

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input checked="" type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

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) 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
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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2024	AUGUSTINO GAGLIARDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2024	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 51361
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 18826 6a(2) 19021 6b 16206 6c 14060 6d 49287 6e 2699 6f 51986 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1664

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2023

This Form is Open to Public
Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 AND EMPLOYEE

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 01 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	1660290239
(2) Actuarial value of assets for funding standard account	1b(2)	1696264511
c (1) Accrued liability for plan using immediate gain methods	1c(1)	3532154924
(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)	3532154924
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)	6055335710
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	74108540
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	249771677
(3) Expected plan disbursements for the plan year	1d(3)	267179470

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

KEVIN M. CAMPE

Type or print name of actuary

MILLIMAN, INC.

Firm name

71 S. WACKER DRIVE SUITE 3100, CHICAGO, IL 60606-4637

Address of the firm

10/09/2024

Date

20-05356

Most recent enrollment number

312-726-0677

Telephone number (including area code)

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) 2023 v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1660290239
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	18957	3156657292
(2) For terminated vested participants	13946	862119093
(3) For active participants:		
(a) Non-vested benefits		53172203
(b) Vested benefits		1983387122
(c) Total active	18826	2036559325
(4) Total	51729	6055335710
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	27.42%

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	
07/01/2023	80147415					
			Totals ▶	3(b)	80147415	
				3(c)	0	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	107580

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	48.0%
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, does line 1(c) reflect any benefit reductions for the first time (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:	4f	2034
• 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."		

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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	2.19 %
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 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		7.3%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h		-10.1%	
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)		17407793	
(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	-11245350	-1153906
4	-386097	-39618

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	719241777
b Employer's normal cost for plan year as of valuation date	9b	45184161

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)	1972378149	332711163
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 76799597**e** Total charges. Add lines 9a through 9d**9e** 1173936698**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** 80147415**h** Amortization credits as of valuation date

Outstanding balance

9h	855729513	216869533
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 17961638**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)	2051242265	
9j(2)	3869411419	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 314978586**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** 858958112**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 858958646**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

86-3505724

(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, L.P.

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 LLC

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

CHARLES-LIM ASIA GLOBAL LIMITED

KINGSTON CHAMBERS P.O. BOX 173 ROAD TOWN
TORTOLA, BRITISH VIRGIN ISLANDS VG1110 VG

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

CHARTERHOUSE CAPITAL PARTNERS LLP

76 BUCKINGHAM PALACE ROAD 6TH FLOOR BELGRAVE HOUSE
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 HEILIER, 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

GLENDON CAPITAL MANAGEMENT LP

46-1394333

(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

INDEPENDENT FRANCHISE PARTNERS, LLP

98-0682628

(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

KENNEDY LEWIS MANAGEMENT

225 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

KELSO INVESTMENTS ASSOCIATES IX, LP

94-2680741

(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 AVENUE
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

MERITECH CAPITAL ASSOC VI, LLC

83-0674172

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

MERITECH CAPITAL ASSOC VII, LLC

85-1034322

(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

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

SILVER LAKE TECHNOLOGY ASSOC. VII LP

87-2542352

(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

46-3372878

(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

TWO SIGMA ADVISORS, LP

35-2191456

(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 CAPTAIN 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 II, LP

98-1436661

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

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

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	2165470	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	1875544	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MILLIMAN INC

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 17 50 70	NONE	1189796	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)

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 52	NONE	800000	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)

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 64	NONE	771038	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)

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	605661	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 AND 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	589967	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)

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	574016	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)

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	529988	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)

THE CHILDRENS INVESTMENT FUND

7 CLIFFORD STREET
LONDON, LONDON W1G0PD GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	496715	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 1

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	477819	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	457302	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 52	NONE	448029	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 52	NONE	397582	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 KEMPNER 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 52	NONE	383288	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)

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	371994	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)

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	354104	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 2

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	345971	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 52	NONE	334875	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 3

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	326511	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)

ELLIOT INTERNATIONAL LIMITED

22-3338767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	317175	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 52	NONE	277784	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)

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 52	NONE	269996	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 52	NONE	235818	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)

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	222372	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)

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	219823	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)

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 52	NONE	216783	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 4

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	216168	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 5

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	215097	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 6

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	213056	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 7

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	212954	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 52	NONE	204836	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)

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	203499	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 8

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	186954	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 9

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	185828	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	184632	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 10

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	182204	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)

HS MANAGEMENT PARNTERS, 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	180405	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 11

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	171576	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)

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	161280	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 12

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	155673	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)

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 52	NONE	145753	Yes <input type="checkbox"/> No <input 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 13

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	141278	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 14

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	138097	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 15

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	136442	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)

DOUBLELINE 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	131946	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 16

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	131714	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	126553	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)

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 52	NONE	125101	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 17

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	125029	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 18

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	119496	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 19

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	115789	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	115772	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 20

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	115056	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 21

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	112441	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 22

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	112100	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 VAL
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	109493	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 23

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	104008	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 24

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	101623	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 25

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	101574	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 26

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	100652	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 27

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	100161	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/PDI AMERICA

PO BOX 786
CHESTER, NJ 07930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	96442	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 28

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	93879	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 29

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	92412	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 30

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	91174	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 31

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	89128	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 32

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	86343	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 33

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	86098	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 PRINTING SOLUTIONS, INC.

47-4140223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	83812	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)

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	83419	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 34

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	81401	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 35

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	80544	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 36

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	80238	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 52	NONE	79963	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 37

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	79444	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 38

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	79402	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 39

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	74732	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)

WINMILL SOFTWARE INC

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	74540	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 40

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	74262	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 41

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	73281	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 42

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	69982	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 43

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	68375	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 44

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	68214	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 45

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	67460	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 46

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	67457	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 47

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	67274	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 48

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	67209	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)

BLAKEMAN CREST ADVISORS, LLC

83-2051885

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	64150	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 49

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	63793	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 50

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	63780	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 51

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	63304	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 52

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	60790	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	60239	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 53

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	56973	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 54

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	56949	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 55

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	56803	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 56

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	54213	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 57

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	53228	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 58

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	52628	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)

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 52	NONE	50355	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 59

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	46615	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 60

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	41639	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 61

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	39423	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)

PALMER SQUARE CAPITAL MGMT

1900 SHAWNEE MISSION PKWY
315
MISSION WOODS, KS 66205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	39394	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)

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 52	NONE	37484	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 62

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	36597	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 63

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	34716	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 64

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	33718	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)

THE SR GROUP US, INC

600 5TH AVE
NEW YORK, NY 10020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	33240	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)

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	32651	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 65

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	32130	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 66

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	31894	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)

CONSTELLATION INVESTMENTS

RUA AMAURI 255 6TH FLOOR
SAO PAULO, SAO PAULO 01448-000 BR

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	31283	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 67

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	28999	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	27691	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 68

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	26899	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 69

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	26298	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 70

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	26157	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	22394	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 52	NONE	19387	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	17663	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)

NASDAQ INC

52-1165937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 15 16 18 21 72	NONE	15520	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)

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 52	NONE	14239	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 2

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	12950	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)

MIG LLC

92-1443405

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12240	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)

EPC GROUP

4900 WOODWAY DRIVE
SUITE 830
HOUSTON, TX 77056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11100	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)

CONSENSUS TECHNOLOGIES LLC

20-4710354

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10533	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	9755	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 4

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	8913	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)

NAUTICUS GROUP INC

20-3266002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7705	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	7431	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 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	6759	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 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	6100	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 8

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	5482	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"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22	6240

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	Asset and Liability Statement
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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	696536	634110
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10455777	12777152
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	71868662	77538394
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	77863013	49392236
(2) U.S. Government securities	1c(2)	26236872	28492462
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3099436	696840
(B) All other	1c(3)(B)	6376087	2350255
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	82152636	50357435
(5) Partnership/joint venture interests	1c(5)	1352169465	1437930673
(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)	47142014	71668687
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	63861326	18337571

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	7543199	6045956
f Total assets (add all amounts in lines 1a through 1e)	1f	1749465023	1756221771
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8247209	8742723
i Acquisition indebtedness	1i		
j Other liabilities	1j	80325664	92063447
k Total liabilities (add all amounts in lines 1g through 1j)	1k	88572873	100806170
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1660892150	1655415601

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)	80039835	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	-159382	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		79880453
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	227052	
(B) U.S. Government securities	2b(1)(B)	350730	
(C) Corporate debt instruments	2b(1)(C)	305871	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3488850	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4372503
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	856126	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12315413	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		13171539
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	306272428	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	255660200	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		50612228
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	103102900	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		103102900

		(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)		10802605
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		261942228

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	237976247	
(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)		237976247
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	7491612	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	23545	
(4) IQPA audit fees.....	2i(4)	371994	
(5) Investment advisory and investment management fees	2i(5)	12349035	
(6) Bank or trust company trustee/custodial fees	2i(6)	43887	
(7) Actuarial fees	2i(7)	1050484	
(8) Legal fees	2i(8)	1204629	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	149586	
(11) Other expenses	2i(11)	6757758	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		29442530
j Total expenses. Add all expense amounts in column (b) and enter total	2j		267418777

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5476549
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>		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?		<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>		1456268244
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?		<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>		
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.)	<input checked="" type="checkbox"/>		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [521289](#).

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	44

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.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2023
v. 230728

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 **DISNEY WORLDWIDE SERVICES INC.**

b EIN **95-4245682**

c Dollar amount contributed by employer **3137571**

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 **EP TALENT SERVICES**

b EIN **61-1805920**

c Dollar amount contributed by employer **2744320**

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 **2606931**

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 **TEAM MUSIC**

b EIN **95-4836608**

c Dollar amount contributed by employer **1695927**

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 **LOS ANGELES PHILHARMONIC ASSOCIATION**

b EIN **95-1696734**

c Dollar amount contributed by employer **1633159**

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 **1103991**

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 SAN FRANCISCO BALLET ASSOCIATION

b EIN 94-1415298

c Dollar amount contributed by employer 1038471

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 11 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 15.59

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

a Name of contributing employer NEW YORK CITY BALLET

b EIN 13-2947386

c Dollar amount contributed by employer 1011403

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 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) 19.18

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

a Name of contributing employer MINNESOTA ORCHESTRAL ASSOCIATION

b EIN 41-0693875

c Dollar amount contributed by employer 965514

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 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) 8.39

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

a Name of contributing employer DALLAS SYMPHONY ORCHESTRA

b EIN 75-0705442

c Dollar amount contributed by employer 846392

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 8.39

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

2

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

3128148

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 28.0 % Private Equity: 28.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 5.0 %

High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 4.0 % Other: 34.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**AMERICAN FEDERATION OF MUSICIANS AND
EMPLOYERS' PENSION FUND AND SUBSIDIARY**
Consolidated Financial Statements
December 31, 2023 and 2022
With Independent Auditor's Report

American Federation of Musicians and Employers' Pension Fund and Subsidiary
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December 31, 2023 and 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, which comprise the consolidated statements of net assets available for benefits as of December 31, 2023 and 2022, and the related consolidated statement of changes in net assets available for benefits for the year ended December 31, 2023, and the consolidated statement of accumulated plan benefits as of December 31, 2022, and the related consolidated statement of changes in accumulated plan benefits for the period April 1, 2022 to December 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, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, and the accumulated plan benefits as of December 31, 2022, and the changes in its accumulated plan benefits for the period April 1, 2022 to December 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.

