Total active	15,003	2,394,933,546
(4) Total	49,499	6,315,484,819
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	30.59%

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
08/15/2022	58,753,761				
Totals ▶			3(b)	58,753,761	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 90,119

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	49.4%
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	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2039

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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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** 1.88 %

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) 7P	A
(2) Females	6c(2) 7FP	A
d Valuation liability interest rate	6d 7.00 %	7.00 %
e Salary scale	6e % <input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1) <input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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	11.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.4%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	14,305,423
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-63,863,005	-4,914,824
4	-5,577,659	-429,251

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?..... Yes No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any **9a** 611,181,805

b Employer's normal cost for plan year as of valuation date..... **9b** 35,333,934

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)	2,131,804,992	257,016,196
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		47,032,017
e Total charges. Add lines 9a through 9d.....	9e		950,563,952
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		58,753,761
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	964,906,322	162,572,552
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		9,995,862
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1,907,809,010	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	4,029,915,037	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		231,322,175
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		719,241,777
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 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		719,241,777
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: DISNEY WORLDWIDE SERVICES INC.

Fed ID: 95-4245682

Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
DISNEY WORLDWIDE SERVICES INC	12/5/2019	12/31/2023	14.338%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	12/5/2019	12/31/2023	15.488%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	12/5/2019	12/31/2023	18.150%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	4/5/2019	11/14/2022	11.990%	11/15/2022	9/14/2023	11.990%
DISNEY WORLDWIDE SERVICES INC	4/5/2019	11/14/2022	18.150%	11/15/2022	9/14/2023	18.150%
DISNEY WORLDWIDE SERVICES INC	4/5/2019	11/14/2022	13.189%	11/15/2022	9/14/2023	13.189%
DISNEY WORLDWIDE SERVICES INC	4/5/2019	11/14/2022	11.990%	11/15/2022	9/14/2023	11.990%
DISNEY WORLDWIDE SERVICES INC	4/5/2019	11/14/2022	18.150%	11/15/2022	9/14/2023	18.150%
DISNEY WORLDWIDE SERVICES INC	4/5/2019	11/14/2022	13.189%	11/15/2022	9/14/2023	13.189%
DISNEY WORLDWIDE SERVICES INC	9/17/2021	9/16/2026	15.587%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	12/29/2020	12/31/2022	11.990%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	11/1/2021	10/31/2024	6.000%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	4/25/2022	8/27/2023	13.189%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	3/7/2022	3/10/2024	8.000%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	6/17/2018	6/16/2024	10.900%	N/A	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	3/7/2022	3/10/2024	8.000%	N/A	N/A	N/A

AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS
Fed ID: 53-0245017
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	9/1/2021	8/31/2024	14.987%	N/A	N/A	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	6/14/2022	12/17/2022	15.590%	12/18/2022	10/17/2023	15.590%

AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: TEAM MUSIC
Fed ID: 95-4836608
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
TEAM MUSIC	4/5/2019	11/14/2022	11.990%	11/15/2022	9/14/2023	11.990%
TEAM MUSIC	4/5/2019	11/14/2022	18.150%	11/15/2022	9/14/2023	18.150%
TEAM MUSIC	4/5/2019	11/14/2022	13.189%	11/15/2022	9/14/2023	13.189%
TEAM MUSIC	4/5/2019	11/14/2022	11.990%	11/15/2022	9/14/2023	11.990%
TEAM MUSIC	4/5/2019	11/14/2022	18.150%	11/15/2022	9/14/2023	18.150%
TEAM MUSIC	4/5/2019	11/14/2022	13.189%	11/15/2022	9/14/2023	13.189%
TEAM MUSIC	10/30/2018	10/30/2022	11.000%	10/31/2022	8/30/2023	11.000%

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: LOS ANGELES PHILHARMONIC ASSOCIATION

Fed ID: 95-1696734

Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
LOS ANGELES PHILHARMONIC ASSOC	9/19/2022	9/21/2025	12.100%	N/A	N/A	N/A
LOS ANGELES PHILHARMONIC ASSOC	9/19/2022	9/21/2025	8.390%	N/A	N/A	N/A
LOS ANGELES PHILHARMONIC ASSOC	4/5/2019	11/14/2022	11.990%	11/15/2022	9/14/2023	11.990%
LOS ANGELES PHILHARMONIC ASSOC	4/5/2019	11/14/2022	18.150%	11/15/2022	9/14/2023	18.150%
LOS ANGELES PHILHARMONIC ASSOC	4/5/2019	11/14/2022	13.189%	11/15/2022	9/14/2023	13.189%
LOS ANGELES PHILHARMONIC ASSOC	1/1/2019	9/18/2022	12.100%	9/19/2022	7/18/2023	12.100%
LOS ANGELES PHILHARMONIC ASSOC	9/18/2017	9/18/2022	7.630%	9/19/2022	7/18/2023	7.630%
LOS ANGELES PHILHARMONIC ASSOC	6/15/2019	6/30/2022	13.200%	7/1/2022	4/30/2023	13.200%
LOS ANGELES PHILHARMONIC ASSOC	9/2/2020	5/25/2022	12.100%	5/26/2022	3/25/2023	12.100%

AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: SAN FRANCISCO OPERA
Fed ID: 94-0836240
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
SAN FRANCISCO OPERA	8/1/2018	7/31/2023	10.900%	N/A	N/A	N/A
SAN FRANCISCO OPERA	8/1/2018	7/31/2023	13.189%	N/A	N/A	N/A
SAN FRANCISCO OPERA	8/1/2018	7/31/2023	14.410%	N/A	N/A	N/A
SAN FRANCISCO OPERA	7/1/2021	1/1/2023	11.990%	N/A	N/A	N/A
SAN FRANCISCO OPERA	8/1/2018	7/31/2022	13.189%	8/1/2022	5/31/2023	13.189%

AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: MINNESOTA ORCHESTRAL ASSOCIATION
Fed ID: 41-0693875
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
MINNESOTA ORCHESTRAL ASSOCIATION	9/1/2020	8/31/2022	8.393%	9/1/2022	6/30/2023	8.393%
MINNESOTA ORCHESTRAL ASSOCIATION	6/15/2019	6/30/2022	13.200%	7/1/2022	4/30/2023	13.200%

Attachment to 2022 Form 5500
Schedule MB, Line 8b(2) - Schedule of Active Participant Data
American Federation of Musicians & Employer's Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Schedule MB, Line 8b(2) - Schedule of Active Participant Data															
Years of credited service															
Attained	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	Age	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		No.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.
Under 25	0			105	7,981	17	5			0			0		
25 to 29	0			814	13,371	37	202	33,032	160	2			0		
30 to 34	0			935	8,315	30	748	24,786	174	112	41,340	456	1		
35 to 39	0			651	6,668	25	766	16,551	146	582	30,014	406	125	45,638	839
40 to 44	0			419	6,181	26	457	12,424	136	516	19,227	328	504	31,038	753
45 to 49	0			265	6,843	23	256	13,822	135	237	12,592	291	395	21,117	765
50 to 54	0			134	11,055	36	143	10,771	132	169	12,479	238	207	13,280	617
55 to 59	0			109	9,832	38	102	8,996	97	131	11,968	265	167	12,667	614
60 to 64	0			84	7,149	27	91	15,946	138	129	8,171	188	150	11,335	388
65 to 69	0			63	6,468	28	45	11,453	138	66	7,288	135	60	7,179	261
70 & up	0			37	4,544	10	16			9			23	3,003	161
Attained	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	Age	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		No.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	0			0			0			0			0		
40 to 44	160	37,358	1,214	4			0			0			0		
45 to 49	523	32,519	1,387	100	44,033	2,404	3			0			0		
50 to 54	470	22,624	1,100	500	35,763	2,074	80	46,505	2,955	1			0		
55 to 59	286	17,964	947	409	23,199	1,590	347	32,040	2,655	86	37,852	3,574	1		
60 to 64	278	16,486	674	308	21,762	1,378	425	26,167	2,215	371	28,215	3,792	111	91,847	9,519
65 to 69	98	9,473	344	109	10,678	672	95	14,408	1,109	75	19,219	1,981	56	50,053	5,773
70 & up	25	10,355	544	19			14			11			6		

American Federation of Musicians and Employers' Pension Fund

2022 Schedule R (Form 5500) Attachment

Part V

Additional Employer Information for Multiemployer Defined Benefit Pension Plan

Schedule R, Summary of Rehabilitation Plan/Update of Rehabilitation Plan

Plan Name: American Federation of Musicians and
Employers' Pension Fund

Plan Sponsor: Board of Trustees of Above Named Plan

EIN/PN: 51-6120204/001

The Board of Trustees of the Fund (the "Board") adopted a Rehabilitation Plan on April 15, 2010. The main elements of the Rehabilitation Plan, which consists of a single schedule that sets forth benefit modifications and employer contribution requirements, are summarized as follows:

- In addition to the reduction in the Plan's "Benefit Multiplier" that was effective January 1, 2010, the following benefits and benefit alternatives were eliminated (generally effective June 1, 2010):
 - Early retirement subsidies;
 - Benefit guarantees for the single life annuity;
 - "Pop-up" and benefit guarantee features of the 50% joint and survivor annuity;
 - Post-normal retirement age subsidies;
 - Certain forms of benefit for merged plans; and
 - The lump-sum form of benefit offered by the Plan (not including lump sums with an actuarial present value of \$5,000 or less.)
- The Rehabilitation Plan requires contributing employers to increase the amount of contributions made to the Plan. Generally, effective for contributions earned on or after June 1, 2010 but before April 1, 2011, the required contribution rate was 104% of the contribution rate otherwise in effect under the collective bargaining agreement or expired collective bargaining agreement. Effective for contributions earned on or after April 1, 2011, the required contribution rate is 109% (excluding the 4% increase, which is not cumulative). There are special rules for employer contributions calculated as set forth in the arbitration award of Burton Turkus and single engagement agreements. The Rehabilitation Plan had a special rule for collective bargaining agreements with terms of more than four years. An update to the Rehabilitation Plan on May 18, 2011 changed that to five years.

- The Rehabilitation Plan provided that the Board will apply to the IRS for an automatic five-year extension of amortization, effective April 1, 2010, pursuant to Section 431(d) of the Code and Section 304(d) of ERISA. However, an update to the Rehabilitation Plan on May 18, 2011 eliminated that provision.

