

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with
the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning **01/01/2022**and ending **12/31/2022**

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ►
D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ►

Part II Basic Plan Information—enter all requested information**1a** Name of plan

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

1b Three-digit plan number (PN) ► **001****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)

BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

1c Effective date of plan
10/26/1950333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910**2b** Employer Identification Number (EIN)
13-6130178**2c** Plan Sponsor's telephone number
914-367-5000**2d** Business code (see instructions)
524290**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.	10/13/2023	VICTORIA SARTOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2023	JAMES BRUBAKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2023	JAMES BRUBAKER
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN 13-3432221
AMALGAMATED EMPLOYEE BENEFITS ADMINISTRATORS 333 WESTCHESTER AVENUE WHITE PLAINS, NY 10604-2910		3c Administrator's telephone number 914-367-5000
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 213659
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year		6a(1) 12188
a(2) Total number of active participants at the end of the plan year		6a(2) 11294
b Retired or separated participants receiving benefits		6b 100535
c Other retired or separated participants entitled to future benefits.....		6c 93003
d Subtotal. Add lines 6a(2), 6b, and 6c		6d 204832
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 3470
f Total. Add lines 6d and 6e		6f 208302
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 399
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1E 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB
(Form 5500)

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**

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

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

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit
plan number (PN) ►

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)
13-6130178

E Type of plan:

(1) Multiemployer Defined Benefit **(2)** Money Purchase (see instructions)

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

b Assets

(1) Current value of assets	1b(1)	2048282268
(2) Actuarial value of assets for funding standard account	1b(2)	1792927068

c **(1)** Accrued liability for plan using immediate gain methods

(2) Information for plans using spread gain methods:	1c(1)	1940797046
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(a) Unfunded liability for methods with bases

(b) Accrued liability under entry age normal method	1c(2)(a)	
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(c) Normal cost under entry age normal method

(3) Accrued liability under unit credit cost method	1c(2)(b)	
--	-----------------	--

(4) Accrued liability under unit credit cost method

(5) Accrued liability under unit credit cost method	1c(2)(c)	
--	-----------------	--

(6) Accrued liability under unit credit cost method	1c(3)	1940797046
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d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
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(2) "RPA '94" information:		
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(a) Current liability	1d(2)(a)	3332102177
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(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	22476088
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(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	175963183
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(3) Expected plan disbursements for the plan year	1d(3)	168659398
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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

10/12/2023

JONATHAN M. FELDMAN

Date

Type or print name of actuary

20-06980

HORIZON ACTUARIAL SERV

Most recent enrollment number

Firm name

240-247-4600

Telephone number (including area code)

8601 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910

Address of the firm

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

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

Schedule MB (Form 5500) 2022

v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2048282268
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment.....	(1) Number of participants	(2) Current liability
107286	107286	1425294413
94185	94185	1608616780
		2834440
		295356544
	12188	298190984
	213659	3332102177
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	61.47 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
12/31/2022	48776468				
			Totals ►	3(b)	48776468 3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total.....				3(d)	14992319

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	92.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here.....	4f	2028
• 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 checked="" 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	2.22 %
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.....	A	A
(2) Females.....	A	A
d Valuation liability interest rate.....	6.80 %	6.80 %
e Salary scale.....	% <input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	<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	12.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	19.0 %
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)	22476088
(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	-104727091	-10630754
4	88861172	9020219

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 checked="" type="checkbox"/> Yes <input 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 checked="" 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)	5
(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 checked="" 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 checked="" 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	-8363041

9 Funding standard account statement for this plan year:

Charges to funding standard account:	
a Prior year funding deficiency, if any.....	9a
b Employer's normal cost for plan year as of valuation date	9b

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	597369392
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	8892410
e Total charges. Add lines 9a through 9d.....	9e	139663139
Credits to funding standard account:		
f Prior year credit balance, if any	9f	162064259
g Employer contributions. Total from column (b) of line 3.....	9g	48776468
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	287435155
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	15492949
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	355014226
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1193060176
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	267718667
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	128055528
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**

OMB No. 1210-0110

2022**This Form is Open to Public
Inspection.**For calendar plan year 2022 or fiscal plan year beginning **01/01/2022**and ending **12/31/2022****A** Name of plan**LEGACY PLAN OF THE NATIONAL RETIREMENT FUND****B** Three-digit
plan number (PN) ►**001****C** Plan sponsor's name as shown on line 2a of Form 5500**BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND****D** Employer Identification Number (EIN)

13-6130178

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BLACKROCK INVESTMENT MANAGEMENT LLC

20-5319476

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

CROW HOLDINGS CAPITAL

27-4077052

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

CABOT PROPERTIES, L.P.

34-3583499

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

CERBERUS OPERATIONS AND ADVISORY

20-5804477

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

PROVIDENCE EQUITY PARTNERS, LLC

20-8146702

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

CABOT PROPERTIES, INC.

04-3583497

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

CERBERUS EUROPEAN INVESTMENTS LLC

20-0831785

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

KELSO & COMPANY, L.P.

94-2680741

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

HARVEST PARTNERS VII, L.P.

20-4440435

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

QAKTREE REAL ESTATE OPPORTUNITIES F

98-1179790

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

QAKTREE GLOBAL CREDIT FUND, L.P.

98-1341434

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

ARES CORPORATE OPPORTUNITIES FUND V

47-5234503

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

AFL-CIO BUILDING INVESTMENT TRUST

52-6328901

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

AUDAX MANAGEMENT COMPANY, LLC

04-3477377

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

CERBERUS CAPITAL MANAGEMENT II, L.P.

13-4146255

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

GOLDMAN, SACHS & CO.

13-3501777

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

VISTA EQUITY PARTNERS VI, GP, LP

CO MAPLES CORPORATE SERVICE PO BOX 309
PUGLAND HOUSE, CAYMAN ISLANDS 11104 KY

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

PIMCO

33-0629048

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

JP MORGAN HEDGE FUND SERVICES 1 BEACON STREET, 20TH FLOOR
BOSTON, MA 02108

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

CERBERUS GLOBAL INVESTMENTS B.V. 32 OUDE UTRECHTSEWEG
BAARN, NETHERLANDS 0000 NL

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

GENSTAR CAPITAL PARTNERS, LLC

36-4810731

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

CERBERUS INSTITUTIONAL MANAGEMENT

13-4196316

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

ARES PE EXTENDED VALUE FUND LP

84-2951954

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

HARRISON STREET ADVISORS, LLC

45-3147571

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

OAKTREE SPECIAL SITUATIONS FUND II

98-1390317

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

PLATINUM EQUITY PARTNERS V, LLC

83-3315161

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

KPS MC MANAGEMENT, LLC

84-2359239

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

KPS MANAGEMENT V, LLC

84-2357696

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

HAYA REAL ESTATE, S.L.U.

VIA DE LOS POBLADOS, 3
MADRID, SPAIN 28033 ES

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

CVS CAPITAL PARTNERS VIII

27 ESPLANADE
ST HELIER JERSEY, CHANNEL ISLANDS JE11SG JE

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

PLATINUM EQUITY VI, LLC

87-3315632

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

HGGC, LLC

41-2258172

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

WILMINGTON TRUST, N.A.

16-1486454

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

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

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	OWNED BY PARTY-IN-INT	10360000	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)

SCHULTE ROTH & ZABEL LLP

13-2633996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2972940	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)

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	687492	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)

LAZARD ASSET MANAGEMENT, LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	666014	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)

ALIGRAPHICS, A DIVISION OF AEBA

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	OWNED BY PARTY-IN-INT	568842	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)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	463564	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)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52	PARTY-IN-INT	453468	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2662	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ANDCO CONSULTING, LLC

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 51	NONE	437500	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)

SKYHARBOR CAPITAL MANAGEMENT, LLC

45-3058471

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	419454	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)

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	289279	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)

AMALGAMATED LIFE INSURANCE COMPANY

13-5501223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	OWNED BY PARTY-IN-INT	265557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	246962	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	200000	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)

VIRTUAL BENEFITS ADMINISTRATORS

20-3293066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	223408	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)

DIMENSIONAL FUND ADVISORS, LP

30-0447847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	165498	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	131206	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)

SOUTHERN REGIONAL JOINT BOARD, WORK

58-1086875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PARTY-IN-INT	119305	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)

HIRTLE, CALLAGHAN & CO., LLC

26-2821689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	115759	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)

CHICAGO AND MIDWEST REGIONAL JOINT

36-2938055

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PARTY-IN-INT	83700	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)

TRANSPERFECT LEGAL SOLUTION

82-3570718

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	75499	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)

LOWENSTEIN SANDLER, LLP

46-0920520

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	55960	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)

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?
51	NONE	54750	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)

NEW YORK NEW JERSEY REGIONAL JOINT

13-4908365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PARTY-IN-INT	34156	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)

PENNSYLVANIA JOINT BOARD, WORKERS U

23-2929642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PARTY-IN-INT	30830	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)

SOUTHWEST REGIONAL JOINT BOARD, WOR

43-0822854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PARTY-IN-INT	25381	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)

STOUT RISIUS ROSS, LLC

38-3003685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
34 50	NONE	23200	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)

WILLIAMS & JENSEN, PLLC

20-2061673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	20000	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)

PHILADELPHIA JOINT BOARD, WORKERS U

23-0971735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PARTY-IN-INT	14518	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	11850	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)

PORTERFIELD, FETTIG & SEARS, LLC

20-4044059

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10000	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)

STANLEY L AIGES

22-2084234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5030	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)

SOVOS COMPLIANCE, LLC

46-1379693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	144332	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ZELIS PAYMENT HOLDINGS, LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	120142	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	105467	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)

LANDMARK EQUITY ADVISORS, LLC

06-1519082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	98559	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SS & C TECHNOLOGIES, INC.