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.

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

October 9, 2024

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Consolidated Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments - at fair value	\$ 1,655,710,193	\$ 1,656,160,198
Receivables		
Due from broker for securities sold	76,780,485	70,877,099
Employer contributions	12,777,152	10,455,777
Employers withdrawal liability - net of allowance for credit losses of \$10,745,666 in 2023 and \$10,586,284 in 2022	334,949	601,911
Accrued interest and dividends	422,960	387,087
Total receivables	<u>90,315,546</u>	<u>82,321,874</u>
Cash and cash equivalents	4,150,076	3,437,187
Fixed assets - net	236,067	149,397
Other assets	747,983	1,370,003
Right-of-use asset - net	<u>5,061,906</u>	<u>6,026,364</u>
	<u>10,196,032</u>	<u>10,982,951</u>
Total assets	<u>1,756,221,771</u>	<u>1,749,465,023</u>
Liabilities		
Accrued expenses and other liabilities	8,742,723	8,247,209
Due to broker for securities purchased	86,240,386	73,427,274
Lease liability	<u>5,823,061</u>	<u>6,898,390</u>
Total liabilities	<u>100,806,170</u>	<u>88,572,873</u>
Net assets available for benefits	<u>\$ 1,655,415,601</u>	<u>\$ 1,660,892,150</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 Year Ended December 31, 2023

Additions

Investment income	
Net appreciation in fair value	\$ 164,517,733
Interest and dividends	<u>17,544,042</u>
Total investment gain	182,061,775
Investment expenses	<u>(12,349,035)</u>
Net investment gain	169,712,740
Employer contributions	80,039,835
Withdrawal liability assessments	196,190
Withdrawal liability assessment adjustments	<u>(355,572)</u>
Total additions	<u>249,593,193</u>

Deductions

Benefit payments	237,976,247
Administrative expenses	<u>17,093,495</u>
Total deductions	<u>255,069,742</u>

Net change in net assets available for benefits (5,476,549)

Net assets available for benefits

Beginning of period	<u>1,660,892,150</u>
End of period	<u>\$ 1,655,415,601</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
December 31, 2022

Vested benefits

Active participants	\$ 923,984,098
Age retirees	2,128,424,868
Terminated vested participants	429,617,728
Beneficiaries	152,303,250
Disabled participants	<u>24,289,103</u>
Total vested benefits	3,658,619,047

Nonvested benefits	<u>38,270,424</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 3,696,889,471</u>
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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
For the Period April 1, 2022 to December 31, 2022

* Actuarial present value of accumulated plan	
benefits at the beginning of period	<u>\$ 3,692,066,459</u>
Increase (decrease) during the year attributable to	
Discount period	187,396,358
Benefits accumulated plus actuarial gain	4,167,862
Changes in actuarial assumptions	(386,097)
Benefit payments	<u>(186,355,111)</u>
Net change	<u>4,823,012</u>
Actuarial present value of accumulated plan	
benefits at the end of period	<u>\$ 3,696,889,471</u>

* - In 2022, 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.

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

December 31, 2023 and 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 (the "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
December 31, 2023 and 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.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

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 a third revised application for Special Financial Assistance on March 14, 2024. The application was approved on July 12, 2024 for the amount of \$1.5 billion. The Plan received the funds on August 12, 2024.

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.

American Federation of Musicians and Employers' Pension Fund and Subsidiary

Notes to Consolidated Financial Statements

December 31, 2023 and 2022

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 appreciation 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

The Plan reports as employers' contributions receivable any contributions due that relate to work completed on or before December 31. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2023 and 2022, no allowance for credit losses has been recorded.

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.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

During the year ended December 31, 2023, 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, 2023 and 2022, the Plan recognized receivables from withdrawing employers in the amount of \$11,080,615 and \$11,188,195, respectively. The allowance for credit losses, totaling \$10,745,666 and \$10,586,284 as of December 31, 2023 and 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, 2023 and 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, 2023, was 4.83 years. The weighted average discount rate at December 31, 2023, 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.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

Accounting Pronouncements Currently Adopted

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

The Plan adopted the new standard effect January 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets available for benefits. The adoption of this standard did not have a material effect on the Plan.

Subsequent Events

In preparing these consolidated financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2023, for potential recognition or disclosure in the consolidated financial statements. These events and transactions were evaluated through October 9, 2024, the date that the consolidated financial statements were available to be issued, and no items, other than that 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.

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 January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material difference. The following were significant assumptions used in the valuation as of January 1, 2023:

Investment Earnings

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

The current liability interest rate assumption is 2.19%.

December 2022 PBGC interest rates for mass withdrawal purposes of 3.90% for first 20 years and ultimate rate of 3.65% for unfunded vested benefit liability for withdrawal liability calculations.

Actuarial Cost Method

Unit Credit Actuarial Cost Method.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

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.

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.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

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%

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

\$18.0 million for the 2023 Plan year based on the Fund office's estimated administrative expenses budget for the 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 December 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%.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

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 3.20% and 2.60% per year for 2023 and 2024 plan years respectively, 1.90% per year for 2025 to 2031 plan year, and 1.00% thereafter 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

<u>Attained Age</u>	<u>% Retiring</u>
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 66.24.

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 December 31, 2022, the following changes in actuarial assumptions were made from the assumptions used for the April 1, 2022, valuation.

- The assumption for future contribution increases for benefit accruals was changed to 3.2% and 2.6% per year for 2023 to 2024 plan years respectively, 1.90% per year for 2025 to 2031 plan years, and 1.00% thereafter. Previously, the assumption was 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.

American Federation of Musicians and Employers' Pension Fund and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

- The administrative expense assumption was changed to \$18.0 million from \$19.7 million.
- For Current Liability purposes, the interest rate changed to 2.19% from 1.88% in accordance with IRS guidance. The statutory mortality tables also have been updated as required by law.

For withdrawal liability purposes, the interest rate was changed to 3.90% for the first 20 years and ultimate rate of 3.65% from 2.37% for the first 20 years and ultimate rate of 2.03%.

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.

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 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 years ended December 31, 2023 and 2022, there were no transfers in or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodology was not changed during the year ended December 31, 2023 and 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.

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- *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.

As of December 31, 2023 and 2022, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

2023				
	Level 1	Level 2	Level 3	Total Fair Value
Corporate stocks and futures	\$ 50,357,435	\$ -	\$ -	\$ 50,357,435
Corporate bonds, asset-backed securities, and other bonds	-	3,047,095	-	3,047,095
U.S. Government bonds and U.S. agency obligations	14,612,577	13,879,885	-	28,492,462
Short-term investments	-	45,876,270	-	45,876,270
Registered investment companies	71,668,687	-	-	71,668,687
Total investments in the fair value hierarchy	<u>\$ 136,638,699</u>	<u>\$ 62,803,250</u>	<u>\$ -</u>	199,441,949
Investments measured at NAV				<u>1,456,268,244</u>
Total investments - fair value				<u>\$ 1,655,710,193</u>

2022				
	Level 1	Level 2	Level 3	Total Fair Value
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>

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The following table sets forth a summary of investments held by the Plan reported at NAV as of December 31, 2023 and 2022:

	2023		2022		Redemption Frequency	Redemption Notice Period
	Fair Value	Unfunded Commitment	Fair Value	Unfunded Commitment		
Absolute Return (a)	\$ 117,468,923	\$ -	\$ 134,048,288	\$ 2,516,800	Upon Liquidation	Upon Liquidation
Developed ex. U.S. Equity (b)	128,552,166	-	104,559,659	-	Daily/Monthly	5 to 9 days
Emerging Market (c)	84,716,496	-	70,407,928	-	Daily/Monthly/ Quarterly/Annual	7 to 45 days
Fixed Income (d)	53,434,819	-	62,252,254	-	Daily	Prior to the valuation date
Global Managers (e)	128,223,796	1,579,565	120,076,773	1,579,565	Daily/Monthly/ Annually	10 to 60 days
Hedged Equity (f)	169,724,203	-	149,040,809	-	Upon Liquidation	Upon Liquidation
Private Equity Fund (g)	748,932,593	241,660,794	755,545,159	242,923,850	Upon Liquidation	Upon Liquidation
Private Real Estate (h)	1,398,525	10,438,917	1,539,635	10,438,917	Quarterly/at Partner's Discretion	General Partner's Discretion
U.S. Equity (i)	<u>23,816,723</u>	<u>-</u>	<u>18,560,286</u>	<u>-</u>	Daily	None
	<u>\$ 1,456,268,244</u>	<u>\$ 253,679,276</u>	<u>\$ 1,416,030,791</u>	<u>\$ 257,459,132</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.

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.

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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, 2023 and 2022, the fair value of futures contracts in the consolidated statements of net assets available for benefits is \$1,921,801 and \$(514,494) 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 \$2,241,626 and \$4,214,553 at December 31, 2023 and 2022, respectively, were held by the Plan's brokers as collateral on fixed-income futures contracts.