The 10-year rehabilitation period begins on April 1, 2013 and ends on March 31, 2023. After extensive deliberations and an in-depth review of a variety of possible alternatives, the Board concluded that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Plan could not reasonably be expected to emerge from critical status by the end of the rehabilitation period, and that the Rehabilitation Plan consisted of reasonable measures adopted by the Board which, based on reasonable actuarial assumptions, could be expected to enable the Plan to emerge from critical status. In the absence of the benefit changes or the increases in employer contribution rates described in this Rehabilitation Plan, the Plan would not have been projected to emerge from critical status at any point during the 40-year projection period used by the Plan's actuaries. When the Rehabilitation Plan was adopted by the Board, the Plan was estimated to emerge from critical status no later than March 31, 2047 and also was not projected to become insolvent at any point during the projection period.

The Board devoted a considerable amount of time and attention to considering the advantages and disadvantages of the alternatives that would enable the Plan to emerge from critical status by the end of the 10-year rehabilitation period. Specifically, the Board considered:

- An alternative schedule reducing the Benefit Multiplier below \$1.00.
- A 58% contribution rate increase (or 91%, if the increase generated a benefit accrual) that would have been required if the benefit changes described above were adopted.
- A contribution rate increase of 76.75% (120.5% if benefit accrual generating) if the benefit changes were not adopted.

After considering each of these alternatives, the Board concluded that each would be unreasonable and would involve considerable risk to the long-term health (and even viability) of the Plan.

Until such time as the Pension Protection Act defines more clearly the annual standards for meeting the requirements of a rehabilitation plan that is not expected to emerge from critical status at the end of the 10-year rehabilitation period, the annual standard for satisfying the requirements of the Rehabilitation Plan will be a determination that, based on the updated actuarial projections each year using reasonable actuarial assumptions, the Rehabilitation Plan (as updated and amended from time to time), will enable the Plan to emerge from critical status or forestall possible insolvency.

The Rehabilitation Plan was updated on February 12, 2015 to include the following regarding application of Rehabilitation Plan to future agreements.

If a collective bargaining agreement providing for contributions to the Plan in accordance with the Rehabilitation Plan schedule expires while the Plan is still in critical status and the bargaining parties to the agreement fail to adopt a contribution schedule with terms consistent with the updated Rehabilitation Plan and its contribution schedules, then the contribution schedule under the expired collective bargaining agreement (as updated and in effect on the date the collective bargaining agreement expires) is implemented 180 days after the date on which the collective bargaining agreement expires.

The Rehabilitation Plan originally employed reasonable measures to enable the Plan to emerge from critical status at a later date than the 10-year rehabilitation period. As the Plan is currently not projected to emerge from critical status, the Rehabilitation Plan was restated on June 27, 2016, to employ reasonable measures to enable the Plan to forestall insolvency.

The Rehabilitation Plan was further updated in June 2018 to require an additional 10% increase in the rate of contributions in collective bargaining agreements, or extensions thereof, that expire or, under the update, are deemed to have expired, on or after August 1, 2018. The additional 10% in the rate of contributions will not be used to calculate any participant's benefits under the Plan, but will be used solely to improve the financial health of the Plan.

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

**Employer: DISNEY WORLDWIDE SERVICES INC.
Fed ID: 95-4245682**

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
DISNEY WORLDWIDE SERVICES INC	12/31/2023	N/A
DISNEY WORLDWIDE SERVICES INC	11/14/2022	9/14/2023
DISNEY WORLDWIDE SERVICES INC	11/14/2022	9/14/2023
DISNEY WORLDWIDE SERVICES INC	9/16/2026	N/A
DISNEY WORLDWIDE SERVICES INC	12/31/2022	N/A
DISNEY WORLDWIDE SERVICES INC	10/31/2024	N/A
DISNEY WORLDWIDE SERVICES INC	8/27/2023	N/A
DISNEY WORLDWIDE SERVICES INC	3/10/2024	N/A
DISNEY WORLDWIDE SERVICES INC	6/16/2024	N/A
DISNEY WORLDWIDE SERVICES INC	3/10/2024	N/A

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

**Employer: THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS
Fed ID: 53-0245017**

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	8/31/2024	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	12/17/2022	10/17/2023

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

**Employer: TEAM MUSIC
Fed ID: 95-4836608**

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
TEAM MUSIC	11/14/2022	9/14/2023
TEAM MUSIC	11/14/2022	9/14/2023
TEAM MUSIC	10/30/2022	8/30/2023

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

**Employer: LOS ANGELES PHILHARMONIC ASSOCIATION
Fed ID: 95-1696734**

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
LOS ANGELES PHILHARMONIC ASSOC	9/21/2025	N/A
LOS ANGELES PHILHARMONIC ASSOC	9/21/2025	N/A
LOS ANGELES PHILHARMONIC ASSOC	11/14/2022	9/14/2023
LOS ANGELES PHILHARMONIC ASSOC	9/18/2022	7/18/2023
LOS ANGELES PHILHARMONIC ASSOC	9/18/2022	7/18/2023
LOS ANGELES PHILHARMONIC ASSOC	6/30/2022	4/30/2023
LOS ANGELES PHILHARMONIC ASSOC	5/25/2022	3/25/2023

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

**Employer: SAN FRANCISCO OPERA
Fed ID: 94-0836240**

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
SAN FRANCISCO OPERA	7/31/2023	N/A
SAN FRANCISCO OPERA	1/1/2023	N/A
SAN FRANCISCO OPERA	7/31/2022	5/31/2023

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan Number: 001**

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

**Employer: MINNESOTA ORCHESTRAL ASSOCIATION
Fed ID: 41-0693875**

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
MINNESOTA ORCHESTRAL ASSOCIATION	8/31/2022	6/30/2023
MINNESOTA ORCHESTRAL ASSOCIATION	6/30/2022	4/30/2023

Attachment to 2022 Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Charges and Credits for Funding Standard Account

The annual amortization charges and credits for the Funding Standard Account for the plan year beginning April 1, 2022 are determined below. The amortization charges and credits reported on the MB have been adjusted to reflect the short plan year ending December 31, 2022.