06-1169696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	68651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SOVOS COMPLIANCE, LLC	49	144332
(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.	
AMALGAMATED EMPLOYEE BENEFITS ADMIN 13-3432221	TAX FORMS PRINTING AND MAILING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	51 52	200000
(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.	
HAMILTON LANE CAPITAL OPPORTUNITIES 74-3218646	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ZELIS PAYMENT HOLDINGS, LLC	49	120142
(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.	
AMALGAMATED LIFE INSURANCE COMPANY 13-5501223	PENSION CHECKS PROCESSING, PRINTING AND MAILING	

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
SS & C TECHNOLOGIES	15	68651
(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.	
AMALGAMATED EMPLOYEE BENEFITS ADMIN 13-3432221	RECORDKEEPING AND INFORMATION MANAGEMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	23202
(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.	
ARCH INSURANCE COMPANY 43-0990710	INSURANCE BROKERAGE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	50808
(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.	
AIG CHARTIS 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	INSURANCE BROKERAGE COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	30562
(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.	
XL SPECIALTY INSURANCE COMPANY 85-0277191	INSURANCE BROKERAGE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LANDMARK EQUITY PARTNERS XIV, LP	51 52	24492
(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.	
LANDMARK EQUITY ADVISORS, LLC 06-1519082	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LANDMARK EQUITY PARTNERS XV, LP	51 52	74067
(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.	
LANDMARK EQUITY ADVISORS, LLC 06-1519082	INVESTMENT MANAGEMENT FEES	

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
AMALGAMATED BANK	18 19 51 52	2662
(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.	
J.P. MORGAN FUNDS	INVESTMENT MANAGEMENT FEES	
13-3736024		
(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.

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)	
a Name:	b EIN:
c Position:	
d Address:	e Telephone:
Explanation:	

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

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

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

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

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

► File as an attachment to Form 5500.

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan LEGACY PLAN OF THE NATIONAL RETIREMENT FUND	B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND	D Employer Identification Number (EIN) 13-6130178

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL BUILDERS INVESTMENT TRUST	c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14569129
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500	c EIN-PN 13-4920330-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	337522697
a Name of MTIA, CCT, PSA, or 103-12 IE: DIMENSIONAL MICRO CAP SUBTRUST	c EIN-PN 23-6819730-004	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29087845
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON I.E. GROUP MASTER TRUST MF	c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	106640070
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MIDCAP 400	c EIN-PN 13-4920330-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102688017
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA 1 CONSTRUCTION FUND	c EIN-PN 13-4920330-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	709487
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW 600 SMALL CAP COLLECTIVE F	c EIN-PN 13-4920330-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82806778

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

Schedule D (Form 5500) 2022
v. 220413

a Name of MTIA, CCT, PSA, or 103-12 IE: **LONGVIEW CORE PLUS FIXED INCOME FUN****b** Name of sponsor of entity listed in (a): **AMALGAMATED BANK**

c EIN-PN 13-4920330-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55285334
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WILLIAM BLAIR COLLECTIVE FUND****b** Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 27-6331814-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32674241
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONGVIEW LARGECAP PLUS FUND****b** Name of sponsor of entity listed in (a): **AMALGAMATED BANK**

c EIN-PN 84-6967608-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	186461401
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LORD ABBETT SMALL CAP GROWTH EQUITY****b** Name of sponsor of entity listed in (a): **GREAT GAY**

c EIN-PN 38-4139856-634	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9699842
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ► **001**

C Plan sponsor's name as shown on line 2a of Form 5500

BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)
13-6130178

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a -838585	-1488603
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1) 30363293	27570473
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3) 5129570	5285356
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 65182760	26339207
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 73994205	64373474
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B) 161915431	128736167
(5) Partnership/joint venture interests	1c(5) 380443202	417846409
(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) 1068543251	822416926
(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) 182656581	135727915
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13) 64339959	56854926
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other	1c(15) 49543880	25978622

	(a) Beginning of Year	(b) End of Year
1d Employer-related investments:		
(1) Employer securities	1d(1)	
(2) Employer real property	1d(2)	
e Buildings and other property used in plan operation	1e	1599675
f Total assets (add all amounts in lines 1a through 1e).....	1f	2082873222

Liabilities

g Benefit claims payable	1g	9177870	10472169
h Operating payables	1h	-88596	11192384
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9089274	21664553

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	2073783948	1690313042
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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)	44347267
(B) Participants	2a(1)(B)	
(C) Others (including rollovers).....	2a(1)(C)	
(2) Noncash contributions	2a(2)	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	44347267
b Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	354369
(B) U.S. Government securities	2b(1)(B)	
(C) Corporate debt instruments	2b(1)(C)	4622286
(D) Loans (other than to participants)	2b(1)(D)	
(E) Participant loans	2b(1)(E)	
(F) Other.....	2b(1)(F)	18863218
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	23839873
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	
(B) Common stock.....	2b(2)(B)	1714257
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3351816
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	5066073
(3) Rents.....	2b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	452384947
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	467007152
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	-14622205
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
(B) Other.....	2b(5)(B)	-57743653
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-57743653

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-163644379
(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)		-44175656
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-10822390
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-217755070
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	136825129	
(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)		136825129
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3779288	
(2) Contract administrator fees.....	2i(2)	10674745	
(3) Investment advisory and management fees	2i(3)	5554513	
(4) Other	2i(4)	8882161	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		28890707
j Total expenses. Add all expense amounts in column (b) and enter total	2j		165715836
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-383470906
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: NOVAK FRANCELLA, LLC

(2) EIN: 61-1436956

- d** The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV | Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

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

	Yes	No	Amount
4b		X	
4c		X	
4d		X	
4e	X		1000000
4f		X	
4g		X	
4h		X	
4i	X		
4j	X		
4k		X	
4l		X	
4m		X	
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 484263.

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ►

001

C Plan sponsor's name as shown on line 2a of Form 5500

BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)

13-6130178

Part I Distributions

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

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

1

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

EIN(s): _____

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

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

3

105

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?

Yes

No

N/A

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

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

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

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

6a

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

6b

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

6c

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?

Yes

No

N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?

Yes

No

N/A

Part III Amendments

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

Increase

Decrease

Both

No

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....

Yes

No

11 **a** Does the ESOP hold any preferred stock?.....

Yes

No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan).....

Yes

No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....

Yes

No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer SEE ATTACHED				
b	EIN 13-6130178		c	Dollar amount contributed by employer 999	
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> 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	147316
------------	--------

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	152725
------------	--------

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	157197
------------	--------

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

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

15a	0.96
------------	------

b The corresponding number for the second preceding plan year.....

15b	0.94
------------	------

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	5
------------	---

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.....

4048288

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



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

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



19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: 60 % Investment-Grade Debt: 4 % High-Yield Debt: 7 % Real Estate: 2 % Other: 27 %

b Provide the average duration of the combined investment-grade and high-yield debt:

0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?

Effective duration Macaulay duration Modified duration Other (specify): _____

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2022

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Legacy Plan of the National Retirement Fund

Opinion

We have audited the financial statements of the Legacy Plan of the National Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Legacy Plan of the National Retirement Fund as of December 31, 2022 and 2021, and changes therein for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Legacy Plan of the National Retirement Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

New York, New York
October 11, 2023

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	2022	2021
Assets:		
Investments at fair value		
Corporate obligations	\$ 64,373,474	\$ 73,994,205
Common stock	81,536,167	97,015,431
ALICO Services Corporation	47,200,000	64,900,000
Partnerships	417,846,409	380,443,202
Common collective trusts	822,416,926	1,068,543,251
103-12 investment entities	135,727,915	182,656,581
Mutual funds	56,854,926	64,339,959
Hedge fund of funds	25,978,622	49,543,880
Short-term investments	21,069,078	59,045,502
Total investments	<u>1,673,003,517</u>	<u>2,040,482,011</u>
Net assets held in 401(h) account	<u>5,270,129</u>	<u>6,137,258</u>
Receivables		
Employer contributions	4,442,973	2,806,592
Withdrawal liability contributions, net of allowance	23,127,500	27,556,701
Accrued interest and dividends	1,174,716	1,300,170
Due from related parties	203,827	146,028
Securities sold and not settled	853,575	6,349,144
Unrelated business income tax refund	4,110,640	3,829,400
Total receivables	<u>33,913,231</u>	<u>41,988,035</u>
Other assets		
Cash	1,402	1,402
Property and equipment - net	332,234	356,380
Prepaid expenses	992,836	228,874
Other	26,062	28,830
Total other assets	<u>1,352,534</u>	<u>615,486</u>
Total assets	<u>1,713,539,411</u>	<u>2,089,222,790</u>

See accompanying notes to financial statements.

	<u>2022</u>	<u>2021</u>
Liabilities and Net Assets:		
Liabilities		
Accounts payable and accrued expenses	\$ 2,067,526	\$ 2,498,235
Cash overdraft	1,490,005	839,987
Amounts related to obligation of 401(h) account	5,270,129	6,137,258
Securities purchased and not settled	1,628,570	161,768
Due to related parties	8,014,510	3,738,982
Other	<u>539,180</u>	<u>7,591</u>
 Total liabilities	 <u>19,009,920</u>	 <u>13,383,821</u>
 Net assets available for benefits	 <u>\$ 1,694,529,491</u>	 <u>\$ 2,075,838,969</u>

See accompanying notes to financial statements.