At December 31, 2023 and 2022, the Plan had futures contracts to purchase and sell as follows:

	Number of Contracts	Maturity Date	Notional Amount	
			2023	2022
Fixed income futures				
Future U.S. Treasury Note 2 Year	99	Mar-24	\$ 20,385,492	\$ 15,973,594
Future U.S. Treasury Note 5 Year	173	Mar-24	18,817,805	18,251,954
Future U.S. Treasury Note 10 Year	103	Mar-24	11,627,735	10,892,797
Future U.S. Treasury Long Bond	76	Mar-24	9,495,250	6,643,219
Future U.S. Treasury Ultra T-Bond	60	Mar-24	8,015,625	7,521,500
Future U.S. Treasury Ultra 10 Year	69	Mar-24	8,143,078	7,215,156
Total fixed income futures			<u>76,484,985</u>	<u>66,498,220</u>
Equity futures				
Mini MSCI EAFE Future	(198)	Mar-24	(22,298,760)	(12,768,570)
Mini MSCI EMG Mkt Future	(95)	Mar-24	(4,910,075)	(2,446,470)
MSCI Emer Mkt Future	12	Mar-24	739,200	21,130,700
MSCI India	(10)	Mar-24	(1,135,500)	(1,496,480)
MSCI Emr Mkts EME	274	Mar-24	8,151,500	-
S & P 500 Emini Index Future	(44)	Mar-24	(10,604,000)	(19,884,150)
Total equity futures			<u>(30,057,635)</u>	<u>(15,464,970)</u>
			<u>\$ 46,427,350</u>	<u>\$ 51,033,250</u>

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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.

As of the year ended December 31, 2023 and 2022, the recognized 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>2023</u>	<u>2022</u>
Fixed income and equity futures contracts	\$ 1,921,801	\$ (514,494)

6. FIXED ASSETS

At December 31, 2023 and 2022, fixed assets consisted of the following:

	<u>2023</u>	<u>2022</u>
Computer software	\$ 14,501,737	\$ 14,500,495
Computer equipment	3,970,808	3,812,084
Office furniture and equipment	1,507,661	1,507,378
Leasehold improvements	<u>1,662,504</u>	<u>1,662,504</u>
	21,642,710	21,482,461
Accumulated depreciation and amortization	<u>(21,406,643)</u>	<u>(21,333,064)</u>
	<u>\$ 236,067</u>	<u>\$ 149,397</u>

Depreciation and amortization expense for the year ended December 31, 2023, was \$73,578.

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 year ended December 31, 2023, the Plan recognized contributions and administrative expense of \$499,973. 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.

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December 31, 2023 and 2022

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, 2023 and 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.

10. RISKS AND UNCERTAINTIES

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

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

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

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.

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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.

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liability for years subsequent to December 31, 2023:

2024	\$ 1,279,100
2025	1,279,100
2026	1,279,100
2027	1,279,100
2028	<u>1,065,916</u>
Total future annual payments	6,182,316
Less: imputed interest	<u>(359,255)</u>
Total lease liability	<u>\$ 5,823,061</u>

Lease expense for operating leases, including amounts paid for variable lease expense of \$220,843, was \$1,457,306 for the year ended December 31, 2023, 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 \$1,236,463.

13. SUBSEQUENT EVENTS

On March 15, 2024, the Plan submitted a third revised application for Special Financial Assistance ("SFA") under the American Rescue Plan Act of 2021 ("ARPA"). The application was approved on July 12, 2024 for a total amount of \$1.5 billion. The Plan received the funds on August 12, 2024.

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, 2023 and 2022, and have issued our report thereon, dated October 9, 2024, 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 accompanying supplemental schedules of schedule H, line 4i, schedule of assets (held at end of year) as of December 31, 2023 and schedule H, line 4j, schedule of reportable transactions for the year ended December 31, 2023 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 9, 2024

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, 2023

(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
Interest Bearing Cash								
	BNY MELLON CASH RESERVE	STIF	N/A	0.100%	12/31/2049	8,566,011	\$ 8,566,011	\$ 8,566,011
	CASH COLLATERAL HELD AT MORGAN STANLEY	STIF	N/A	N/A	N/A	97,000	97,000	97,000
	FIDELITY INV MGMT TREAS 680	STIF	N/A	VAR RT	12/31/2049	36,559,219	36,559,219	36,559,219
	MS ICE CCP COLLAT	STIF	N/A	VAR RT	1/1/2049	303,000	303,000	303,000
	PIMCO FDS	STIF	N/A	FLTG	N/A	350,996	350,996	351,040
							45,876,226	45,876,270
U.S. Government Securities								
	CCP_CDS. SP UL GENERAL ELECTRI	Gov't	N/A	1.000%	6/20/2024	200,000	-	813
	CCP_CDS. SP UL GENERAL ELECTRI	Gov't	N/A	1.000%	12/20/2024	100,000	-	788
	CCP_CDX. SP UL CDX.NA.IG.41 CM	Gov't	N/A	1.000%	12/20/2028	1,600,000	21,314	31,093
	CDS. SP UL UNITED MEXICAN STAT	Gov't	N/A	1.000%	12/20/2024	100,000	-	813
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	284,039	284,039	284,039
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	169,479	169,479	169,479
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	1,358	1,358	1,358
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	814,147	814,147	814,147
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	25,289	25,289	25,289
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	9,793,453	9,793,453	9,793,453
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	75	75	75
	COLLECTIVE US GOV'T STIF 12	Gov't	N/A	5.290%	12/31/2049	188	188	188
	COMMIT TO PUR FNMA SF MTG	Gov't	N/A	3.500%	2/1/2054	3,000,000	2,663,906	2,758,350
	COMMIT TO PUR FNMA SF MTG	Gov't	N/A	3.500%	1/1/2054	400,000	364,760	367,408
	FHLMC POOL #SD-8254	Gov't	N/A	3.000%	10/1/2052	177,336	160,350	157,072
	FNMA POOL #0MA4698	Gov't	N/A	3.000%	7/1/2052	2,546,717	2,302,789	2,256,035
	U S TREASURY BOND	Gov't	N/A	1.750%	8/15/2041	2,700,000	2,634,584	1,885,464
	U S TREASURY BOND	Gov't	N/A	3.000%	8/15/2052	400,000	337,735	328,736
	U S TREASURY BOND	Gov't	N/A	4.000%	11/15/2052	300,000	325,500	297,387
	U S TREASURY BOND	Gov't	N/A	2.375%	5/15/2051	200,000	221,945	143,454
	U S TREASURY NOTE	Gov't	N/A	3.875%	8/15/2033	600,000	570,683	600,468
	U S TREASURY NOTE	Gov't	N/A	3.375%	5/15/2033	200,000	186,740	192,344
	U S TREASURY NOTE	Gov't	N/A	3.500%	4/30/2028	3,400,000	3,209,584	3,348,864
	U S TREASURY NOTE	Gov't	N/A	3.125%	8/31/2027	1,700,000	1,696,480	1,653,318
	U S TREASURY NOTE	Gov't	N/A	0.625%	7/31/2026	1,900,000	1,852,981	1,740,951
	U S TREASURY NOTE	Gov't	N/A	0.750%	1/31/2028	550,000	478,008	485,287
	U S TREASURY NOTE	Gov't	N/A	0.625%	11/30/2027	600,000	519,750	529,266
	U S TREASURY NOTE	Gov't	N/A	0.500%	10/31/2027	300,000	258,410	263,943
	U S TREASURY NOTE	Gov't	N/A	0.375%	9/30/2027	300,000	258,457	263,330
	U S TREASURY NOTE	Gov't	N/A	3.750%	5/31/2030	100,000	100,285	99,250
							29,252,289	28,492,462
Corporate Debt Instruments - Preferred								
	CENTEX HOME EQUITY LOAN T D M5	Bonds	N/A	6.410%	10/25/2035	400,000	396,096	395,708
	CLNC 2019-FL1 LTD FL1 A 144A	Bonds	N/A	6.700%	8/20/2035	367	367	366
	NOVASTAR MORTGAGE FUNDING 3 M2	Bonds	N/A	6.160%	1/25/2036	59,143	57,960	58,305
	TOWD POINT MORTGA GR4A A1 144A	Bonds	N/A	6.340%	10/20/2051	128,294	169,605	163,737
	TOWD POINT MORTGAG HY2 A1 144A	Bonds	N/A	3.450%	5/25/2058	77,473	77,631	78,724
							701,659	696,840
Corporate Debt Instruments								
	ABFC 2005-WF1 TRUST WF1 M5	Bonds	N/A	6.400%	7/25/2034	217,231	212,895	217,563
	BEAR STEARNS ASSET BAC HE10 M1	Bonds	N/A	6.430%	12/25/2034	191,313	191,194	192,268
	CORP GEO SAB DE CV 144A	Bonds	N/A	8.875%	3/27/2022	600,000	600,000	60
	CRESTLINE DENALI C 1A AR2 144A	Bonds	N/A	6.720%	10/23/2031	245,867	245,867	245,900
	DSL A MORTGAGE LOAN TR AR1 2A1A	Bonds	N/A	5.950%	2/19/2045	40,852	39,748	39,955
	GE-WMC ASSET-BACKED PASS 1 M1	Bonds	N/A	6.110%	10/25/2035	84,278	83,540	81,906
	GREYSTONE CRE NOTES FL2 A 144A	Bonds	N/A	6.630%	9/15/2037	67,869	67,869	67,768
	LONG BEACH MORTGAGE LOAN 4 M2	Bonds	N/A	6.430%	10/25/2034	162,489	162,184	159,663
	MORGAN STANLEY REGS	Bonds	N/A	STEP	4/2/2032	300,000	254,550	182,064
	NEW CENTURY HOME EQUITY L B M1	Bonds	N/A	6.430%	10/25/2033	108,002	107,020	105,110
	PACIFIC NATIONAL FINANCE REGS	Bonds	N/A	4.750%	3/22/2028	200,000	191,336	186,941
	RENAISSANCE HOME EQUITY 2 AF5	Bonds	N/A	5.700%	8/25/2035	400,000	404,000	370,380
	SOUNDVIEW HOME LOAN TR CTX1 M4	Bonds	N/A	6.380%	11/25/2035	204,632	204,376	202,496
	TOWD POINT MORTGA A13A A1 144A	Bonds	N/A	6.540%	7/20/2045	156,084	190,859	199,083
	UBS AG REGS	Bonds	N/A	5.125%	5/15/2024	100,000	101,629	99,098
							3,057,067	2,350,255

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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, 2023