1. Charges as of April 1, 2022

	<u>Date</u>		<u>Amortization</u>	<u>Years</u>	<u>Outstanding</u>
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	April 1, 1993	Assumption Change (1)	\$794,834	1	\$794,834
b.	April 1, 1994	Plan Amendment (2)	1,095,085	2	2,118,529
c.	April 1, 1996	Plan Amendment (3)	2,234,792	4	8,099,594
d.	April 1, 1997	Assumption Change (4)	361,645	5	1,586,612
e.	April 1, 1998	Assumption Change (5)	251,131	6	1,280,816
f.	April 1, 1998	Plan Amendment (6)	4,144,797	6	21,139,285
g.	April 1, 1999	Assumption Change (7)	421,997	7	2,433,466
h.	April 1, 2000	Assumption Change (8)	2,187,213	8	13,974,735
i.	April 1, 2000	Plan Amendment (9)	6,778,174	8	43,307,716
j.	April 1, 2002	Assumption Change (10)	3,673,782	10	27,609,322
k.	April 1, 2002	Plan Amendment (11)	2,409,460	10	18,107,655
l.	April 1, 2006	Assumption Change (12)	2,888,502	14	27,029,591
m.	April 1, 2008	Actuarial Loss	13,617,514	1	13,617,514
n.	April 1, 2009	Actuarial Loss	66,248,093	2	128,162,199
o.	April 1, 2009	Funding Relief (13)	42,116,410	16	425,709,045
p.	April 1, 2009	Plan Amendment (14)	451,879	2	874,195
q.	April 1, 2010	Funding Relief (13)	12,992,017	3	36,481,818
r.	April 1, 2011	Actuarial Loss	7,468,758	4	27,069,137
s.	April 1, 2011	Funding Relief (13)	12,098,585	16	122,291,456
t.	April 1, 2011	Assumption Change (15)	696,947	4	2,525,954
u.	April 1, 2012	Actuarial Loss	10,687,369	5	46,887,743
v.	April 1, 2012	Funding Relief (13)	1,693,068	16	17,113,383
w.	April 1, 2013	Actuarial Loss	5,266,833	6	26,861,891
x.	April 1, 2013	Funding Relief (13)	5,108,904	16	51,640,366
y.	April 1, 2014	Actuarial Loss	4,571,472	7	26,361,577
z.	April 1, 2014	Funding Relief (13)	3,722,376	16	37,625,455
aa.	April 1, 2015	Actuarial Loss	12,702,268	8	81,158,463
bb.	April 1, 2016	Actuarial Loss	17,270,859	9	120,400,317
cc.	April 1, 2016	Assumption Change (16)	29,023,186	9	202,329,296
dd.	April 1, 2017	Actuarial Loss	13,699,089	10	102,951,837
ee.	April 1, 2018	Actuarial Loss	10,494,062	11	84,199,959

Attachment to 2022 Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

	<u>Date</u> <u>Established</u>	<u>Description</u>	<u>Amortization</u> <u>Amount</u>	<u>Years</u> <u>Remaining</u>	<u>Outstanding</u> <u>Balance</u>
ff.	April 1, 2019	Actuarial Loss	4,690,263	12	39,861,017
gg.	April 1, 2019	Assumption Change (17)	5,114,235	12	43,464,216
hh.	April 1, 2020	Assumption Change (18)	5,981,821	13	53,493,546
ii.	April 1, 2020	Actuarial Loss	11,973,017	13	107,070,937
jj.	April 1, 2021	Assumption Changes (19)	<u>17,757,824</u>	14	<u>166,171,516</u>
kk.	Total		342,688,261		2,131,804,992

2. Credits as of April 1, 2022

	<u>Date</u> <u>Established</u>	<u>Description</u>	<u>Amortization</u> <u>Amount</u>	<u>Years</u> <u>Remaining</u>	<u>Outstanding</u> <u>Balance</u>
a.	April 1, 2007	Plan Amendment (1)	\$2,531,256	15	\$24,668,280
b.	April 1, 2008	Plan Amendment (2)	2,400,037	1	2,400,037
c.	April 1, 2009	Asset Method Change (3)	10,239,425	17	106,967,676
d.	April 1, 2009	Funding Relief (4)	57,229,509	2	110,715,031
e.	May 1, 2009	May 2009 Plan Amendment (5)	16,314,527	2.08	32,786,390
f.	April 1, 2010	Actuarial Gain	25,609,432	3	71,911,749
g.	April 1, 2010	Funding Relief (4)	9,683,248	16	97,877,438
h.	April 1, 2010	Plan Amendment (6)	22,484,177	3	63,135,978
i.	April 1, 2011	Funding Relief (4)	16,014,079	4	58,040,082
j.	April 1, 2012	Funding Relief (4)	2,208,711	5	9,690,081
k.	April 1, 2013	Funding Relief (4)	6,561,900	6	33,466,984
l.	April 1, 2014	Funding Relief (4)	4,701,636	7	27,112,168
m.	April 1, 2018	Assumption Change (7)	6,031,003	11	48,390,243
n.	April 1, 2021	Funding Method Change (8)	21,052,757	9	146,765,050
o.	April 1, 2021	Actuarial Gain	6,576,274	14	61,538,471
p.	April 1, 2022	Assumption Change (9)	572,334	15	5,577,659
q.	April 1, 2022	Actuarial Gain	<u>6,553,098</u>	15	<u>63,863,005</u>
r.	Total		216,763,403		964,906,322