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Additions:		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (291,008,283)	\$ 334,192,991
Interest and dividends	24,792,637	10,001,185
	<u>(266,215,646)</u>	<u>344,194,176</u>
Less investment expenses	(4,554,513)	(4,340,343)
Less unrelated business income tax	3,113,309	(3,463,667)
Total investment income, net	<u>(267,656,850)</u>	<u>336,390,166</u>
Contributions		
Employer contributions	33,784,149	32,911,359
Withdrawal liability payments	10,563,118	6,259,881
Total contributions	<u>44,347,267</u>	<u>39,171,240</u>
Total additions	<u>(223,309,583)</u>	<u>375,561,406</u>
Deductions:		
Retirement benefits	134,663,701	140,343,237
Administrative expenses	23,336,194	21,692,667
Total deductions	<u>157,999,895</u>	<u>162,035,904</u>
Net increase (decrease) in net assets	(381,309,478)	213,525,502
Net assets available for benefits:		
Beginning of year	<u>2,075,838,969</u>	<u>1,862,313,467</u>
End of year	<u>\$ 1,694,529,491</u>	<u>\$ 2,075,838,969</u>

See accompanying notes to financial statements.

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE FUND

The following brief description of the Legacy Plan of the National Retirement Fund (the Fund) is provided for general information purposes only. Participants should refer to the Fund documents for a complete description of the Fund's provisions which may vary by participating employers. The Fund document was amended and restated effective as of January 1, 2015.

General - The Fund was formed to provide eligible participants, who are located throughout the United States, with pension, death benefits and postretirement health benefits upon their retirement. The Fund is comprised of a benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Beginning on January 1, 2015, the Fund became a "frozen plan" in that participants ceased to accrue benefits under the Fund, but it should be noted that the freezing of the Fund will not reduce benefits already earned. The Fund's Settlor Committee allocates certain contributions to the Fund and the Adjustable Plan of the National Retirement Fund. The contribution allocated to the Fund will be used exclusively to pay down the unfunded liability of the Fund and for benefits and administrative expenses.

Pension Benefits - Under the Fund, qualified participants are entitled to either a normal, reduced or a disability pension. Preretirement or postretirement death benefits are available for qualified participants. Postretirement health benefits are also available for qualified participants. The details of the vesting and benefit provisions are contained in the Fund document and may be obtained from the Fund administrator, who maintains and distributes a Summary Plan Description.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition - The investments of the Fund are managed by independent investment managers. Investments are carried at fair value. The valuation for the United States Treasury, common stock and mutual funds are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. Corporate obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The investments in common collective trusts and 103-12 investment entities are valued at their market value on the last business day of the year as established by the trusts. The limited partnerships and hedge funds of funds are carried at estimated fair value as determined by the investment manager. The hedge funds of funds are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

Hedge funds of funds, private equity fund of funds and limited partnerships are valued at prices which approximate fair value. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third party annual audit. The estimated fair values may differ from the values that would have been used had a ready market existed for these investments, and the difference could be significant. Furthermore, some of these funds have various lock up periods and they are not immediately liquid investments.

The Fund is invested in and has a majority ownership interest in ALICO Services Corporation (the Company), a holding company incorporated in the State of New York. The Company is comprised of three subsidiaries: Amalgamated Life Insurance Company (ALICO), Amalgamated Employee Benefits Administrators, Inc., formerly Alicare, Inc., and Alicare Medical Management, Inc. The fair value of the Company is determined by an external valuation specialist. The Company's valuation is based on the Guideline Company Method (a form of the market approach) and the Discounted Cash Flow Method (a form of the income approach). The financial statements of the Company are audited annually by independent auditors.

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

Employer and Withdrawal Liability Contributions Receivable - Contributions to the Fund for benefits are made by employers, based on various methods, pursuant to collective bargaining agreements. Employer contributions are used to cover benefit and administrative expenses. Employer contributions receivable include receivables related to payroll audits conducted by the Fund to ensure that employers are remitting the correct amount of contributions in accordance with the applicable collective bargaining agreements. Allowance for uncollectible accounts is considered unnecessary and is not provided.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The Fund utilizes a modified version, approved by the PBGC, of the rolling five (one pool) methods under Section 4211(c) for determining withdrawal liability. Withdrawal liability assessed but not received is recorded as withdrawal liability receivable, net of management's estimate of an amount that is deemed uncollectable. The allowance for uncollectable accounts is provided for those withdrawal liability assessments based on management's information about each employer. The allowance was \$57,512,678 at December 31, 2022 and \$54,563,572 at December 31, 2021.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the estimated useful lives for the assets by the straight-line method.

The estimated useful lives of the assets are as follows:

Buildings and building improvements	10 - 32 years
Furniture and equipment	3 - 5 years

Depreciation and amortization expense related to fixed assets was \$24,146 during 2022 and \$37,082 during 2021.

Securities Purchased or Sold and not Settled - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Fund's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payment of Benefits - Benefit payments to participants are recorded upon distribution. Benefits due and paid from Fund assets have been included as benefits paid to participants in the statements of changes in net assets available for benefits. Benefits paid that are applicable to annuities due in the subsequent Fund year are included as prepaid benefits in the statements of net assets available for benefits.

Administrative Expenses - Administrative and investment related expenses are paid by the Fund.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING

The Fund is financed by employer contributions. The employer contribution rates are specified in the collective bargaining and other agreements.

The Fund's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2022.

NOTE 4. PRIORITIES UPON TERMINATION

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

In addition, certain benefits under the Fund are insured by the Pension Benefit Guaranty Corporation (PBCG) if the Fund terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of fund amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Fund obtained its latest determination letter on March 17, 2016 in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Fund has been amended since receiving the determination letter. The Fund's administrator believes that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management is required to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, tax years will remain open for three years; however, this may differ depending upon the circumstances of the Fund.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2022 and 2021, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2022 and 2021:

	December 31, 2022			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 26,339,207	\$ 26,339,207	\$ -	\$ -
Corporate obligations	64,373,474	-	64,373,474	-
Common stock	81,536,167	81,536,167	-	-
Mutual funds	56,854,926	56,854,926	-	-
Investment in ALICO Services Corp	47,200,000	-	-	47,200,000
 Total assets in the fair value hierarchy	276,303,774	\$ 164,730,300	\$ 64,373,474	\$ 47,200,000
Investments measured at net asset value*	<u>1,401,969,872</u>			
 Total investments at fair value	<u><u>\$ 1,678,273,646</u></u>			

* One CCT fund accounts for 19.9% of net assets available for benefits at December 31, 2022.

	December 31, 2021			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 65,182,760	\$ 65,182,760	\$ -	\$ -
Corporate obligations	73,994,205	-	73,994,205	-
Common stock	97,015,431	97,015,431	-	-
Mutual funds	64,339,959	64,339,959	-	-
Investment in ALICO Services Corp	64,900,000	-	-	64,900,000
 Total assets in the fair value hierarchy	365,432,355	\$ 226,538,150	\$ 73,994,205	\$ 64,900,000
Investments measured at net asset value	<u>1,681,186,914</u>			
 Total investments at fair value	<u><u>\$ 2,046,619,269</u></u>			

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

The following tables set forth a summary of changes in the fair value of the Fund's level 3 investments for the years ended December 31, 2022 and 2021:

	Level 3 Fair Value Measurement at December 31, 2022					
	Beginning Balance	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending Balance
ALICO Services Corp	\$ 64,900,000	\$ -	\$ (17,700,000)	\$ -	\$ -	\$ 47,200,000
Total	<u>\$ 64,900,000</u>	<u>\$ -</u>	<u>\$ (17,700,000)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 47,200,000</u>

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurement at December 31, 2021						
	Beginning Balance	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending Balance
ALICO Services Corp	\$ 70,300,000	\$ -	\$ (5,400,000)	\$ -	\$ -	\$ 64,900,000
Total	\$ 70,300,000	\$ -	\$ (5,400,000)	\$ -	\$ -	\$ 64,900,000

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2022 and 2021:

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
International public equity	\$ 32,674,241	\$ -	Daily	Daily to 10
U.S. public equity	719,178,735	-	Daily	Daily
Fixed income	55,285,334	-	Daily	Daily
Real estate funds-				
AFL Builders Investment Trust	14,569,129	-	Quarterly	One year (a)
LongView Ultra 1 Construction	709,487	-	Monthly	One year (b)
Hedge fund of funds:				
Hedge fund of funds	541,745	-	(c)	(c)
Hedge fund of funds	25,436,877	1,464,949	(d)	(d)
Partnerships:				
Private equity fund of funds	38,845,828	39,632,618	(e)	(e)
Private equity funds	254,134,237	68,825,246	(e)	(e)
Real estate partnerships	32,589,864	7,050,929	(e)	(e)
Infrastructure	31,391,685	-	(e)	(e)
Fixed income	60,884,795	-	Annual	30 to 90 Days
103-12 investment entities	135,727,915	-	Daily/Monthly	5 to 10 days
Total	<u>\$ 1,401,969,872</u>	<u>\$ 116,973,742</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
International public equity	\$ 48,451,421	\$ -	Daily	Daily to 10
U.S. public equity	914,186,323	-	Daily	Daily
Fixed income	80,870,543	-	Daily	Daily
Real estate funds-				
AFL Builders Investment Trust	20,129,814	-	Quarterly	One year (a)
LongView Ultra 1 Construction	4,905,150	-	Monthly	One year (b)
Hedge fund of funds:				
Hedge fund of funds	6,412,665	-	(c)	(c)
Hedge fund of funds	43,131,215	1,464,949	(d)	(d)
Partnerships:				
Private equity fund of funds	62,097,285	37,232,189	(e)	(e)
Private equity funds	238,338,313	76,191,603	(e)	(e)
Real estate partnerships	31,397,797	10,731,798	(e)	(e)
Fixed income	48,609,807	-	Annual	30 to 90 Days
103-12 investment entities	<u>182,656,581</u>	<u>-</u>	Daily/Monthly	5 to 10 days
Total	<u><u>\$ 1,681,186,914</u></u>	<u><u>\$ 125,620,539</u></u>		