(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
Common Stock								
	ALIGN TECHNOLOGY INC	Common	N/A	N/A	N/A	3,092	\$ 639,837	\$ 847,208
	ALPHABET INC	Common	N/A	N/A	N/A	11,325	1,260,605	1,596,032
	ALTERYX INC	Common	N/A	N/A	N/A	15,164	1,650,094	715,134
	BEST BUY CO INC	Common	N/A	N/A	N/A	19,150	1,287,893	1,499,062
	BLACKROCK INC	Common	N/A	N/A	N/A	2,070	1,366,537	1,680,426
	BLOCK INC	Common	N/A	N/A	N/A	28,672	2,107,028	2,217,779
	CHARLES SCHWAB CORP/THE	Common	N/A	N/A	N/A	35,675	2,499,581	2,454,440
	COCA-COLA CO/THE	Common	N/A	N/A	N/A	32,425	1,851,560	1,910,805
	COSTAR GROUP INC	Common	N/A	N/A	N/A	10,260	307,246	896,621
	CRESCENT POINT ENERGY CORP	Common	N/A	N/A	N/A	75,202	700,879	521,147
	DIAGEO PLC ADR	Common	N/A	N/A	N/A	10,375	1,686,921	1,511,223
	DICK'S SPORTING GOODS INC	Common	N/A	N/A	N/A	14,225	1,504,969	2,090,364
	ETSY INC	Common	N/A	N/A	N/A	20,456	1,636,994	1,657,959
	HEINEKEN NV ADR	Common	N/A	N/A	N/A	17,675	834,838	897,554
	INTERACTIVE BROKERS GROUP INC	Common	N/A	N/A	N/A	12,655	685,353	1,049,100
	LVMH MOET HENNESSY LOUIS VUITT ADR	Common	N/A	N/A	N/A	4,500	655,076	729,338
	MARRIOTT INTERNATIONAL INC/MD	Common	N/A	N/A	N/A	3,085	492,434	695,698
	MATTEL INC	Common	N/A	N/A	N/A	65,525	1,359,374	1,237,112
	MCDONALD'S CORP	Common	N/A	N/A	N/A	3,065	731,123	908,803
	MICROSOFT CORP	Common	N/A	N/A	N/A	3,505	951,896	1,318,020
	MONDELEZ INTERNATIONAL INC	Common	N/A	N/A	N/A	24,075	1,495,699	1,743,752
	NESTLE SA ADR	Common	N/A	N/A	N/A	9,550	1,029,748	1,106,425
	NIKE INC	Common	N/A	N/A	N/A	10,800	1,178,684	1,172,556
	PAYPAL HOLDINGS INC	Common	N/A	N/A	N/A	31,575	1,991,035	1,939,021
	PEGASYS INC	Common	N/A	N/A	N/A	32,831	2,567,264	1,604,123
	PEPSICO INC	Common	N/A	N/A	N/A	11,550	1,858,101	1,961,652
	PREMIER BRANDS GROUP HOLDCO INC	Common	N/A	N/A	N/A	187	3,684	187
	PREMIER BRANDS GROUP HOLDCO INC WTS	Common	N/A	N/A	N/A	589	1,145	29
	PROCTER & GAMBLE CO/THE	Common	N/A	N/A	N/A	9,275	1,286,123	1,359,159
	RALPH LAUREN CORP	Common	N/A	N/A	N/A	6,550	729,939	944,510
	STARBUCKS CORP	Common	N/A	N/A	N/A	13,975	1,340,228	1,341,740
	VISA INC	Common	N/A	N/A	N/A	2,495	506,617	649,573
	WAYFAIR INC	Common	N/A	N/A	N/A	11,962	1,393,681	738,055
	WILLIAMS-SONOMA INC	Common	N/A	N/A	N/A	4,470	576,049	901,957
	WORKDAY INC	Common	N/A	N/A	N/A	9,359	1,252,161	2,583,646
	YUM! BRANDS INC	Common	N/A	N/A	N/A	13,650	1,541,755	5,877,225
							42,962,151	50,357,435
Partnership / Joint Venture Interest								
	400 CAP A BASED OFSHR TERM II	P/JVI	N/A	N/A	N/A	24,187,551	13,510,948	25,057,851
	400 CAP ASSET BASED OFFSHR	P/JVI	N/A	N/A	N/A	9,778,573	9,296,651	10,279,893
	ABRY PARTNERS VII L.P.	P/JVI	N/A	N/A	N/A	1,379,714	4,804,203	1,377,085
	AC CARBON CAYMAN LP	P/JVI	N/A	N/A	N/A	100,561	9,000,000	11,412,693
	ACADIAN EMERGING MARKETS FUND	P/JVI	N/A	N/A	N/A	4,321	24,632,512	29,619,392
	AETOS CAP OPP FD CAYMAN LP	P/JVI	N/A	N/A	N/A	13,722,240	9,000,000	14,826,349
	ALINDA INFRASTRUCTURE FD II	P/JVI	N/A	N/A	N/A	35,585	4,573,447	71,157
	AMERICAN FED MUS DK INTL C 3	P/JVI	N/A	N/A	N/A	202,726	20,272,637	21,778,123
	AMERICAN SECURITIES PTNRS VII	P/JVI	N/A	N/A	N/A	15,692,080	9,157,575	15,020,175
	APOLLO INVESTMENT FUND VIII LP	P/JVI	N/A	N/A	N/A	3,066,557	3,154,237	3,135,129
	ARBOUR LANE CR OPP FD III B LP	P/JVI	N/A	N/A	N/A	5,153,052	4,971,696	5,359,909
	ASCRIBE OPP FUND III LP	P/JVI	N/A	N/A	N/A	184,321	5,994,482	170,708
	ASF VIII LP	P/JVI	N/A	N/A	N/A	5,458,736	3,914,777	5,505,616
	ATALAYA ASSET INC FD EVERGREEN	P/JVI	N/A	N/A	N/A	1,652,502	1,634,721	1,626,685
	ATALAYA ASSET INCOME FUND V LP	P/JVI	N/A	N/A	N/A	14,897,631	15,416,320	15,318,023
	BALANCE POINT CAP PTNRS III LP	P/JVI	N/A	N/A	N/A	12,725,667	10,264,056	13,246,041
	BALANCE POINT CAPITAL PTNS V	P/JVI	N/A	N/A	N/A	6,015,129	5,366,782	6,477,226
	BCP ENERGY SERVICES FUND-A LP	P/JVI	N/A	N/A	N/A	7,372,292	10,625,395	7,612,695
	BDC III LP	P/JVI	N/A	N/A	N/A	9,346,736	4,272,837	12,814,509
	BLACKSTONE CAPITAL PARTNERS	P/JVI	N/A	N/A	N/A	9,068,204	7,450,858	9,387,990
	BLACKSTONE ENERGY PARTNERS II	P/JVI	N/A	N/A	N/A	7,747,830	6,373,093	7,867,838
	BLUE TORCH CREDIT OPP FD I LP	P/JVI	N/A	N/A	N/A	7,651,635	4,191,178	7,745,085
	BLUE TORCH OFFSHR CR OPP II LP	P/JVI	N/A	N/A	N/A	15,979,739	13,083,052	16,337,090
	BLUE TORCH OFFSHR CR OPP III	P/JVI	N/A	N/A	N/A	1,260,837	1,200,000	1,290,540
	CAMBER CAPITAL OFFSHORE FUND	P/JVI	N/A	N/A	N/A	2,712	10,000,000	14,159,088

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American Federation of Musicians and Employers' Pension Fund and Subsidiary
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EIN: 51-6120204, Plan Number 001
December 31, 2023