3.	Net outstanding balance [(1kk) – (2r)]				1,166,898,670
4.	Credit Balance as of April 1, 2022				(611,181,805)
5.	Waived funding deficiency				0
6.	Balance test result [(3) – (4) – (5)]				1,778,080,475
7.	Unfunded Actuarial Accrued Liability as of April 1, 2022, minimum \$0				1,778,080,475

Attachment to 2022 Form 5500
Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
American Federation of Musicians & Employers’ Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Funding Status Projection Results

An accumulated funding deficiency is projected to occur for the current Plan year ending March 31, 2023.

The funded percentage as of April 1, 2022 is projected to be 49.2%.

The Plan fails tests under both IRC Section 432(b)(2)(B) and IRC Section 432(b)(2)(C), used to determine whether the Plan is in critical status.

The ratio of inactive to active participants as of April 1, 2021 is 2.27.

The Plan is projected to become insolvent during the Plan year ending March 31, 2039.

PPA Certification

I hereby certify that the American Federation of Musicians & Employers’ Pension Fund is considered “critical and declining” under IRC Section 432(b)(6) for the Plan year beginning April 1, 2022, as defined in the Pension Protection Act of 2006 as amended by the Multiemployer Pension Reform Act of 2014 (“MPRA”).

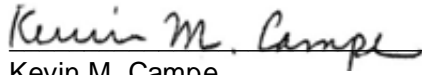
Further, I hereby certify that to the best of my knowledge and belief, the actuarial assumptions employed in preparing this certification are individually reasonable and represent my best estimate of future experience. Additionally, the “projected industry activity” assumption, as required under IRC Section 432(b)(3)(B)(iii), has been based on input provided by the Board of Trustees.

The valuation results were developed using models intended for valuations that use standard actuarial techniques. The certification is based on a projection model. Projection models reflect possible outcomes based on projected inputs. Actual results will differ from those projected to the extent actual plan provisions, assumptions, and emerging experience differs from the projection inputs. Appendix C of the April 1, 2021 actuarial valuation report includes a risk assessment, disclosure, and key plan maturity metrics applicable to these calculations.

Scheduled Progress

The Pension Protection Act (PPA) requires the actuary to certify whether the plan is making scheduled progress in meeting the requirements of its Rehabilitation Plan. The Rehabilitation Plan for the American Federation of Musicians & Employers’ Pension Fund was adopted in April 2010 which reduced certain benefits and increased the Plan’s contribution rates. The Trustees determined using reasonable actuarial assumptions and methods that they were unable to adopt a Rehabilitation Plan that would enable the Plan to emerge from critical status by the end of the ten-year Rehabilitation Period on March 31, 2023 which began on April 1, 2013. As a result, the Trustees adopted a Rehabilitation Plan that, in their judgment, consisted of all reasonable measures to either emerge from critical status by a later date than the ten-year period mentioned above or forestall insolvency. The Trustees revised the Rehabilitation Plan effective June 27, 2016 such that in their judgment, it consisted of all reasonable measures to forestall insolvency. The Rehabilitation Plan contribution schedule has been updated effective June, 2018 to require a 10% increase in the rate of contributions with such increases not considered when calculating a pension benefit. As required under the PPA, the Trustees have been and will continue to review the Rehabilitation Plan annually. Based on implementation of the Rehabilitation Plan and reflecting the Plan’s experience through March 31, 2022, I hereby certify that the Plan is making scheduled progress as of April 1, 2022 as required under IRC Section 432(b)(3)(A)(ii).

Attachment to 2022 Form 5500
Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001



Kevin M. Campe
Enrolled Actuary #20-5356

June 29, 2022

Date

Attachment to 2022 Form 5500
Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
American Federation of Musicians & Employers’ Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Summary of Assumptions/Methods

Our projections are based on:

- April 1, 2021 participant data and April 1, 2021 actuarial valuation results, as described in the actuarial report for the Plan year ended March 31, 2022.
- March 31, 2022 unaudited financial statement provided by the Fund office.
- An assumption that the active population will remain stable for each plan year after March 31, 2022.

Investment Returns

- Assumed rate of return on market assets of 7.00% (net of investment-related administrative expenses) for every year after the plan year ended March 31, 2022.
- No future asset gains or losses other than the gains or losses related to the asset smoothing method.

Contribution Income:

(a) Long-term, wage-based contribution assumption

- Wage-based contributions of \$22,121,313 for fiscal year ending March 31, 2021 (“FYE”) are expected to increase 2.6% per annum thereafter. In addition, the 10% contribution rate increase implemented in June 2018 updated rehabilitation plan is expected to phase in according to the following schedule:
 - Freelance and Single-Engagement: 66% of contracts renewed in FYE 2020 and remaining 34% in FYE 2021
 - Broadway Theaters reflected prior to FYE 2021
 - All other: 25% of contracts renewed in FYE 2020 and remaining 75% distributed equally over FYE 2021 – 2023, inclusive

(b) Impact of COVID-19

- The following chart shows the Trustees’ expectations in wage-based contributions for FYE 2023 to 2025.