- (a) The Fund may honor redemption requests as of the end of a quarter following receipt of notice of withdrawal. The Trust Agreement does not require the Trustee to liquidate assets or defer investments to fund or satisfy redemption requests within one year. The Trust is subject to regulations promulgated by the Comptroller of the Currency which require in most circumstances that redemptions be completed by the expiration of the Trust's one-year notice period.
- (b) The standard notice period for withdrawal requests is one year prior to the valuation date (the month-end date(s) the Bank as Trustee shall determine to effect partial or full redemption requests, such determination is largely based on the availability of cash above and beyond that needed to fund ongoing Fund expenses and commitments). However, the Trustee may, in its sole discretion, effect the partial or complete withdrawal of participation from the Fund on a valuation date prior to the one-year notice period, subject to the availability of cash for distribution to such participant.
- (c) The investment fund invests in a portfolio of defaulted bonds issued by the Republic of Peru. The investment fund is illiquid and can only be redeemed subject to the determination of the investment manager considering the investment fund's settlement with the Peruvian government.
- (d) The portfolios in which the Fund may invest are generally expected to be highly illiquid. The Fund expects to invest in a limited range of investment vehicles, including, but not limited to, leveraged and whole loan funds, distressed strategies funds, real estate related strategies funds, activist oriented strategies funds and collateralized debt obligation recovery funds.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(e) Partnership investments are subject to various lock up periods and are not immediately liquid investments. Private equity investees achieve to create value by investing outside of public equity markets. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Partnership Agreement. The primary investment strategies of the Fund's holdings are venture capital buyouts, distressed and other special situations.

Quantitative Information about Significant Unobservable Inputs Use in Level 3 Fair Value Measurements

The following tables represent the Fund's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs at December 31, 2022 and 2021:

Instrument	Fair Value 12/31/22	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
ALICO Services Corporation	\$ 47,200,000	Guideline Company Method Discounted Cash Flow Model	Last twelve months multiple of Market Value of Equity (MVE)/tangible Five year average multiple of MVE/adjusted net income Five year average multiple of MVE/adjusted pretax income Discounted rate of return Price to earnings exit multiple	0.65x 13.5x 10.5x 16.10% 11.50x	n/a n/a n/a n/a

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Instrument	Fair Value 12/31/21	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
ALICO Services Corporation	\$ 64,900,000	Guideline Company Method	Last twelve months multiple of Market Value of Equity (MVE)/tangible Five year average multiple of MVE/adjusted net income Five year average multiple of MVE/adjusted pretax income	0.75x	n/a
			Discounted rate of return Price to earnings exit multiple	13.0x	n/a
		Discounted Cash Flow Model	Discounted rate of return Price to earnings exit multiple	9.50x	n/a
			Discounted rate of return Price to earnings exit multiple	17.00%	n/a
			Discounted rate of return Price to earnings exit multiple	9.00x	n/a

ALICO Services Corporation - The Company was purchased by the Fund in March 2001. The Fund owns 100% of the Company's common shares outstanding as of December 31, 2022 and 2021. In the second quarter of 2007, the Company sold 661 shares of perpetual cumulative convertible preferred stock to a pooled investment fund of UNITE HERE and entities affiliated with UNITE HERE and Workers United, an SEIU affiliate, for \$6 million. In October 2009, the Company repurchased 204 shares of preferred stock for \$1.85 million. In 2011, the Company repurchased 132 shares of preferred stock for \$1.2 million. In May 2019, the Company sold 337 shares of perpetual cumulative convertible preferred stock to UNITE HERE and certain entities affiliated with UNITE HERE and Workers United, an SEIU affiliate, for approximately \$3.1 million. The preferred shares are convertible into approximately 6.2% of the Company's common stock on a fully-diluted basis.

The Company, through its wholly-owned subsidiaries, provides life and health insurance and certain administrative services to third parties. The consolidated assets of the Company and subsidiaries were \$218,647,000 and \$198,091,000 as of December 31, 2022 and 2021, respectively. The consolidated revenues of the Company and subsidiaries were \$212,202,000 and \$212,904,000 for the years ended December 31, 2022 and 2021, respectively. The fair value of the Company was \$53,200,000 and \$70,900,000 at December 31, 2022 and 2021, respectively. The fair value of the Fund's investment in the Company was \$47,200,000 and \$64,900,000 at December 31, 2022 and 2021, respectively. The cumulative unrealized appreciation applicable to this investment was \$19,100,000 and \$36,800,000 at December 31, 2022 and 2021, respectively.

The dividends on common and preferred shares are declared annually at the discretion of the Board of Directors of the Company. The Company declared \$360,000 of dividends on preferred shares during each of the years ended December 31, 2022 and 2021.

NOTE 7. RELATED PARTY TRANSACTIONS

Retirement benefits are administered for the Fund by Amalgamated Employee Benefits Administrators, Inc., formerly known as Alicare, Inc. Fund service expenses of \$10,360,000 and \$10,014,000 represent amounts charged by Amalgamated Employee Benefits Administrators, Inc., for administrative services conducted for the Fund for 2022 and 2021, respectively pursuant to approval by a committee of Fund trustees. Certain other funds serviced by Amalgamated Employee Benefits Administrators, Inc., and ALICO, as well, are referred to as “related parties” in the accompanying financial statements. The relationship between Amalgamated Employee Benefits Administrators, Inc., and the Fund is reviewed by a committee of Fund Trustees. Included in due to related parties is \$6,080,100 and \$3,389,130 to the Adjustable Plan of the National Retirement Fund at December 31, 2022 and 2021, respectively and \$1,638,341 due to the UNITE HERE Legacy Fund at December 31, 2022.

The Fund receives administrative services from entities affiliated with Workers United, an SEIU affiliate. The Fund paid \$340,649 and \$289,847 to entities affiliated with Workers United, during 2022 and 2021, respectively.

The Fund maintains a banking and custodial relationship and invests in various products sponsored by the Amalgamated Bank (the Bank). The Bank is a party-in-interest to the Fund and certain members of the Board of Directors of the Bank serve as union trustees of the Fund. Decisions governing the business between the Bank and the Fund are made by an oversight committee of non-conflicted trustees of the Fund. Hirtle, Callaghan & Co. and JP Morgan are parties-in-interest.

These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. 401(h) ACCOUNT

Effective June 1, 2000, the Trustees of the Fund amended the Fund document to provide an incidental medical benefit component in addition to the monthly retirement benefits for certain retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). In accordance with IRC section 401(h), the assets in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Fund’s obligation in the statement of accumulated plan benefits but are reflected as obligations in the financial statements of Amalgamated National Health Fund. The following table presents the components net assets available for such obligations and the related changes in net assets available.

NOTE 8. 401(h) ACCOUNT (continued)

	December 31,	
	<u>2022</u>	<u>2021</u>
Assets		
Interest bearing cash	<u>\$ 5,270,129</u>	<u>\$ 6,137,258</u>
Net assets held in Legacy Plan of the National Retirement Fund 401(h) account and available for benefits	<u>\$ 5,270,129</u>	<u>\$ 6,137,258</u>
Changes in net assets in 401(h) Account:		
	<u>For the Year Ended December 31, 2022</u>	<u>For the Year Ended December 31, 2021</u>
Investment income (loss)	\$ (797,349)	\$ 924,559
Employer contributions	1,002	789
Health and welfare benefits paid to retirees	-	-
Administrative expenses	<u>(70,782)</u>	<u>(58,068)</u>
Net increase (decrease) in net assets held in 401(h) account	<u>\$ (867,129)</u>	<u>\$ 867,280</u>

NOTE 9. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2022 and 2021.

	<u>2022</u>	<u>2021</u>
Building and building improvements	\$ 1,168,070	\$ 1,168,070
Total fixed assets	<u>1,168,070</u>	<u>1,168,070</u>
Less: Accumulated depreciation and amortization	(835,836)	(811,690)
Fixed assets, net	<u>\$ 332,234</u>	<u>\$ 356,380</u>

NOTE 10. ACTUARIAL INFORMATION

Actuarial valuations of the Fund were made by the consulting actuary as of January 1, 2022. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 1,006,058,666
Other vested benefits	933,066,730
	<hr/>
	1,939,125,396
Nonvested benefits	<hr/>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,940,797,046</u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits as of January 1, 2022 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 1,873,448,186</u>
Increase (decrease) during the year attributable:	
Change(s) to actuarial assumptions	88,861,172
Benefits accumulated, net experience gain or loss, changes in data	(12,808,264)
Interest	131,639,189
Benefits paid	<u>(140,343,237)</u>
Net increase	<u>67,348,860</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 1,940,797,046</u>

The actuarial cost method used in the valuation is the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2022 valuation were:

- Mortality rates:

Sex Distinct RP-2014 Mortality Tables with Blue Collar adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2017

Rates based upon Social Security Experience (disabled) with no assumed future mortality rates

- Retirement - A varying rate from 10.00% to 100.00% ranging from age 55 to 71
- Employee turnover - A varying rate from 0.00% to 35.00% from age 20 to 60 against years of service ranging from under a year to over 5 years of service

NOTE 10. ACTUARIAL INFORMATION (continued)

- Disability - A varying rate from 0.05% to 1.38% ranging from age 20 to 64
- Net investment rate of return - 6.80% (prior valuation 7.30%)

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

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2022 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Fund as of December 31, 2022, and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2022. The complete financial status is presented as of December 31, 2021.