(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		
	CAPITAL TODAY EVERGREEN FUND	P/JVI	N/A	N/A	N/A	10,927,522	\$ 8,663,773	\$ 10,558,160
	CASTLELAKE III LP	P/JVI	N/A	N/A	N/A	19,100,212	11,428,473	19,774,307
	CASTLELAKE IV LP	P/JVI	N/A	N/A	N/A	6,432,753	4,244,405	6,523,931
	CAT ROCK CAPITAL PARTNERS	P/JVI	N/A	N/A	N/A	13,273	19,727,766	23,063,317
	CATALYST FUND V	P/JVI	N/A	N/A	N/A	5,650,845	6,272,505	5,605,908
	CCP X NO. 1 LP	P/JVI	N/A	N/A	N/A	4,115,848	3,358,621	5,866,878
	CEVIAN CAPITAL II LTD SUBS	P/JVI	N/A	N/A	N/A	31,407,019	18,750,000	31,407,019
	CHARLES LIM ASIAGLOBAL	P/JVI	N/A	N/A	N/A	63,000	6,300,000	5,818,950
	COL DOUBLELINE TTL RTRN BD FD	P/JVI	N/A	N/A	N/A	3,491,348	37,674,883	39,138,011
	CRAYHILL PRINCIPAL STRAT II	P/JVI	N/A	N/A	N/A	7,281,302	7,711,117	7,464,786
	CVC CAPITAL PARTNERS VII A	P/JVI	N/A	N/A	N/A	24,308,525	12,290,839	21,696,133
	DOVER STREET X LP	P/JVI	N/A	N/A	N/A	6,176,563	4,247,443	6,315,571
	DOVER STREET XI LP	P/JVI	N/A	N/A	N/A	862,831	862,831	1,142,430
	EIG ENERGY FUND XVI LP	P/JVI	N/A	N/A	N/A	5,533,215	4,759,946	5,155,365
	ELLIOTT INTL LTD - CLASS C	P/JVI	N/A	N/A	N/A	10,408	18,876,000	22,203,151
	ENCAP ENERGY CAPITAL XI	P/JVI	N/A	N/A	N/A	7,895,849	5,896,076	7,784,507
	ENCAP FLATROCK MIDSTREAM FD IV	P/JVI	N/A	N/A	N/A	4,318,379	4,184,393	4,383,231
	ENCAP FLATROCK MIDSTREAM III-C	P/JVI	N/A	N/A	N/A	4,062,847	3,877,614	4,058,524
	ENERGY CAPITAL PARTNERS	P/JVI	N/A	N/A	N/A	2,060,710	107,831	2,211,175
	FORTRESS CR OPP FD V EXP B LP	P/JVI	N/A	N/A	N/A	8,313,882	7,374,818	8,499,652
	FORTRESS CREDIT OPP FUND V A	P/JVI	N/A	N/A	N/A	18,347,370	9,741,547	18,696,859
	FORTRESS LENDING FD III A LP	P/JVI	N/A	N/A	N/A	5,196,563	5,549,331	5,331,531
	GAOCHENG FUND I LP	P/JVI	N/A	N/A	N/A	4,608,450	4,408,097	4,519,717
	GAOCHENG FUND II LP	P/JVI	N/A	N/A	N/A	1,185,017	1,421,161	1,196,927
	GOF III FEEDER B LP	P/JVI	N/A	N/A	N/A	2,298,867	2,248,255	2,895,347
	GREAT HILL EQUITY PTNRS VII	P/JVI	N/A	N/A	N/A	5,937,949	4,809,829	6,274,202
	GREAT HILL EQUITY PTNS VIII LP	P/JVI	N/A	N/A	N/A	820,058	1,079,650	803,176
	GRIDIRON CAPITAL FUND III LP	P/JVI	N/A	N/A	N/A	38,324,869	1	36,647,572
	HAMILTON LANE VC FD SRS 2014	P/JVI	N/A	N/A	N/A	16,251,478	6,680,228	15,849,785
	HAMILTON LANE VC FD SRS 2015	P/JVI	N/A	N/A	N/A	12,513,618	5,832,789	12,956,112
	HAMILTON LANE VC OFFSHORE FD	P/JVI	N/A	N/A	N/A	16,208,590	7,465,270	16,010,331
	HAMILTON LANE VENTURE CAP FD	P/JVI	N/A	N/A	N/A	13,528,982	7,285,675	13,767,964
	HBK MULTI-STRATEGY OFFSHORE	P/JVI	N/A	N/A	N/A	17,963	21,085,097	28,686,955
	HILLHOUSE FUND IV FEEDER LP	P/JVI	N/A	N/A	N/A	9,609,395	6,741,954	9,563,003
	HL SECONDARY INVEST SPV-4 LP	P/JVI	N/A	N/A	N/A	155,830	-	109,705
	HL SECONDARY INVEST SPV-6 LP	P/JVI	N/A	N/A	N/A	424,514	748,662	245,240
	HPS-MEZZANINE PARTNERS III LP	P/JVI	N/A	N/A	N/A	13,471,255	9,413,654	13,763,591
	INCA LATIN AMERICA FUND LP	P/JVI	N/A	N/A	N/A	2,726,494	1,682,315	2,726,494
	INDABA CAPITAL PARTNERS CAYMAN	P/JVI	N/A	N/A	N/A	14,212,401	11,589,225	14,212,401
	INDEPENDENT FRANCHISE PARTNERS	P/JVI	N/A	N/A	N/A	15,310,270	14,965,223	15,310,270
	JACKSON SQUARE VENTURES III	P/JVI	N/A	N/A	N/A	3,971,858	3,344,595	3,678,249
	JANCHOR PTNR OPP OFFSHR FD II	P/JVI	N/A	N/A	N/A	10,669,648	10,879,116	10,669,648
	JUNTO OFFSHORE FUND LTD CLASS	P/JVI	N/A	N/A	N/A	15,970	24,405,353	33,911,098
	KELSO INVEST ASSOCIATES IX LP	P/JVI	N/A	N/A	N/A	8,224,680	5,019,332	8,208,555
	KLCP COINV OPP DOM III LP	P/JVI	N/A	N/A	N/A	1,588,200	1,503,806	1,626,992
	KLCP ERISA FUND E III LP	P/JVI	N/A	N/A	N/A	3,731,136	3,365,866	3,769,035
	KLCP ERISA FUND E2 US LP	P/JVI	N/A	N/A	N/A	22,916,706	15,931,703	23,629,228
	KPS FUND V	P/JVI	N/A	N/A	N/A	10,543,880	5,364,730	10,414,034
	KPS SPECIAL SITUATIONS FUND IV	P/JVI	N/A	N/A	N/A	6,428,731	5,968,381	6,428,734
	LAKEWOOD CAPITAL OFFSHORE	P/JVI	N/A	N/A	N/A	4,021	11,837,823	16,215,444
	LANDMARK ACQUISITION FUND VIII LP	P/JVI	N/A	N/A	N/A	13,294	-	7,828
	LCM PARTNERS COPS 4 USD SLP	P/JVI	N/A	N/A	N/A	11,617,410	9,453,628	11,799,876
	LIBERTY HALL CAP PTNRS FD I	P/JVI	N/A	N/A	N/A	9,730,474	7,635,854	9,109,082
	LIGHTSPEED CHINA PTNRS SLCT I	P/JVI	N/A	N/A	N/A	5,376,527	3,824,870	5,151,725
	LIGHTSPEED OPPORTUNITIES II	P/JVI	N/A	N/A	N/A	2,476,706	2,500,000	2,589,886
	LIGHTSPEED OPPORTUNITY FUND LP	P/JVI	N/A	N/A	N/A	7,476,888	7,309,984	7,205,599
	LIGHTSPEED VENT PTN SELECT V	P/JVI	N/A	N/A	N/A	2,377,521	2,600,000	2,414,369
	LIGHTSPEED VENT PTNS SEL IV LP	P/JVI	N/A	N/A	N/A	5,835,147	4,750,000	5,940,244
	LSC SELECT II LP	P/JVI	N/A	N/A	N/A	1,188,713	1,262,376	1,169,422
	MALABAR IN LP	P/JVI	N/A	N/A	N/A	9,861,709	3,700,000	9,861,709
	MANAGED FUND / BRIDGEWATER	P/JVI	N/A	N/A	N/A	163,943	20,187,720	9,920,138
	MATRIX CAPITAL MANAGEMENT FUND	P/JVI	N/A	N/A	N/A	6,919	6,918,594	12,104,571
	MCP PRIV CAP (FEEDER) FD IV	P/JVI	N/A	N/A	N/A	16,450,452	12,898,239	16,944,308
	MERITECH CAPITAL PTNRS VI LP	P/JVI	N/A	N/A	N/A	9,719,382	8,690,590	9,795,762
	MERITECH CAPITAL PTNS VII LP	P/JVI	N/A	N/A	N/A	5,089,723	4,725,000	5,047,098
	NEOMA GLOBAL GROWTH MARKETS STRATEGIC FUND LP	P/JVI	N/A	N/A	N/A	3,348,909	5,802,672	-
	NONANTUM CAP PARTNERS FD I LP	P/JVI	N/A	N/A	N/A	2,985,378	2,758,891	3,014,984
	OCF ASIA FUND III LP	P/JVI	N/A	N/A	N/A	17,471,101	15,566,644	17,820,281
	OCF ASIA FUND IV LP	P/JVI	N/A	N/A	N/A	14,528,899	13,677,954	15,243,687
	ORBIS INSTITUTIONAL GLOBAL	P/JVI	N/A	N/A	N/A	1,377,551	28,184,693	29,548,469

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	PARK PRESIDIO CAPITAL OFFSHORE	P/JVI	N/A	N/A	N/A	11,730	\$ 11,812,500	\$ 17,332,478
	PENN SQUARE GLOBAL REAL ESTATE FUND II	P/JVI	N/A	N/A	N/A	1,392,610	-	1,327,368
	PLATINUM EQUITY CAP PTNRS IV L	P/JVI	N/A	N/A	N/A	19,226,054	11,431,111	18,441,047
	PLATINUM EQUITY CAPITAL	P/JVI	N/A	N/A	N/A	1,418,174	2,325,724	1,447,311
	PZENA US BEST IDEAS FUND LP	P/JVI	N/A	N/A	N/A	23,816,723	14,908,991	23,816,723
	QUAN VENTURE PARTNERS II LLC	P/JVI	N/A	N/A	N/A	4,076,754	4,127,075	4,087,413
	QUAN VENTURE PARTNERS III LP	P/JVI	N/A	N/A	N/A	2,535,891	2,189,353	2,426,633
	REVELATION HEALTHCARE IV LP	P/JVI	N/A	N/A	N/A	24,658	24,658	277
	ROARK CAPITAL PARTNERS IV AIV	P/JVI	N/A	N/A	N/A	8,606,211	5,683,859	9,226,056
	SENATOR GLOBAL OPPORTUNITY	P/JVI	N/A	N/A	N/A	15,488	15,487,519	20,668,155
	SILCHESTER INTERNATIONAL VALUE	P/JVI	N/A	N/A	N/A	408,045	48,981,835	75,761,397
	SILVER LAKE PARTNERS VI LP	P/JVI	N/A	N/A	N/A	7,339,925	7,000,090	8,384,264
	SILVER LAKE PARTNERS VII LP	P/JVI	N/A	N/A	N/A	52,267	52,267	52,267
	SIXTH ST OPP PTNS III (B) LP	P/JVI	N/A	N/A	N/A	771,901	632,445	737,565
	SOROBAN OPPORTUNITIES CAYMEN	P/JVI	N/A	N/A	N/A	9,287	9,286,874	15,932,774
	THE CHILDREN'S INVESTMENT FUND	P/JVI	N/A	N/A	N/A	199,200	19,920,002	42,413,668
	THE OVERLOOK PARTNERS FUND L.P	P/JVI	N/A	N/A	N/A	27,369,571	21,747,993	27,369,571
	THOMA BRAVO FUND XIII-A LP	P/JVI	N/A	N/A	N/A	14,201,362	8,270,304	14,783,398
	THOMA BRAVO FUND XIV LP	P/JVI	N/A	N/A	N/A	7,249,448	6,650,381	7,496,474
	THOMA BRAVO FUND XV-A LP	P/JVI	N/A	N/A	N/A	3,438,387	3,319,976	3,658,018
	THOMAS H LEE EQUITY FD VII LP	P/JVI	N/A	N/A	N/A	6,054,904	57,363	5,055,547
	THOMPSON ST CAP PTNRS V LP	P/JVI	N/A	N/A	N/A	6,931,024	5,168,543	7,123,880
	THOMPSON ST CAPITAL PTNS VI LP	P/JVI	N/A	N/A	N/A	4,047,644	4,195,600	3,486,964
	TIGER GLOBAL LONG	P/JVI	N/A	N/A	N/A	192,300	22,200,000	7,218,424
	TRIDENT IX LP	P/JVI	N/A	N/A	N/A	3,657,143	3,480,224	3,832,757
	TRIDENT VIII LP	P/JVI	N/A	N/A	N/A	6,101,299	4,350,626	6,259,260
	TWO SIGMA CHINA CORE EQUITY CA	P/JVI	N/A	N/A	N/A	3,231	6,300,000	5,279,617
	TWO SIGMA INTERNATIONAL CORE	P/JVI	N/A	N/A	N/A	21,383,750	20,000,000	21,383,750
	VENROCK ASSOCIATES IX LP	P/JVI	N/A	N/A	N/A	2,555,762	2,550,000	2,628,289
	VENROCK HEALTHCARE CAP PTNS EG	P/JVI	N/A	N/A	N/A	11,636,991	10,500,000	5,324,589
	VENROCK HEALTHCARE CP III LP	P/JVI	N/A	N/A	N/A	8,971,212	6,406,562	9,909,086
	VENROCK OPPORTUNITIES FUND LP	P/JVI	N/A	N/A	N/A	3,153,114	3,300,000	3,171,164
	VIKING GLOBAL EQUITIES III LTD	P/JVI	N/A	N/A	N/A	14,172	30,000,000	33,829,708
	VITRUVIAN INVEST PTRSHF IV LP	P/JVI	N/A	N/A	N/A	7,202,475	6,136,181	7,569,872
	VITRUVIAN INVEST PTRSHF V LP	P/JVI	N/A	N/A	N/A	264,900	323,370	236,490
	WATERLAND PE FUND VI FEEDER	P/JVI	N/A	N/A	N/A	4,354,870	3,624,356	5,185,358
	XIANG HE FUND II LP	P/JVI	N/A	N/A	N/A	5,992,737	4,896,235	5,877,226
	YUN QI PARTNERS IV LP	P/JVI	N/A	N/A	N/A	235,223	300,000	220,702
							<u>1,099,229,185</u>	<u>1,437,930,673</u>
Registered Investment Companies								
	ARTISAN INTL VAL-INST	Mutual Fund	N/A	N/A	N/A	512,959	18,529,100	23,575,583
	PIMCO FDS PAC INVT MGMT SER	Mutual Fund	N/A	N/A	N/A	1,471,027	14,060,865	32,409,376
	VANGUARD RUSSELL 1000 VALUE	Mutual Fund	N/A	N/A	N/A	216,208	14,999,323	15,683,728
							<u>47,589,288</u>	<u>71,668,687</u>
Other Investments								
	AFL-CIO EQUITY INDEX FUND	Commingled Fund	N/A	N/A	N/A	14,296,807	12,997,005	14,296,807
	CONSTELLATION FUND SPC -	Commingled Fund	N/A	N/A	N/A	9,499	2,826,957	4,040,764
							<u>15,823,962</u>	<u>18,337,571</u>
							<u>\$ 1,284,491,827</u>	<u>\$ 1,655,710,193</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, 2023