FYE	Projected Wage-Based Revenue (\$M)
2023	\$66.8
2024	74.1
2025	76.2

These projections are based on an individualized analysis of each of the various industry segments, and take into account all information available to the Trustees. In each case, the Trustees began with the current decline in the industry segment, determined the date in which the segment is reasonably expected to begin to recover and established an expected timeline over which that the recovery would occur, typically on a graduated basis.

Attachment to 2022 Form 5500
Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
American Federation of Musicians & Employers’ Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

- Non-benefit-bearing, non-wage-based contributions increase according to the table below

FYE	Non-benefit-bearing, non-wage-based contributions (\$ or % increase)	
	Streaming	Film Musicians Fund
2023	\$9,906,000	\$2,231,483
2024	16%	5%
2025	12	4
2026	10	4
2027	8	3
2028	6	3
2029	5	3
2030	4	3
2031 and later	3	3

- Future other income according to the table below assumes that currently withdrawn employers continue to make scheduled quarterly withdrawal liability payments.

Fiscal Year Ending 3/31	Contributions (\$M)
2023-2032	\$0.11
2033	0.09
2034	0.07
2035-2036	0.05
2037	0.02
2038-2040	0.01
2041 and later	0.00

New entrant profile

- Active participant count remains level. New entrant wages projected to increase at 2.25% wage increase assumption from 2021. New entrant profile per 1,000 new entrants outlined in table below:

Age	\$3,230 wages in 2021; 10.7% contribution rate			\$25,501 wages in 2021; 11.6% contribution rate		
	Male	Female	Service	Male	Female	Service
22	21	10	1.16	7	3	1.16
27	84	39	1.35	23	12	1.32
32	102	41	1.83	16	8	1.79
37	87	30	2.86	12	4	2.83
42	72	23	4.71	9	3	4.00
47	68	24	6.53	9	2	5.47
52	56	18	10.07	6	1	7.84
57	58	20	12.73	5	1	12.07
62	66	17	15.77	4	1	14.29
67	29	7	13.12	2	0	12.46

Attachment to 2022 Form 5500
Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Plan Identification

Name:	American Federation of Musicians & Employers' Pension Fund
EIN:	51-6120214
Plan Number:	001
Address:	14 Penn Plaza, 12 th Floor New York, New York 10117-0262
Telephone Number:	(800) 833-8065 or (212) 284-1200

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan No. 001
Plan Year Ended December 31, 2022**

**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

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan No. 001
Plan Year Ended December 31, 2022**

**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

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Actuarial Assumptions

▪ **Investment Return:**

- 7.00% (net of investment-related administrative expenses) for ERISA minimum funding and FASB ASC Topic 960 plan accounting.
- 1.88% for current liability purposes.
- March 2022 PBGC interest rates for mass withdrawal purposes of 2.37% for first 20 years and ultimate rate of 2.03% for unfunded vested benefit liability for withdrawal liability calculations.

▪ **Mortality:**

Employee: RP-2006 Employee Mortality Table and Mortality Improvement Scale MP-2021 on a generational basis for males and females

Annuitant: Plan-specific mortality rates developed using IRS Revenue Procedure 2017-55 with 2017 base year and Mortality Improvement Scale MP-2021 on a generational basis for males and females

Disabled: RP-2006 Disabled Annuitant Mortality Table and Mortality Improvement Scale MP-2021 on a generational basis for males and females.

Mortality Rates Used in Conjunction with Full Funding Limitation Computations

Test I (ERISA): Based on the Plan's mortality, as defined above.

Test II (RPA '94): RP-2014 mortality table (male and female rates) with projection for mortality improvement, updated annually, as mandated by the IRS.

▪ **Termination Rates:**

Termination rates have been separated into two groups.

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Sample rates are shown below for participants who earned less than \$10,000 in the plan year prior to the valuation date:

Years of Service				
Attained Age	0-2* (Select)	2-3 (Select)	3-4 (Select)	4 or More (Ultimate)
20	35.0%	30.0%	20.0%	20.0%
25	35.0	30.0	20.0	20.0
30	40.0	35.0	25.0	20.0
35	45.0	40.0	30.0	20.0
40	45.0	40.0	30.0	20.0
45	45.0	40.0	30.0	20.0
50	45.0	35.0	30.0	20.0
55	45.0	35.0	30.0	20.0
60	45.0	35.0	30.0	20.0
64	45.0	35.0	30.0	20.0
65	0.0	0.0	0.0	0.0

* Participants with less than one year of service are not included for valuation purposes. Therefore, this selects period with respect to the present value of benefits only impacts participants who have accrued between 1 and 2 years of vesting service as of the valuation date.

Sample rates are shown below for participants who earned \$10,000 or more in the plan year prior to the valuation date:

Attained Age	Termination Rate
20	6.0%
25	6.0
30	6.0
35	4.0
40	4.0
45	4.0
50	3.0
55	3.0
60	3.0
64	3.0
65	0.0

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

▪ **Retirement Rates:**

Retirement rates used are shown below:

Attained Age	Retirement Rate
55-61	1.0%
62-63	2.0
64	15.0
65	50.0
66-69	20.0
70 and Over	100.0

The weighted average retirement age is 66.3.

▪ **Disability Rates:**

None.