Under the Pension Protection Act of 2006, the Fund is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2022, the actuary reported that the Fund is in critical status for the 2022 plan year.

The Fund implemented a Rehabilitation Plan in April 2010, and was updated effective January 2015, to address its critical status. The Rehabilitation period began January 2013.

The Fund was amended to freeze benefit accruals effective December 31, 2014.

The Board of Trustees elected as allowed under the Pension Relief Act of 2010 (“PRA 10”) for funding relief retroactively effective as of January 1, 2009. The relief elected uses extended 29-year amortization of the 2008 eligible net investment loss plus 10-year smoothing of the 2008 eligible net investment loss.

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements to the Form 5500:

	December 31, 2022	December 31, 2021
Net assets available for benefits per the financial statements	\$1,694,529,491	\$2,075,838,969
Net assets held in 401(h) account included as assets in Form 5500	5,270,129	6,137,258
Accrued retirement benefits	(10,472,169)	(9,177,870)
Adjustment from cost to fair value for condominium	985,591	985,591
Net assets available for benefits per the Form 5500	<u><u>\$1,690,313,042</u></u>	<u><u>\$2,073,783,948</u></u>

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree medical benefits. In accordance with ASC 960, "Plan Accounting - Defined Benefit Pension Plans", the accompanying financial statements do not reflect accrued retirement benefits payable. Under prevailing Department of Labor regulations, such payable amount is shown as Fund Claims in the Fund's Annual Return on Form 5500.

The following is a reconciliation of total additions and benefits paid per the financial statements to the Form 5500 for the year ending December 31, 2022:

Total additions per the financial statements	\$ (223,309,583)
Reclassified investment expenses for Form 5500	5,554,513
Adjustment from cost to fair value for condominium	-
Total additions per Form 5500	<u>\$ (217,755,070)</u>
Benefits paid per the financial statements	\$ 134,663,701
Add net assets held in 401(h) account included as assets in Form 5500 at beginning of year	6,137,258
Less net assets held in 401(h) account included as assets in Form 5500 at end of year	(5,270,129)
Less accrued retirement benefits at beginning of year	(9,177,870)
Add accrued retirement benefits at end of year	10,472,169
Benefits paid to participants per Form 5500	<u>\$ 136,825,129</u>

NOTE 12. COMMITMENTS AND CONTINGENCIES

The Fund is involved in various legal actions to collect delinquent contributions and withdrawal liability payments, and other matters arising out of the normal course of its operations, the final outcome of which cannot presently be determined. The Fund has recorded a reserve for collections in its financial statements for the years ended 2022 and 2021. Fund management is of the opinion that the ultimate liability, if any, with respect to these matters will not have a material adverse effect on the Fund's statements of net assets available for benefits.

NOTE 13. RISKS AND UNCERTAINTIES

The Fund invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 13. RISKS AND UNCERTAINTIES (continued)

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.

NOTE 14. SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through October 11, 2023, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Administrative expenses	\$ 10,674,745	\$ 10,277,255
Professional services		
Accounting and auditing	174,578	170,896
Actuary	493,609	641,132
Legal	3,111,101	2,007,592
Other		
PBGC premiums	6,837,088	6,839,623
Insurance	750,919	718,087
Other expenses	<u>1,294,154</u>	<u>1,038,082</u>
Total administrative expenses	<u>\$ 23,336,194</u>	<u>\$ 21,692,667</u>

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

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

DECEMBER 31, 2022

EIN #13-6130178
Plan 001

Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
CORPORATE BONDS AND DEBENTURES:						
1011778 B.C. UNLIMIT	335,000	-	5.75 %	04/15/2025	\$ 335,462	\$ 332,387
180 MED INC	250,000	-	3.88	10/15/2029	250,000	214,925
ACI WORLDWIDE INC	350,000	-	5.75	08/15/2026	352,603	339,063
ADAPTHEALTH LLC	300,000	-	6.13	08/01/2028	303,770	275,007
ADAPTHEALTH LLC	555,000	-	5.13	03/01/2030	556,491	472,466
ADVANCED DRAIN SYS I	95,000	-	6.38	06/15/2030	95,000	92,308
ALBERTSONS COS INC /	265,000	-	7.50	03/15/2026	275,832	270,602
ALBION FING 1 S A R	500,000	-	6.13	10/15/2026	458,310	445,905
ALBION FING 1 S A R	200,000	-	8.75	04/15/2027	200,000	170,308
ALTA EQUIPMENT GROUP	565,000	-	5.63	04/15/2026	550,907	508,557
ALTICE FRANCE HLDG S	200,000	-	10.50	05/15/2027	159,675	152,500
ALTICE FRANCE S A	305,000	-	8.13	02/01/2027	297,868	277,818
AMERICAN AIRLINES	1,500,000	-	11.75	07/15/2025	1,552,827	1,608,900
AMERICAN AXLE & MFG	355,000	-	6.88	07/01/2028	356,257	316,500
AMN HEALTHCARE INC	650,000	-	4.63	10/01/2027	637,330	599,346
APOLLO COML REAL EST	465,000	-	4.63	06/15/2029	465,000	372,181
ARAMARK SVCS INC	600,000	-	6.38	05/01/2025	605,509	592,626
ARCHE'S BUYER INC	160,000	-	4.25	06/01/2028	157,985	125,136
ASBURY AUTOMOTIVE GR	500,000	-	4.63	11/15/2029	451,421	421,320
AUSTIN HOLDCO INC AN	415,000	-	7.13	12/15/2028	335,206	315,126
AVIS BUDGET CAR RENT	100,000	-	5.75	07/15/2027	89,266	90,700
BCPE EMPIRE TOPCO IN	350,000	-	7.63	05/01/2027	335,028	313,873
BRAND ENERGY & INFRA	345,000	-	8.50	07/15/2025	347,326	275,648
BWAY HOLDING COMPANY	765,000	-	7.25	04/15/2025	758,898	707,411
C&W SENIOR FINANCING	200,000	-	6.88	09/15/2027	199,310	186,000
CAESARS ENTERTAINMEN	400,000	-	6.25	07/01/2025	402,300	388,672
CCO HLDGS LLC / CCO	500,000	-	5.50	05/01/2026	505,003	484,050
CCO HLDGS LLC / CCO	450,000	-	4.25	01/15/2034	362,542	332,122
CCO HLDGS LLC / CCO	500,000	-	4.75	02/01/2032	500,000	405,350
CCO HLDGS LLC / CCO	135,000	-	6.38	09/01/2029	135,000	126,865
CENTENE CORP DEL	920,000	-	4.63	12/15/2029	881,030	840,733
CHART INDs INC	45,000	-	7.50	01/01/2030	44,397	45,238
CHART INDs INC	50,000	-	9.50	01/01/2031	49,800	51,280
CINEMARK USA INC	150,000	-	5.88	03/15/2026	154,062	124,944
CINEMARK USA INC	855,000	-	5.25	07/15/2028	836,108	634,914
CLEAN HARBORS INC	65,000	-	4.88	07/15/2027	60,840	61,587
CLEAR CHANNEL OUTDOO	450,000	-	7.75	04/15/2028	391,894	328,504
CLEARWATER PAPER COR	300,000	-	5.38	02/01/2025	296,916	291,492
CLEARWATER PAPER COR	375,000	-	4.75	08/15/2028	381,990	329,504
CLYDESDALE ACQUISITI	315,000	-	6.63	04/15/2029	319,270	299,486
CLYDESDALE ACQUISITI	585,000	-	8.75	04/15/2030	541,057	500,742
COMMSCOPE FIN LLC	250,000	-	8.25	03/01/2027	208,750	193,750
COMMSCOPE TECHNOLOGI	400,000	-	5.00	03/15/2027	327,495	271,680
COMMUNITY HEALTH SYS	800,000	-	6.88	04/15/2029	817,898	411,168
COMMUNITY HEALTH SYS	143,000	-	5.25	05/15/2030	143,000	107,828
CONSOLIDATED ENERGY	445,000	-	5.63	10/15/2028	446,648	378,108
CONSTELLIUM SE	350,000	-	3.75	04/15/2029	310,073	284,354
COTY INC	235,000	-	6.50	04/15/2026	236,227	225,600
CP ATLAS BUYER INC.	775,000	-	7.00	12/01/2028	794,924	575,569
CROCS INC	400,000	-	4.25	03/15/2029	390,500	338,840
CROCS INC	250,000	-	4.13	08/15/2031	192,500	203,738
CSC HLDGS LLC	600,000	-	4.50	11/15/2031	487,231	416,286
CVR PARTNERS LP/CVR	790,000	-	6.13	06/15/2028	801,044	708,717
DARLING INGREDIENTS	690,000	-	6.00	06/15/2030	697,575	674,475