<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 DD	145,117,122	N/A	N/A	N/A	145,117,122	145,117,122	-
BANK OF NEW YORK MELLON	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD	N/A	136,551,111	N/A	N/A	136,551,111	136,551,111	-
								-
FIDELITY INVESTMENTS	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049	492,960,721	N/A	N/A	N/A	492,960,721	492,960,721	-
FIDELITY INVESTMENTS	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049	N/A	517,657,234	N/A	N/A	517,657,234	517,657,234	-
								-

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 2023 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

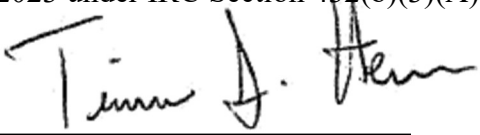
Schedule MB, Line 3(d) - Withdrawal Liability Amounts			
Paymnet Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
January	16,973	0.00	16,973
February	0	0.00	0
March	4,826	0.00	4,826
April	7,973	0.00	7,973
May	1,000	0.00	1,000
June	5,515	0.00	5,515
July	16,973	0.00	16,973
August	14,254	0.00	14,254
September	5,826	0.00	5,826
October	20,414	0.00	20,414
November	0	0.00	0
December	13,826	0.00	13,826
Total	107,580	0.00	107,580

Attachment to 2023 Schedule MB, Line 4c
Documentation Regarding Progress Under Rehabilitation Plan
Plan Name: Local 966 Pension Plan
EIN: 13-2640882/PN: 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 Local 966 Pension Plan was adopted in November 2010 which reduced certain benefits and restructured the Plan's hourly 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 10-year Rehabilitation Period on December 31, 2022 which began on January 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 10-year period mentioned above or forestall insolvency. As required under the Pension Protection Act, the Trustees review the Rehabilitation Plan annually. Based on implementation of the Rehabilitation Plan, the Plan's experience through December 31, 2022, and assumed future contracts adopted by the bargaining parties, I hereby certify that the Plan is making scheduled progress as of January 1, 2023 under IRC Section 432(b)(3)(A)(ii).



Timothy J. Herman
Enrolled Actuary Number 23-05628

March 31, 2023

Date

Attachment to 2023 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 assumption for future contribution increases for benefit accruals was changed to 3.2% and 2.6% per year for 2023 to 2024 plan years respectively, 1.90% per year for 2025 to 2031 plan years, and 1.00% thereafter. Previously, the assumption was 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.
- The administrative expense assumption was changed to \$18.0 million from \$19.7 million.
- For Current Liability purposes, the interest rate changed to 2.19% from 1.88% in accordance with IRS guidance. The statutory mortality tables also have been updated as required by law.
- For withdrawal liability purposes, the interest rate was changed to 3.90% for the first 20 years and ultimate rate of 3.65% from 2.37% for the first 20 years and ultimate rate of 2.03%.

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 Number: 001

December 31, 2023

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

Base Unit: % of Earnings

CBA Agreement	Rate Expiration	Rate	Extension Rate Expiration	Extension Rate
DISNEY WORLDWIDE SERVICES INC	6/16/2024	10.90%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	12/24/2023	12.10%	6/24/2024	12.10%
DISNEY WORLDWIDE SERVICES INC	4/30/2024	18.15%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	9/16/2026	15.59%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	10/31/2024	6.00%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	8/27/2023	13.19%	2/27/2024	13.19%
DISNEY WORLDWIDE SERVICES INC	3/10/2024	24.04%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	3/10/2024	24.04%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	12/31/2023	11.99%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	12/31/2024	11.99%	N/A	N/A
DISNEY WORLDWIDE SERVICES INC	12/31/2023	11.99%	N/A	N/A
EP TALENT SERVICE	12/24/2023	12.10%	6/24/2024	12.10%
EP TALENT SERVICE	4/30/2024	18.15%	N/A	N/A
EP TALENT SERVICE	7/31/2023	14.50%	1/31/2024	14.50%
EP TALENT SERVICE	7/31/2023	14.17%	1/31/2024	14.17%
EP TALENT SERVICE	8/31/2024	11.99%	N/A	N/A
EP TALENT SERVICE	8/31/2027	13.19%	N/A	N/A
EP TALENT SERVICE	1/31/2026	14.09%	N/A	N/A
EP TALENT SERVICE	4/10/2023	8.80%	4/10/2024	8.80%
EP TALENT SERVICE	4/11/2023	8.80%	4/11/2024	8.80%

EP TALENT SERVICE	3/26/2023	12.10%	3/26/2024	12.10%
EP TALENT SERVICE	7/18/2023	14.09%	1/18/2024	14.09%
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	9/2/2024	14.41%	N/A	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	7/31/2024	11.99%	N/A	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	8/31/2024	14.39%	N/A	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	8/31/2024	14.99%	N/A	N/A
TEAM MUSIC	12/24/2023	12.10%	6/24/2024	12.10%
TEAM MUSIC	4/30/2024	18.15%	N/A	N/A
TEAM MUSIC	12/31/2024	14.19%	N/A	N/A
TEAM MUSIC	8/17/2023	14.09%	2/17/2024	14.09%
TEAM MUSIC	1/31/2026	14.09%	N/A	N/A
TEAM MUSIC	6/15/2023	8.80%	6/15/2024	8.80%
LOS ANGELES PHILHARMONIC ASSOC	9/21/2025	8.39%	N/A	N/A
LOS ANGELES PHILHARMONIC ASSOC	9/30/2025	11.99%	N/A	N/A
LOS ANGELES PHILHARMONIC ASSOC	9/21/2025	12.10%	N/A	N/A
SAN FRANCISCO OPERA	7/31/2023	14.41%	1/31/2024	14.41%
SAN FRANCISCO OPERA	1/1/2023	11.99%	1/1/2024	11.99%
SAN FRANCISCO OPERA	7/31/2024	14.41%	N/A	N/A

Attachment to 2023 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	
2023	7,246,436	11,544,502	231,099,297	249,890,236
2024	13,669,318	7,845,563	226,613,136	248,128,017
2025	21,704,019	11,518,475	221,922,157	255,144,651
2026	30,378,079	15,160,851	217,202,274	262,741,204
2027	39,128,760	18,765,683	211,989,678	269,884,122
2028	47,930,261	22,398,835	206,292,622	276,621,718
2029	55,770,124	26,235,218	200,336,572	282,341,914
2030	62,601,944	29,879,497	194,056,749	286,538,189
2031	69,070,922	33,088,664	187,474,697	289,634,283
2032	74,919,912	35,831,091	180,672,561	291,423,564
2033	80,069,652	38,157,611	173,647,230	291,874,493
2034	84,638,427	40,248,053	166,420,053	291,306,534
2035	88,891,325	42,082,722	158,963,214	289,937,262
2036	92,728,913	43,613,436	151,280,154	287,622,502
2037	96,109,136	44,745,672	143,366,377	284,221,185
2038	99,223,988	45,766,145	135,270,017	280,260,149
2039	101,716,986	46,560,719	127,042,345	275,320,050
2040	103,826,110	47,107,707	118,740,868	269,674,685
2041	105,614,753	47,497,565	110,355,056	263,467,374
2042	106,882,181	47,573,162	101,927,864	256,383,207
2043	107,651,558	47,328,632	93,580,000	248,560,190
2044	107,811,555	46,856,363	85,280,750	239,948,668
2045	107,685,776	46,210,323	77,136,881	231,032,980
2046	106,964,401	45,319,461	69,219,865	221,503,727
2047	105,772,890	44,240,825	61,594,711	211,608,426
2048	104,207,450	43,042,115	54,332,787	201,582,352
2049	102,139,133	41,517,885	47,495,918	191,152,936
2050	99,723,415	39,929,222	41,135,805	180,788,442
2051	96,824,113	38,169,445	35,292,618	170,286,176
2052	93,583,487	36,284,401	29,993,194	159,861,082
2053	90,060,273	34,320,501	25,249,900	149,630,674
2054	86,288,570	32,257,046	21,062,047	139,607,662
2055	82,315,635	30,189,381	17,416,424	129,921,440
2056	78,166,297	28,107,229	14,287,448	120,560,974
2057	73,920,889	25,998,543	11,639,111	111,558,544
2058	69,615,255	23,939,335	9,427,622	102,982,213

2059	65,282,508	21,959,368	7,604,080	94,845,955
2060	60,990,210	20,037,644	6,117,484	87,145,339
2061	56,777,690	18,197,881	4,917,525	79,893,095
2062	52,667,485	16,456,334	3,956,717	73,080,536
2063	48,676,486	14,811,671	3,192,034	66,680,191
2064	44,828,318	13,276,418	2,585,820	60,690,556
2065	41,130,882	11,852,514	2,106,022	55,089,418
2066	37,606,703	10,536,315	1,726,108	49,869,126
2067	34,262,805	9,326,043	1,424,596	45,013,444
2068	31,103,401	8,219,060	1,184,340	40,506,802
2069	28,136,539	7,210,875	991,871	36,339,285
2070	25,367,541	6,296,249	836,714	32,500,504
2071	22,791,047	5,470,287	710,736	28,972,070
2072	20,401,969	4,727,702	607,663	25,737,333

* Projected benefit payments are annual payments.