▪ **Form of Payment:**

Future retirees will elect each optional form of benefit as shown below:

Form of Payment	% Electing
Single Life	50%
Joint & 50% Survivor	30
Joint & 75% Survivor	20

▪ **Assumed Age of Commencement of Deferred Benefits:**

Participants who have terminated with deferred benefits or who are assumed to terminate with deferred benefits in the future as shown below:

Attained Age	% Retiring
55-59	1.0%
60-64	3.0
65-68	20.0
69-70	10.0
71 and Over	100.0

The weighted average retirement age is 67.2.

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

American Federation of Musicians & Employers’ Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

▪ **Pre-Retirement Death Benefits:**

80% of the participants are assumed to have beneficiaries. Male participants are assumed to be three years older than female beneficiaries and female participants are assumed to be three years younger than male beneficiaries.

▪ **Future Benefit Accruals:**

Long-term assumptions before reflecting impact of COVID-19 on work levels:

Current actives until retirement and current in-pay retirees under 65 until age 65: Future years’ contributions are assumed to increase by 1.90% per year for 2019 to 2028 plan year and 1.00% per year thereafter from those contributions reported for the prior pension credit year.

Current in-pay retirees at or over 65: Future years’ contributions are assumed to be equal to contributions reported for the prior pension credit year.

Contribution amounts for future retirees and current in-pay retirees under 65 starting at age 65 are shown below:

Attained Age	Annual Contribution Amount
55-75	\$750
76-85	250

Adjustments to long-term assumptions to reflect impact of COVID-19 on work levels:

Future benefit accruals adjusted by the same reduction to work levels reflected in the projected contribution income from a participant’s contributions during 2019 (if available) described below.

Fiscal Year Ending 3/31	% of Work Level Due to COVID-19
2022	57%
2023	91
2024 and later	100

Participants who are considered terminated after March 31, 2020: Assumed to continue to accrue benefits as indicated above but adjusted by the probability of remaining active since year of termination. This assumption resulted in the following revised record counts for purposes of accruals:

Status	Record Count
Active	22,619
Terminated Vested	11,548

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

American Federation of Musicians & Employers' Pension Fund and Subsidiary
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▪ **Administrative Expenses:**

\$19.7 million for the 2022-2023 Plan year based on the Fund office's estimated administrative expenses budget for the 2022-2023 Plan year. For FASB ASC Topic 960 plan accounting, the present value of the administrative expenses was calculated by projecting the payment of expected administrative expenses for the duration of the Plan's liabilities. The duration of the Plan's liabilities was calculated to be 12 years at March 31, 2022. Projected administrative expenses were increased 2.25% per annum after the valuation year, then discounted using the Plan's investment return assumption of 7.0%.

▪ **Benefit Limitations:**

The Section 415 limit of \$195,000* is applied on an aggregate basis but the participant's total benefit at December 31, 2007 is applied on an employer-by-employer basis using a Section 415 limit of \$180,000.

The Section 401(a)(17) limit of \$245,000* is applied on an employer-by-employer basis. For valuation purposes, the Section 401(a)(17) limit is assumed to not apply for future accruals.

* The limits do not change based on automatic cost-of-living adjustments. Rather, the limits will remain at the noted levels above until the Trustees amend the plan.

▪ **Assumptions regarding missing or incomplete data:**

Lost Participants: Assume 100% of lost participants under age 85 will receive benefits. Lost participants over age 70½ receive actuarial increase from Normal Retirement Date to Required Beginning Date. In addition, a one-time payment of missed payments from Required Beginning Date to the valuation date.

Summary of Lost Participants as of 4/1/2022	
Count	607
Average Age	62
Average Annual Benefit	\$2,987
One-Time Payment	\$3.5M

Unreported Data: Active participants with unreported data (gender, date of birth) are assumed to have characteristics of the average group. If not easily determined, participants with unknown sex are assumed to be male.

▪ **Rationale for Significant Assumptions:**

Investment Return for ERISA minimum funding and FASB ASC Topic 960 plan accounting:

Selected based on the Plan's target asset allocation as of the valuation date, capital market assumptions from several sources, including published studies summarizing the expectations of various investment experts. This information was used to develop forward-looking long-term

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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

American Federation of Musicians & Employers' Pension Fund and Subsidiary
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expected returns, producing a range of reasonable expectations according to industry experts. Based on the resulting range of potential assumptions, in our professional judgement the selected investment return assumption is reasonable for this purpose and is not expected to have any significant bias.

Investment Return for withdrawal liability: Rates of return used by the PBGC to value annuities under a mass withdrawal. Withdrawal liability is used to allocate a portion of Unfunded Vested Benefits to employers who withdraw from the fund. A withdrawal is viewed as a settlement similar to an annuity purchase where the transfer of investment risk for a portion of a plan's liabilities is assumed by an insurance company. Use of the PBGC rates reflects the fact that a withdrawn employer transfers investment risk to the remaining employers. As such it is reasonable to use PBGC interest rates that are used to measure plan termination liabilities and which are considered comparable to rates used by insurance companies for annuities to measure the financial obligation of the withdrawing employer. In our professional judgement, the selected investment return assumption for withdrawal liability is reasonable for this purpose and is not expected to have any significant bias.

Base Mortality: Based on the assumptions and methods contained in our Mortality Experience Study, dated December 23, 2020.

Retirement Rates: Based on analysis of retirements experienced by the Plan from April 2011 through April 2016.