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
CORPORATE BONDS AND DEBENTURES (continued):						
DISH DBS CORPORATION	500,000	-	5.13 %	06/01/2029	\$ 500,000	\$ 322,555
DISH DBS CORPORATION	150,000	-	5.25	12/01/2026	129,518	126,351
DISH NETWORK CORPORA	350,000	-	11.75	11/15/2027	343,730	360,465
EDGEWELL PERS CARE C	500,000	-	5.50	06/01/2028	473,500	467,615
ENTERCOM MEDIA CORP	975,000	-	6.75	03/31/2029	987,443	168,880
EQUITRANS MIDSTREAM	150,000	-	7.50	06/01/2027	150,000	146,889
FORD MOTOR CREDIT CO	400,000	-	4.00	11/13/2030	340,917	328,336
FORD MOTOR CREDIT CO	350,000	-	2.70	08/10/2026	316,342	303,940
FORD MOTOR CREDIT CO	400,000	-	4.54	08/01/2026	384,544	368,564
FORD MTR CO DEL	200,000	-	4.75	01/15/2043	165,155	143,558
FORD MTR CO DEL	50,000	-	6.10	08/19/2032	50,000	46,168
FORTRESS TRANSN & IN	815,000	-	5.50	05/01/2028	816,121	695,285
FRONTIER COMMUNICATI	500,000	-	5.88	10/15/2027	493,060	464,285
GANNETT HOLDINGS LLC	395,000	-	6.00	11/01/2026	394,212	321,925
GFL ENVIRONMENTAL IN	700,000	-	4.25	06/01/2025	675,704	668,640
GOODYEAR TIRE & RUBR	400,000	-	5.00	07/15/2029	370,467	333,660
GRAPHIC PACKAGING IN	650,000	-	3.50	03/01/2029	568,741	553,820
GRAY ESCROW II INC	450,000	-	5.38	11/15/2031	353,627	324,293
GUITAR CTR ESCROW II	410,000	-	8.50	01/15/2026	426,130	336,963
H B FULLER CO	700,000	-	4.25	10/15/2028	616,204	619,500
HAT HLDGS I LLC / HA	500,000	-	6.00	04/15/2025	505,185	484,140
HAWAIIAN BRAND INTEL	595,000	-	5.75	01/20/2026	590,894	538,475
HESS MIDSTREAM OPERA	400,000	-	5.63	02/15/2026	385,041	389,636
HOWMET AEROSPACE INC	370,000	-	6.88	05/01/2025	386,188	379,683
HUSKY III HOLDING LI	355,000	-	13.00	02/15/2025	362,272	314,175
IHEARTCOMMUNICATIONS	400,000	-	5.25	08/15/2027	370,516	338,832
INNOPHOS HOLDINGS IN	570,000	-	8.75	02/15/2026	575,257	487,350
INTERFACE INC	355,000	-	5.50	12/01/2028	363,141	293,120
INTL GAME TECH PLC	600,000	-	5.25	01/15/2029	566,322	559,116
IQVIA INC	350,000	-	5.00	10/15/2026	347,368	334,198
IRON MTN INC NEW	700,000	-	5.25	07/15/2030	611,396	608,300
JEFFERIES FINANCE LL	220,000	-	5.00	08/15/2028	222,291	179,461
KENNEDY WILSON INC	485,000	-	5.00	03/01/2031	485,000	365,079
KINETIK HLDGS LP	65,000	-	5.88	06/15/2030	64,732	60,956
KONTOOR BRANDS INC	500,000	-	4.13	11/15/2029	500,000	408,055
KOPPERS INC PA	800,000	-	6.00	02/15/2025	738,931	760,000
KRAFT HEINZ FOODS CO	350,000	-	4.38	06/01/2046	335,816	284,410
LABL ESCROW ISSUER L	370,000	-	6.75	07/15/2026	375,971	348,758
LABL INC	500,000	-	8.25	11/01/2029	500,000	398,235
LAMB WESTON HLDGS IN	340,000	-	4.88	05/15/2028	337,450	322,150
LAREDO PETROLEUM INC	500,000	-	7.75	07/31/2029	500,000	450,040
LEVEL 3 FING INC	225,000	-	3.88	11/15/2029	197,226	177,557
LFS TOPCO LLC	480,000	-	5.88	10/15/2026	491,677	386,760
LIFE TIME FITNESS	450,000	-	5.75	01/15/2026	427,048	418,725
LPL HLDGS INC	775,000	-	4.38	05/15/2031	726,080	658,866
LSB INDS INC	502,000	-	6.25	10/15/2028	513,298	459,305
LSF9 ATLANTIS HLDGS	895,000	-	7.75	02/15/2026	863,173	792,129
MARRIOTT OWNERSHIP R	400,000	-	6.13	09/15/2025	401,612	412,252
MATCH GROUP HOLDINGS	190,000	-	3.63	10/01/2031	160,263	145,703
MAUSER PACKAGING SOL	680,000	-	8.50	04/15/2024	683,996	666,373
MAV ACQUISITION CORP	500,000	-	5.75	08/01/2028	449,189	420,185
METIS MERGER SUB LLC	475,000	-	6.50	05/15/2029	387,950	398,753
MIDCAP FINANCIAL ISS	605,000	-	6.50	05/01/2028	624,851	520,300
MPT OPER PTSHP LP/MP	350,000	-	5.25	08/01/2026	347,482	318,762
MPT OPER PTSHP LP/MP	375,000	-	3.50	03/15/2031	382,595	257,055
MUELLER WTR PRODS IN	175,000	-	4.00	06/15/2029	175,000	153,781
NCL CORP LTD	400,000	-	5.88	02/15/2027	395,943	346,520
NEON HLDGS INC	573,000	-	10.13	04/01/2026	589,554	488,483
NEW HOME CO INC	820,000	-	7.25	10/15/2025	856,890	701,100
NEW RED FINANCE INC	150,000	-	3.88	01/15/2028	130,755	134,183
NEWELL BRANDS INC	700,000	-	4.45	04/01/2026	678,045	658,560
OCCIDENTAL PETE CORP	450,000	-	7.50	05/01/2031	550,479	480,812
ONEMAIN FINANCIAL CO	355,000	-	6.88	03/15/2025	366,469	341,041
OUTFRONT MEDIA CAP /	350,000	-	5.00	08/15/2027	312,375	315,088
OWENS & MINOR INC	500,000	-	6.63	04/01/2030	500,000	429,700

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
CORPORATE BONDS AND DEBENTURES (continued):						
OWENS BROCKWAY	226,000	-	5.88 %	08/15/2023	\$ 226,738	\$ 224,391
OXFORD FINANCE LLC /	150,000	-	6.38	02/01/2027	150,450	139,500
PARK INTER HLDGS LLC	350,000	-	7.50	06/01/2025	361,643	349,801
PARK OHIO INDS INC-O	340,000	-	6.63	04/15/2027	333,925	230,976
PATRICK INDS INC	715,000	-	4.75	05/01/2029	716,513	593,450
PAYSAFE FIN PLC / PA	500,000	-	4.00	06/15/2029	500,000	386,250
PICASSO FINANCE SUB	400,000	-	6.13	06/15/2025	409,213	396,000
PILGRIMS PRIDE CORP	850,000	-	4.25	04/15/2031	718,415	722,976
PRECISION DRILLING C	415,000	-	6.88	01/15/2029	420,640	386,369
PRIME SEC SVCS BORRO	215,000	-	6.25	01/15/2028	215,000	195,684
RADIOLOGY PARTNERS I	560,000	-	9.25	02/01/2028	557,150	314,356
RAYONIER A.M. PRODS	427,000	-	7.63	01/15/2026	447,399	411,743
SCIL IV LLC / SCIL U	200,000	-	5.38	11/01/2026	200,000	169,500
SEAGATE HDD CAYMAN	350,000	-	4.75	06/01/2023	349,622	348,040
SEALED AIR CORP NEW	250,000	-	5.00	04/15/2029	226,241	235,000
SEALED AIR CORPORATI	650,000	-	5.50	09/15/2025	659,684	640,666
SENSATA TECH BV	500,000	-	5.88	09/01/2030	500,000	473,865
SIRIUS XM RADIO INC	345,000	-	5.50	07/01/2029	341,363	314,909
SIRIUS XM RADIO INC	350,000	-	4.13	07/01/2030	308,035	288,823
SIZZLING PLATTER LLC	340,000	-	8.50	11/28/2025	322,826	312,834
SPirit IP CAYMAN LTD	590,000	-	8.00	09/20/2025	581,479	593,027
SPRINT CORP	350,000	-	7.88	09/15/2023	356,946	354,896
SPRINT CORPORATION	350,000	-	7.13	06/15/2024	358,128	356,839
SUNCOKE ENERGY INC	570,000	-	4.88	06/30/2029	570,000	489,282
SWF ESCROW ISSUER CO	348,000	-	6.50	10/01/2029	348,000	201,649
TENET HEALTHCARE COR	500,000	-	6.25	02/01/2027	513,072	480,255
TENET HEALTHCARE COR	400,000	-	6.13	06/15/2030	396,669	381,120
THE PROVIDENCE SERVI	360,000	-	5.88	11/15/2025	333,900	338,159
TITAN ACQUISITION LT	430,000	-	7.75	04/15/2026	428,013	387,254
TITAN INTL INC ILL	345,000	-	7.00	04/30/2028	353,728	325,721
TOWNSQUARE MEDIA INC	689,000	-	6.88	02/01/2026	713,124	611,487
TRANSDIGM INC	360,000	-	6.25	03/15/2026	364,598	355,028
TRANSDIGM INC	395,000	-	7.50	03/15/2027	396,542	390,817
TTM TECHNOLOGIES INC	500,000	-	4.00	03/01/2029	500,000	428,775
U S ACUTE CARE SOLUT	960,000	-	6.38	03/01/2026	990,373	851,923
UNITED AIR LINES INC	365,000	-	4.38	04/15/2026	344,686	338,329
UNITED AIR LINES INC	350,000	-	4.63	04/15/2029	295,750	304,745
UNITED RENTALS NORTH	275,000	-	5.50	05/15/2027	274,313	271,480
UNITED RENTALS NORTH	350,000	-	6.00	12/15/2029	350,000	347,812
UNIVISION COMMUNICAT	657,000	-	7.38	06/30/2030	656,948	627,895
VERMILION ENERGY INC	140,000	-	6.88	05/01/2030	138,937	127,761
VICTORIA FINANCE LTD	186,100	-	0.33	02/15/2099	195,062	61,638
VIDEOTRON LTD/ VIDEO	610,000	-	5.38	06/15/2024	614,589	602,375
VIDEOTRON LTD/ VIDEO	300,000	-	5.13	04/15/2027	293,132	283,359
VMED O2 UK FING I PL	400,000	-	4.75	07/15/2031	319,000	324,940
WEATHERFORD INTL LTD	405,000	-	6.50	09/15/2028	405,000	397,022
WESCO DISTR INC	420,000	-	7.25	06/15/2028	428,400	425,447
WYNDHAM DESTINATIONS	400,000	-	6.63	07/31/2026	408,000	391,304
XPO ESCROW SUB LLC	260,000	-	7.50	11/15/2027	257,397	263,099
YUM BRANDS INC	400,000	-	5.35	11/01/2043	340,667	329,000
YUM BRANDS INC	235,000	-	5.38	04/01/2032	235,000	217,669
ZOOMINFO TECHNOLOGIE	450,000	-	3.88	02/01/2029	379,125	378,171
					71,839,926	64,373,474