Attachment to 2023 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

Summary of Actuarial Methods

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 2023 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.

▪ **Withdrawal Liability:**

The market value of assets is used for determining unfunded vested benefit liability for withdrawal liability.

▪ **Changes in Method from Prior Valuation**

None.

Attachment to 2023 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

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

- **Investment Return:**
 - 7.00% (net of investment-related administrative expenses) for ERISA minimum funding and FASB ASC Topic 960 plan accounting.
 - 2.19% for current liability purposes.
 - December 2022 PBGC interest rates for mass withdrawal purposes of 3.90% for first 20 years and ultimate rate of 3.65% 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.

- **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.

Attachment to 2023 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

▪ **Termination Rates:**

Termination rates have been separated into two groups.

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

▪ **Disability Rates:**

None.

Attachment to 2023 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

▪ **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 66.24.

▪ **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:**

Current actives until retirement and current in-pay retirees under 65 until age 65: Future years' contributions are assumed to increase by 3.2% and 2.6% per year for 2023 to 2024 plan years respectively, 1.90% per year for 2025 to 2031 plan year, and 1.00% 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

▪ **Administrative Expenses:**

Attachment to 2023 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

\$18.0 million for the 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 December 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 and beneficiaries not in-pay status under age 85 will receive benefits. Specifically, terminated vested participants and beneficiaries not in-pay status aged 85 and older have been excluded.. 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 1/1/2023	
Count	729
Average Age	61
Average Annual Benefit	\$3,040
One-Time Payment	\$3.4M

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 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

Attachment to 2023 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

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 assumption for future contribution increases for benefit accruals was changed to 3.2% and 2.6% per year for 2023 to 2024 plan years respectively, 1.90% per year for 2025 to 2031 plan years, and 1.00% thereafter. Previously, the assumption was 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.
- The administrative expense assumption was changed to \$18.0 million from \$19.7 million.
- For Current Liability purposes, the interest rate changed to 2.19% from 1.88% in accordance with IRS guidance. The statutory mortality tables also have been updated as required by law.
- For withdrawal liability purposes, the interest rate was changed to 3.90% for the first 20 years and ultimate rate of 3.65% from 2.37% for the first 20 years and ultimate rate of 2.03%.

Attachment to 2023 Form 5500
Schedule MB, Line 4f – Cash Flow Projections
American Federation of Musicians & Employers' Pension Fund and Subsidiary
EIN/PN: 51-6120204/001

Fiscal year Beginning of Year	Market Value Beginng of Year	Contributions	Administration Expenses	Benefit Payments	Investment Return	Market Value End of Year
2023	1,674,681,340	72,501,718	17,713,374	246,497,393	110,631,361	1,593,603,652
2024	1,593,603,652	74,703,287	17,359,460	246,693,022	105,037,120	1,509,291,577
2025	1,509,291,577	76,870,290	17,774,218	254,786,936	98,917,071	1,412,517,784
2026	1,412,517,784	78,463,714	18,129,568	263,040,921	91,901,501	1,301,712,510
2027	1,301,712,510	80,068,402	18,549,284	271,370,623	83,899,296	1,175,760,301
2028	1,175,760,301	81,707,073	18,974,858	279,207,447	74,854,732	1,034,139,801
2029	1,034,139,801	83,380,483	19,410,550	286,349,068	64,738,155	876,498,821
2030	876,498,821	85,089,396	19,855,875	292,266,665	53,543,151	703,008,828
2031	703,008,828	86,834,601	20,821,673	296,930,457	41,265,198	513,356,497
2032	513,356,497	88,602,421	21,295,624	300,267,839	27,919,221	308,314,676
2033	308,314,676	89,721,884	21,780,895	302,779,801	13,501,683	86,977,547
2034	86,977,547	90,860,643	22,278,470	304,680,389	N/A	Insolvent

Attachment to 2023 Form 5500

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

American Federation of Musicians & Employer's Pension Fund and Subsidiary

EIN/PN: 51-6120204/001

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Fiscal year ending March 31	Employer Contributions	Withdrawal Liability Payments	Total
2023	72,361,121	140,597	72,501,718
2024	74,562,690	140,597	74,703,287
2025	76,729,693	140,597	76,870,290
2026	78,323,117	140,597	78,463,714
2027	79,927,805	140,597	80,068,402
2028	81,566,476	140,597	81,707,073
2029	83,239,886	140,597	83,380,483
2030	84,948,799	140,597	85,089,396
2031	86,694,004	140,597	86,834,601
2032	88,476,302	126,119	88,602,421

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan No. 001
Plan Year Ended December 31, 2023**

**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

<div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.

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

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

1a Enter the valuation date: Month 1 Day 1 Year 2023	
b Assets	
(1) Current value of assets.....	1b(1) 1,660,290,239
(2) Actuarial value of assets for funding standard account	1b(2) 1,696,264,511
c (1) Accrued liability for plan using immediate gain methods	1c(1) 3,532,154,924
(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) 3,532,154,924
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) 6,055,335,710
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 74,108,540
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 249,771,677
(3) Expected plan disbursements for the plan year.....	1d(3) 267,179,470

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.

<div>SIGN HERE</div> <div>Kevin Campe</div> <div>Signature of actuary</div> <div>Kevin M. Campe</div> <div>Type or print name of actuary</div> <div>Milliman, Inc.</div> <div>Firm name</div> <div>71 S. Wacker Drive Suite 3100</div> <div>Chicago</div> <div>IL 60606-4637</div> <div>Address of the firm</div>	<div>October 9, 2024</div> <div>Date</div> <div>23-05356</div> <div>Most recent enrollment number</div> <div>(312) 726-0677</div> <div>Telephone number (including area code)</div>
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,660,290,239
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	18,957	3,156,657,292
(3) For active participants:	13,946	862,119,093
(a) Non-vested benefits		53,172,203
(b) Vested benefits		1,983,387,122
(c) Total active	18,826	2,036,559,325
(4) Total	51,729	6,055,335,710
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	27.42 %

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
07/01/2023	80,147,415				
Totals ▶			3(b)	80,147,415	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 107,580

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	48.0 %
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, does line 1(c) reflect any benefit reductions for the first time (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:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. <input checked="" type="checkbox"/>		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		2034

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	2.19 %
	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 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	7.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-10.1 %
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)	17,407,793
(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	-11,245,350	-1,153,906
4	-386,097	-39,618

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	719,241,777
b Employer's normal cost for plan year as of valuation date.....	9b	45,184,161

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)	1,972,378,149	332,711,163
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 76,799,597**e** Total charges. Add lines 9a through 9d..... **9e** 1,173,936,698**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** 80,147,415

	Outstanding balance	
9h	855,729,513	216,869,533

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 17,961,638**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)	2,051,242,265	
9j(2)	3,869,411,419	
9j(3)		0

k (1) Waived funding deficiency**(2)** Other credits**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current 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** 858,958,646**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'
PENSION FUND AND SUBSIDIARY
EIN 51-6120204
Plan No. 001
Plan Year Ended December 31, 2023**

**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

American Federation of Musicians and Employers' Pension Fund

2023 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 lifeannuity;
 - "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 No. 001
Plan Year Ended December 31, 2023**

**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

Attachment to 2023 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 Age	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.
Under 25	0			257	13,597	18	5			0			0		
25 to 29	0			1,109	17,362	29	251	46,390	165	2			0		
30 to 34	0			1,377	11,166	26	890	34,661	171	139	53,518	436	1		
35 to 39	0			988	8,940	24	894	23,012	140	615	43,157	400	133	58,381	826
40 to 44	0			616	8,631	25	603	15,472	114	591	29,943	323	537	46,394	711
45 to 49	0			485	7,903	18	350	14,846	130	314	17,292	281	451	31,775	652
50 to 54	0			231	8,532	27	198	10,004	99	211	14,367	232	238	16,974	521
55 to 59	0			180	7,487	23	139	12,791	114	148	17,582	251	210	18,382	488
60 to 64	0			132	9,714	25	114	10,195	112	170	12,353	188	183	14,986	361
65 to 69	0			108	4,784	13	76	10,694	94	82	9,182	125	91	10,008	288
70 & up	0			67	4,210	11	21	9,924	93	17			24	4,312	151
Attained Age	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.		Comp.	Accrued Mon. Ben.
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	3			0			0			0			0		
40 to 44	154	55,730	1,276	5			0			0			0		
45 to 49	535	47,729	1,293	124	58,159	2,064	5			0			0		
50 to 54	459	30,492	976	580	48,262	2,008	91	59,687	2,938	2			0		
55 to 59	297	23,380	900	464	34,685	1,488	386	43,519	2,486	92	50,505	3,436	2		
60 to 64	315	16,909	549	352	29,670	1,250	452	37,627	2,070	389	47,335	3,377	132	53,732	4,411
65 to 69	145	13,222	418	130	14,892	591	136	21,043	1,099	100	27,685	1,923	105	35,267	2,825
70 & up	42	11,713	348	28	13,789	466	20	9,024	1,101	14			19		

Attachment to 2023 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 December 31, 2023.

The funded percentage as of January 1, 2023 is projected to be 48.0%.