▪ **Changes in Assumptions from Prior Valuation**

The assumptions used in this valuation are the same as those used in the prior valuation except as follows:

- The mortality projection scale was changed to MP-2021 from MP-2020.
- The assumption for future contribution increases was changed to 1.9% per year from the Plan year ending March 31, 2020 through the Plan year ending March 31, 2029 and 1.0% per year thereafter from 2.25% per year.
- The ultimate return to work percentage was updated from 98% to 100%.
- Terminated vested participants aged 85 and over as of the valuation date are assumed to never commence benefits and therefore excluded from the valuation. Previously, all terminated vested participants were assumed to commence benefits and included in the valuation.
- The assumption for retroactive payments to participants beyond Required Beginning Date was changed to exclude interest from Required Beginning Date. This change was made to conform to Plan practice.
- The administrative expense assumption was changed to \$19.7 million from \$19.0 million based on the Fund office's administrative expenses budget for the Plan year ending March 31, 2023.
- For Current Liability purposes, the interest rate changed to 1.88% from 2.02%. The statutory mortality rates also have been updated as required by law.
- For withdrawal liability purposes, the interest rate was changed to 2.37% for the first 20 years and ultimate rate of 2.03% from 1.69% for the first 20 years and ultimate rate of 1.66%.

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Actuarial Cost Methods

▪ **Liability Valuation Method:**

The actuarial cost method used for determining the plan sponsor's ERISA funding requirements and the FASB ASC Topic 960 values is the traditional unit credit actuarial cost method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

▪ **Asset Valuation Method:**

The market value of assets is adjusted by smoothing the differences between the expected market value of assets and the actual market value of assets from the past five years. In accordance with the special asset valuation rule under funding relief, the amount of the difference in expected market value of assets and the actual market value of assets for the plan year ending March 31, 2009 is amortized over a 10-year period. The expected value of assets for each year is the market value of assets at the valuation date for the prior year brought forward with interest at the valuation rate to the current year plus contributions minus benefit payments and administrative expenses, all adjusted with interest at the valuation rate from the prior year to the valuation date for the current year. The actuarial value of assets is the resulting amount except if the resulting amount is greater than 120% of the market value, actuarial value of assets is set equal to 120% of market value of assets and if the resulting amount is less than 80% of the market value, actuarial value of assets is set equal to 80% of market value of assets.

For purposes of determining the unfunded vested benefit liability for withdrawal liability calculations, the asset valuation method is market value.

▪ **Special amortization rule:**

The Plan's investment loss for the Plan year ended March 31, 2009 is treated separately from other investment gains/losses, to be amortized in equal installments over the period beginning from April 1, 2009 through March 31, 2039.

The portion of the net experience loss is based on the prospective method as described in Notice 2010-83. The schedule of amortization bases is as follows:

Attachment to 2022 Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
American Federation of Musicians & Employers’ Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Year	Amount (Gain)/Loss	Years in Amortization Base*	Years in Offset Base*
4/1/09	\$ 545,478,705	29	15
4/1/10	(124,097,819)	28	15
4/1/11	153,283,704	27	15
4/1/12	21,184,391	26	15
4/1/13	63,061,837	25	15
4/1/14	<u>45,271,288</u>	24	15
	<u>\$ 704,182,106*</u>		

* The total loss of \$704,182,106 equals the investment loss for the year ended March 31, 2009.

- **Changes in Method from Prior Valuation**

None.

Attachment to 2022 Form 5500
Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

The following changes were made in the actuarial assumptions or methods for the current plan year:

- The mortality projection scale was changed to MP-2021 from MP-2020.
- The assumption for future contribution increases was changed to 1.9% per year from the Plan year ending March 31, 2020 through the Plan year ending March 31, 2029 and 1.0% per year thereafter from 2.25% per year.
- The ultimate return to work percentage was updated from 98% to 100%.
- Terminated vested participants aged 85 and over as of the valuation date are assumed to never commence benefits and therefore excluded from the valuation. Previously, all terminated vested participants were assumed to commence benefits and included in the valuation.
- The assumption for retroactive payments to participants beyond Required Beginning Date was changed to exclude interest from Required Beginning Date. This change was made to conform to Plan practice.
- The administrative expense assumption was changed to \$19.7 million from \$19.0 million based on the Fund office's administrative expenses budget for the Plan year ending March 31, 2023.
- For Current Liability purposes, the interest rate changed to 1.88% from 2.02%. The statutory mortality rates also have been updated as required by law.
- For withdrawal liability purposes, the interest rate was changed to 2.37% for the first 20 years and ultimate rate of 2.03% from 1.69% for the first 20 years and ultimate rate of 1.66%.

The interest rate changes for current liability and withdrawal liability purposes reflect annual changes applicable to these rates. All other changes were made to better reflect anticipated future experience.

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan No. 001
Plan Year Ended December 31, 2022**

**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

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of 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)


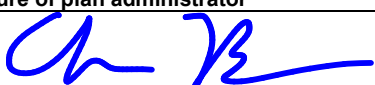
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan American Federation of Musicians and Employers' Pension Fund and Subsidiary</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
	<p>1c Effective date of plan 10/02/1959</p>
<p>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 American Federation of Musicians and Employe 14 Penn Plaza, 12th Floor New York NY 10122</p>	<p>2b Employer Identification Number (EIN) 51-6120204</p>
	<p>2c Plan Sponsor's telephone number (212) 284-1242</p>
	<p>2d Business code (see instructions) 711510</p>

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		10/12/2023	Augustino Gagliardi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/2023	Christopher J.G. Brockmeyer
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413