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, 2022 is 2.10.

The Plan is projected to become insolvent during the Plan year ending December 31, 2034.

PPA Certification

We 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 January 1, 2023, as defined in the Pension Protection Act of 2006 as amended by the Multiemployer Pension Reform Act of 2014 ("MPRA") and the American Rescue Plan Act of 2021 ("ARP").

Further, we hereby certify that to the best of our 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, 2022 actuarial valuation report includes a risk assessment, disclosure, and key plan maturity metrics applicable to these calculations.

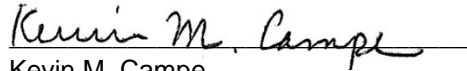
Scheduled Progress

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

Attachment to 2023 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

annually. Based on implementation of the Rehabilitation Plan and reflecting the Plan's experience through December 31, 2022, we hereby certify that the Plan is making scheduled progress as of January 1, 2023 as required under IRC Section 432(b)(3)(A)(ii).



Kevin M. Campe
Enrolled Actuary #20-5356

March 31, 2023

Date

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

December 31, 2023

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

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
DISNEY WORLDWIDE SERVICES INC	6/16/2024	N/A
DISNEY WORLDWIDE SERVICES INC	12/24/2023	6/24/2024
DISNEY WORLDWIDE SERVICES INC	4/30/2024	N/A
DISNEY WORLDWIDE SERVICES INC	9/16/2026	N/A
DISNEY WORLDWIDE SERVICES INC	10/31/2024	N/A
DISNEY WORLDWIDE SERVICES INC	8/27/2023	2/27/2024
DISNEY WORLDWIDE SERVICES INC	3/10/2024	N/A
DISNEY WORLDWIDE SERVICES INC	3/10/2024	N/A
DISNEY WORLDWIDE SERVICES INC	12/31/2023	N/A
DISNEY WORLDWIDE SERVICES INC	12/31/2024	N/A
DISNEY WORLDWIDE SERVICES INC	12/31/2023	N/A
EP TALENT SERVICE	12/24/2023	6/24/2024
EP TALENT SERVICE	4/30/2024	N/A
EP TALENT SERVICE	7/31/2023	1/31/2024
EP TALENT SERVICE	7/31/2023	1/31/2024
EP TALENT SERVICE	8/31/2024	N/A
EP TALENT SERVICE	8/31/2027	N/A
EP TALENT SERVICE	1/31/2026	N/A
EP TALENT SERVICE	4/10/2023	4/10/2024
EP TALENT SERVICE	4/11/2023	4/11/2024
EP TALENT SERVICE	3/26/2023	3/26/2024
EP TALENT SERVICE	7/18/2023	1/18/2024

THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	9/2/2024	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	7/31/2024	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	8/31/2024	N/A
THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	8/31/2024	N/A
TEAM MUSIC	12/24/2023	6/24/2024
TEAM MUSIC	4/30/2024	N/A
TEAM MUSIC	12/31/2024	N/A
TEAM MUSIC	8/17/2023	2/17/2024
TEAM MUSIC	1/31/2026	N/A
TEAM MUSIC	6/15/2023	6/15/2024
LOS ANGELES PHILHARMONIC ASSOC	9/21/2025	N/A
LOS ANGELES PHILHARMONIC ASSOC	9/30/2025	N/A
LOS ANGELES PHILHARMONIC ASSOC	9/21/2025	N/A
SAN FRANCISCO OPERA	7/31/2023	1/31/2024
SAN FRANCISCO OPERA	1/1/2023	1/1/2024
SAN FRANCISCO OPERA	7/31/2024	N/A

Attachment to 2023 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

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Effective Date

November 16, 1959. The plan was amended and restated effective January 1, 2014. The plan was amended effective December 31, 2022 to change the plan year end from March 31 to December 31.

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 2023 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 2023 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.

Changes in Plan Provisions

The plan was amended effective December 31, 2022 to change the plan year end from March 31 to December 31.

Attachment to 2023 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 amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2023 are determined below.

1. Charges as of January 1, 2023

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	April 1, 1993	Assumption Change (1)	\$209,052	0.25	\$209,052
b.	April 1, 1994	Plan Amendment (2)	1,100,947	1.25	1,364,740
c.	April 1, 1996	Plan Amendment (3)	2,239,707	3.25	6,757,866
d.	April 1, 1997	Assumption Change (4)	362,273	4.25	1,383,848
e.	April 1, 1998	Assumption Change (5)	251,495	5.25	1,149,335
f.	April 1, 1998	Plan Amendment (6)	4,150,815	5.25	18,969,248
g.	April 1, 1999	Assumption Change (7)	422,529	6.25	2,227,164
h.	April 1, 2000	Assumption Change (8)	2,189,661	7.25	12,976,370
i.	April 1, 2000	Plan Amendment (9)	6,785,763	7.25	40,213,784
j.	April 1, 2002	Assumption Change (10)	3,677,210	9.25	26,147,723
k.	April 1, 2002	Plan Amendment (11)	2,411,709	9.25	17,149,062
l.	April 1, 2006	Assumption Change (12)	2,890,620	13.25	26,157,432
m.	April 1, 2008	Actuarial Loss	3,581,588	0.25	3,581,588
n.	April 1, 2009	Actuarial Loss	66,602,691	1.25	82,561,088
o.	April 1, 2009	Funding Relief (13)	42,144,813	15.25	414,637,162
p.	April 1, 2009	Plan Amendment (14)	454,297	1.25	563,149
q.	April 1, 2010	Funding Relief (13)	13,031,952	2.25	28,129,602
r.	April 1, 2011	Actuarial Loss	7,485,181	3.25	22,585,031
s.	April 1, 2011	Funding Relief (13)	12,106,744	15.25	119,110,887
t.	April 1, 2011	Assumption Change (15)	698,479	3.25	2,107,520
u.	April 1, 2012	Actuarial Loss	10,705,932	4.25	40,895,652
v.	April 1, 2012	Funding Relief (13)	1,694,210	15.25	16,668,296
w.	April 1, 2013	Actuarial Loss	5,274,480	5.25	24,104,404
x.	April 1, 2013	Funding Relief (13)	5,112,350	15.25	50,297,298
y.	April 1, 2014	Actuarial Loss	4,577,227	6.25	24,126,715
z.	April 1, 2014	Funding Relief (13)	3,724,886	15.25	36,646,888
aa.	April 1, 2015	Actuarial Loss	12,716,489	7.25	75,360,447
bb.	April 1, 2016	Actuarial Loss	17,288,385	8.25	113,040,176
cc.	April 1, 2016	Assumption Change (16)	29,052,638	8.25	189,960,789
dd.	April 1, 2017	Actuarial Loss	13,711,872	9.25	97,501,711
ee.	April 1, 2018	Actuarial Loss	10,503,169	10.25	80,302,627

Attachment to 2023 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	4,694,083	11.25	38,235,117
gg.	April 1, 2019	Assumption Change (17)	5,118,401	11.25	41,691,345
hh.	April 1, 2020	Assumption Change (18)	5,986,429	12.25	51,558,176
ii.	April 1, 2020	Actuarial Loss	11,982,241	12.25	103,197,165
jj.	April 1, 2021	Assumption Changes (19)	<u>17,770,845</u>	13.25	<u>160,809,692</u>
kk.	Total		332,711,163		1,972,378,149

2. Credits as of January 1, 2023

	<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)	\$2,533,033	14.25	\$23,955,088
b.	April 1, 2008	Plan Amendment (2)	631,242	0.25	631,242
c.	April 1, 2009	Asset Method Change (3)	10,246,089	16.25	104,456,403
d.	April 1, 2009	Funding Relief (4)	57,535,833	1.25	71,321,758
e.	May 1, 2009	May 2009 Plan Amendment (5)	16,435,885	1.33	21,620,220
f.	April 1, 2010	Actuarial Gain	25,688,153	2.25	55,448,139
g.	April 1, 2010	Funding Relief (4)	9,689,778	15.25	95,331,832
h.	April 1, 2010	Plan Amendment (6)	22,553,292	2.25	48,681,510
i.	April 1, 2011	Funding Relief (4)	16,049,294	3.25	48,425,521
j.	April 1, 2012	Funding Relief (4)	2,212,547	4.25	8,451,722
k.	April 1, 2013	Funding Relief (4)	6,571,427	5.25	30,031,456
l.	April 1, 2014	Funding Relief (4)	4,707,554	6.25	24,813,672
m.	April 1, 2018	Assumption Change (7)	6,036,237	10.25	46,150,422
n.	January 1, 2021	Funding Method Change (8)	21,074,120	8.25	137,793,217
o.	January 1, 2021	Actuarial Gain	6,581,095	13.25	59,552,821
p.	April 1, 2022	Actuarial Gain	6,557,695	14.25	62,016,642
q.	April 1, 2022	Assumption Change (9)	572,735	14.25	5,416,401
r.	January 1, 2023	Actuarial Gain	1,153,906	15.00	11,245,350
s.	January 1, 2023	Assumption Change (10)	<u>39,618</u>	15.00	<u>386,097</u>
t.	Total		216,869,533		855,729,513

3. Net outstanding balance [(1kk) - (2t)] 1,116,648,636

4. Credit Balance / (Funding Deficiency) as of January 1, 2023 (719,241,777)

5. Waived funding deficiency 0

6. Balance test result [(3) - (4) - (5)] 1,835,890,413

7. Unfunded Actuarial Accrued Liability as of January 1, 2023, minimum \$0 1,835,890,413

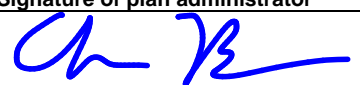
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the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

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) 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	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.

SIGN HERE			Augustino Gagliardi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/17/24	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 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 51,361
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 18,826 6a(2) 19,021 6b 16,206 6c 14,060 6d 49,287 6e 2,699 6f 51,986 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1,664

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

a Pension Schedules

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

b General Schedules

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

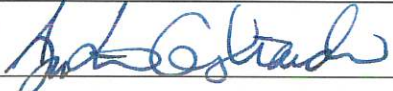
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the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

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) 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	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.

SIGN HERE		10/17/24	Augustino Gagliardi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			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 (2023)
v. 230728

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 51,361
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 18,826 6a(2) 19,021 6b 16,206 6c 14,060 6d 49,287 6e 2,699 6f 51,986 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1,664
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 (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	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) - Number Attached _____ (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)