HEDGE FUND OF FUNDS:

ENTRUST CAP CLASS X SERIES 06302017	-	16,597	-	-	1,659,729	120,570
ENTRUST CAP CLASS X SERIES 09302017	-	16,651	-	-	1,665,097	124,670
ENTRUST CAPITAL DIVERSIFIED FUND CLASS X	-	42,140	-	-	4,214,016	296,505
ENTRUST CAPITAL SPECIAL OPP FD TRANCHE D	-	2,173,681	-	-	-	2,173,681
ENTRUST PARTNERS OFFSHORE LLC	-	3,077,000	-	-	-	3,077,000
ENTRUST SPECIAL OPPORTUNITIES FUND II	-	689,713	-	-	-	689,713
ENTRUST SPECIAL OPPORTUNITIES FUND III	-	19,496,483	-	-	20,575,420	19,496,483
					28,114,262	25,978,622

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
MUTUAL FUNDS:						
LAZARD EMERGING MARKET TRUST	-	2,037,722	- %	-	\$ 37,382,889	\$ 29,689,606
PIMCO INCOME INST	-	2,624,669	-	-	<u>30,782,833</u>	<u>27,165,320</u>
					<u>68,165,722</u>	<u>56,854,926</u>
103-12 INVESTMENT ENTITIES:						
DIMENSIONAL MICRO CAP MASTER TRUST	-	2,553	-	-	8,186,815	29,087,845
JOHNSTON I.E. GROUP MASTER TRUST MF	-	3,046,659	-	-	<u>53,612,502</u>	<u>106,640,070</u>
					<u>61,799,317</u>	<u>135,727,915</u>
COMMON TRUST FUNDS:						
AFL BUILDERS INVESTMENT TRUST	-	1,765	-	-	8,175,027	14,569,129
* LONGVIEW 600 SMALL CAP COLLECTIVE FD	-	49,858	-	-	17,902,335	82,806,778
* LONGVIEW CORE PLUS FIXED INCOME FUND	-	336,387	-	-	47,233,397	55,285,334
* LONGVIEW LARGE CAP PLUS FUND	-	1,145,136	-	-	124,414,448	186,461,401
* LONGVIEW ULTRA 1 CONSTRUCTION	-	889	-	-	1,670,085	709,487
* LONGVIEW LARGE CAP 500	-	239,473	-	-	256,864,730	337,522,697
* LONGVIEW MID CAP 400	-	38,985	-	-	80,163,754	102,688,017
LORD ABBETT SMALL CAP GROWTH	-	1,579,779	-	-	10,000,000	9,699,842
WILLIAM BLAIR COLLECTIVE INVESTMENT FUND	-	1,746,268	-	-	<u>21,088,682</u>	<u>32,674,241</u>
					<u>567,512,458</u>	<u>822,416,926</u>
COMMON STOCKS:						
ABB LTD	-	52,575	-	-	1,023,783	1,595,193
ACCENTURE PLC	-	6,564	-	-	897,072	1,751,538
ADVANTEST CORP	-	13,300	-	-	920,249	854,780
AIA GROUP LTD	-	177,200	-	-	1,548,381	1,971,993
AIRBUS GROUP NV	-	16,760	-	-	2,068,150	1,984,618
AKZO NOBEL NV	-	22,437	-	-	2,432,171	1,497,142
AON PLC	-	13,686	-	-	1,754,540	4,107,716
ARISTON HOLDING NV	-	36,708	-	-	421,276	376,879
BAYCURRENT CONSULTING INC	-	29,600	-	-	728,361	923,396
BERKELEY GROUP HOLDINGS	-	15,899	-	-	734,084	722,633
BRP INC	-	11,569	-	-	887,720	882,206
BUREAU VERITAS SA	-	57,199	-	-	1,596,110	1,501,418
CAE INC	-	101,293	-	-	1,875,312	1,959,671
CANADIAN PACIFIC RAILWAY LTD	-	18,494	-	-	1,479,830	1,379,130
CARLSBERG AS	-	17,147	-	-	1,988,532	2,268,455
COCA-COLA EUROPEAN	-	49,575	-	-	2,033,539	2,720,506
COGECO COMMUNICATION	-	11,865	-	-	952,311	673,040
COMPASS GROUP	-	84,533	-	-	1,402,894	1,952,642
CONTINENTAL AG	-	18,163	-	-	2,046,145	1,091,843
CRH	-	41,815	-	-	1,253,152	1,650,642
CTS EVENTIM AG & C	-	14,666	-	-	997,574	933,873
DAIKIN INDUSTRIES LTD	-	8,700	-	-	1,691,374	1,332,285
DBS GROUP	-	60,000	-	-	1,394,595	1,517,242
DIGITAL GARAGE INC T	-	25,776	-	-	737,476	893,991
EDP ENERGIAS PORTU	-	310,760	-	-	1,428,991	1,543,262
ESR CAYMAN LIMITED	-	476,400	-	-	1,150,678	1,000,478
GAZ DE FRANCE	-	163,122	-	-	2,408,629	2,329,324
GENMAB AS	-	3,239	-	-	604,372	1,365,061
HENSOLDT AG	-	53,283	-	-	753,233	1,261,663
HEXAGON AB	-	94,583	-	-	709,630	984,562
HSBC CAPITAL FUNDING	-	44,727	-	-	280,649	277,861
ICON PLC	-	8,333	-	-	1,795,192	1,618,685
IDORSIA LTD	-	25,996	-	-	344,892	377,229
INFINEON TECHNOLOG	-	45,422	-	-	1,282,637	1,380,258
INFORMA PLC	-	136,346	-	-	960,775	1,017,688
ISRAEL DISCOUNT BANK A	-	372,900	-	-	899,705	1,957,030
KINDER MORGAN FRACT SHS	-	3	-	-	0	54
KOBE BUSSAN	-	29,200	-	-	912,416	838,974
MERCK KGAA	-	9,096	-	-	1,651,459	1,763,786
NATIONAL BK CDA	-	33,254	-	-	1,431,281	2,241,040
NOKIA OYJ	-	25	-	-	290	116
OLYMPUS CORP (JSD)	-	75,000	-	-	1,605,140	1,337,289
PERNOD-RICARD	-	9,633	-	-	1,695,713	1,887,950

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
COMMON STOCKS (continued):						
PETERSHILL PARTNER	-	30,154	- %	-	\$ 142,589	\$ 61,389
RELX PLC	-	103,428	-	-	2,400,132	2,850,723
RIO TINTO PLC	-	25,666	-	-	1,279,671	1,792,657
ROCHE HOLDINGS	-	8,027	-	-	2,618,389	2,521,422
RYANAIR HLDGS PLC	-	17,850	-	-	1,618,207	1,334,466
SAMPO LEONIA	-	37,660	-	-	1,538,792	1,961,009
SHIMANO INC	-	5,000	-	-	1,132,969	792,973
SUNCOR ENERGY INC	-	56,488	-	-	1,333,067	1,792,204
SUZUKI MOTOR CORP	-	24,800	-	-	1,119,566	802,986
TECHNOGYM S P A	-	69,060	-	-	491,768	526,665
TOKYO ELECTRON	-	3,300	-	-	1,518,803	972,673
TOROMONT IND S LTD	-	24,103	-	-	1,046,236	1,739,716
UNIVERSAL MUSIC GR	-	82,524	-	-	1,887,683	1,981,333
USF LIQUIDATING CORP	-	1,481	-	-	5,245	185
VESTAS WIND SYSTEMS A/S	-	29,838	-	-	695,265	864,136
VOLVO CAR AB-B	-	32,716	-	-	228,049	148,033
VONOVIA SE	-	28,199	-	-	1,509,074	661,395
YAMAHA CORP	-	27,000	-	-	1,200,104	1,007,060
					74,545,922	81,536,167

PARTNERSHIPS:

AEA INVESTORS FUND VI	-	-	-	-	167,529	6,148,460
ARES CORPORATE OPPORTUNITIES FD V	-	-	-	-	6,081,040	10,046,774
ARES PE EXTENDED VALUE FUND	-	-	-	-	3,842,952	5,594,461
AUDAX PRIVATE EQUITY FUND I	-	-	-	-	0	9,018,518
BLACKROCK	-	-	-	-	0	2,381,563
BROOKFIELD REAL ESTATE FINANCIAL PTN	-	-	-	-	0	727,644
BROOKFIELD SUPER-CORE INFRA PARTNERS	-	-	-	-	30,328,604	31,391,685
BUILDING FOR AMERICA FUND III LP	-	-	-	-	0	2,334,475
CABOT INDUSTRIAL VALUE FUND VI, LP	-	-	-	-	7,316,594	9,473,685
CERBERUS INSTITUTIONAL PARTNERS SERIES 5	-	-	-	-	0	4,435,170
CERBERUS INSTITUTIONAL PARTNERS SERIES 6	-	-	-	-	5,228,739	11,570,073
CERBERUS LTD PART LP SERIES 4	-	-	-	-	0	1,977,436
CROW HOLDINGS REALTY PARTNERS VII	-	-	-	-	0	298,014
CVC CAPITAL PARTNERS VIII	-	-	-	-	5,239,574	5,871,617
GENSTAR CAPITAL PARTNERS 7	-	-	-	-	86,752	7,757,096
GREEN EQUITY INVESTORS VII	-	-	-	-	3,175,391	20,018,191
GS INST INFRASTRUCTURE PARTNERS I LP	-	-	-	-	0	163,473
GSCP VI LP	-	-	-	-	0	202,076
HAMILTON LANE SECONDARY FEEDER FUND V	-	-	-	-	11,216,496	16,766,533
HAMILTON LANE VENTURE CAPITAL OFFSHORE	-	-	-	-	561,801	497,453
HARRISON STREET REAL ESTATE PARTNERS VII	-	-	-	-	5,853,246	9,273,535
HARVEST PARTNERS VII	-	-	-	-	1,516,249	16,037,524
* HC SPECIAL OPP SPC CLOSED END PORT 2	-	-	-	-	0	439,252
* HC SPECIAL OPP SPC CLOSED END PORT 3	-	-	-	-	748,165	1,132,781
HGGC FUND IV-A LP	-	-	-	-	3,634,301	4,134,837
* HIRTLE CALLAGHAN PRIV EQTY OS FD X	-	-	-	-	1,470	6,170,863
INSIGHT EQUITY TE 3 LP	-	-	-	-	9,063,045	13,233,395
KELSO GP X, L.P.	-	-	-	-	6,732,786	14,715,193
KPS SPECIAL SITUATIONS FD III LP	-	-	-	-	2	44,508
KPS SPECIAL SITUATIONS FUND IV	-	-	-	-	94,568	13,844,490
KPS SPECIAL SITUATIONS FUND V	-	-	-	-	12,824,271	19,825,956
KPS SPECIAL SITUATIONS MID CAP FUND	-	-	-	-	4,665,651	7,125,507
LANDMARK EQUITY PARTNERS XIV LP	-	-	-	-	0	1,587,131
LANDMARK EQUITY PARTNERS XV LP	-	-	-	-	0	2,138,181
LANDMARK PARTNERS	-	-	-	-	0	33,486
* LV PRIVATE EQUITY FUND OF FUNDS	-	-	-	-	1	7,732,071
OAKTREE GLOBAL CREDIT FUND, L.P.	-	-	-	-	25,000,000	26,489,877
OAKTREE GLOBAL CREDIT PLUS FUND	-	-	-	-	10,000,000	10,079,480
OAKTREE REAL ESTATE FUND VII	-	-	-	-	2,046,490	4,361,325
OAKTREE SPECIAL SITUATIONS FUND II LP	-	-	-	-	5,415,915	10,581,918
PIMCO TACTICAL OPP OFFSHORE	-	-	-	-	20,000,000	24,315,438
PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	-	-	-	-	8,530,250	13,284,774
PLATINUM EQUITY CAPITAL PARTNERS VI	-	-	-	-	435,280	342,750
PROVIDENCE EQUITY PARTNERS VIII LP	-	-	-	-	7,038,042	9,857,786

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
PARTNERSHIPS (continued):						
ROCKWOOD CAPITAL REAL ESTATE PARTNERS X	-	-	-	-	\$ 3,725,530	\$ 6,121,186
THOMA BRAVO FUND XIV-A LP	-	-	-	-	9,444,326	8,920,330
VISTA EQUITY PARTNERS FUND VI	-	-	-	-	3,215,332	22,667,106
WLR RECOVERY FUND	-	-	-	-	0	32,217
YUCAIPA AMERICAN ALLIANCE FD II	-	-	-	-	0	16,649,115
					<u>213,230,392</u>	<u>417,846,409</u>
<u>SHORT-TERM INVESTMENTS:</u>						
CASH COLLATERAL	-	1,020,000	-	-	1,020,000	1,020,000
* DREYFUS GOVERNMENT CASH MGMT MMKT INT	-	2,398	-	-	2,398	2,398
*/** ENHANCED MONEY MARKET	-	13,288,409	-	-	13,288,410	13,288,410
GOLDMAN SACHS TREAS OBLIG INS MMKT DIV	-	6,478,074	-	-	6,478,074	6,478,074
JP MORGAN 100% US TREASURY MONEY MKT	-	1,600,163	-	-	1,600,163	1,600,163
* JP MORGAN PRIME MONEY MKT FD MMKT INT	-	3,870,058	-	-	3,870,058	3,870,058
TRANSAMERICA CASH MGMT FUND	-	80,104	-	-	80,104	80,104
					<u>26,339,207</u>	<u>26,339,207</u>
<u>INVESTMENT IN ALICO SERVICES CORPORATION</u>					<u>28,100,000</u>	<u>47,200,000</u>
Total investments					<u><u>\$ 1,139,647,206</u></u>	<u><u>\$ 1,678,273,646</u></u>

* Indicates party-in-interest

** Includes \$5,270,129 of net assets held in 401(h) account

See accompanying independent auditors' report.

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

SCHEDULE H (FORM 5500), LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

EIN #13-6130178
Plan 001

(a)	(b)	(c)	(d)	(e)	(h)	(i)	(j)
Identity of Party Involved	Description		Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets:							
* AMALGAMATED BANK	ENHANCED MONEY MARKET		\$ 237,425,583	\$ -	\$ 237,425,583	\$ 237,425,583	\$ -
* AMALGAMATED BANK	ENHANCED MONEY MARKET		-	274,522,923	274,522,923	274,522,923	-

* A party-in-interest as defined by ERISA.
There were no category (i), (ii) and (iv) reportable transactions.

PLAN NAME: Legacy Plan of the National Retirement Fund
PLAN SPONSOR: Board of Trustees – Legacy Plan of the National Retirement Fund

EIN #: 13-6130178
PLAN NUMBER: 001

2022 Form 5500, Schedule R

Line 14 Attachment: Information on Inactive Participants Whose Contributing Employer is No Longer Making Contributions to the Plan

Reasonable Approximation Method

Counts of inactive participants are determined from the participant data provided for the 2022, 2021, and 2020 actuarial valuation reports. The participant data does not include an indicator of whether the participant's last contributing employer is withdrawn and, in most cases, does not include the participant's last contributing employer. As a result, the reasonable approximation method used is to include all inactive participants of the former ILGWU plan and 50% of the remaining inactive participants for Schedule R, Line 14.

Schedule MB – Statement by Enrolled Actuary

Plan Sponsor: Board of Trustees – Legacy Plan of the National Retirement Fund
EIN: 13-6130178
Plan Number: 001
Plan Name: Legacy Plan of the National Retirement Fund
Valuation Date: January 1, 2022
Enrolled Actuary: Jonathan M. Feldman
Enrollment Number: 23-06980

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the Plan's administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable for the purposes for which it was used. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on financial statements reported by the Plan's auditor.

The Plan was in Critical Status and operating under a Rehabilitation Plan in 2022. However, the Plan's Rehabilitation Period ended on December 31, 2022, so no certification of Scheduled Progress was required to be made in the year the Schedule MB is being filed, therefore Line 4c was left blank and the Line 4c attachment is not required.

Attached as separate exhibits are:

- Line 3(d) – Withdrawal Liability Amounts
- Line 4b – Illustration Supporting Actuarial Certification of Status
- Line 6 – Statement of Actuarial Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions

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

Plan Name Legacy Plan of the National Retirement Fund

Plan Sponsor Board of Trustees – Legacy Plan of the National Retirement Fund

EIN / PN 13-6130178 / 001

Interest Rates 6.80% per annum, compounded annually, net of investment expenses for determining costs and liabilities.

2.22% per annum for determining Current Liability for the plan year beginning January 1, 2022.

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

The interest rate assumption used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code.

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

<i>Retirement</i>	<i>Retirement/Probabilities</i>		
<i>Age</i>	Age	Active	Inactive Vested
	55	10.00%	0.00%
	56	10.00%	0.00%
	57	10.00%	0.00%
	58	10.00%	0.00%
	59	10.00%	0.00%
	60	10.00%	0.00%
	61	15.00%	5.00%
	62	15.00%	10.00%
	63	15.00%	10.00%
	64	20.00%	5.00%
	65	35.00%	10.00%
	66	30.00%	5.00%
	67	20.00%	5.00%
	68	20.00%	3.50%
	69	20.00%	2.50%
	70	25.00%	100.00%
	71+	100.00%	100.00%

Inactive vested participants age 71 or older as of January 1, 2018 (age 75 or older as of January 1, 2022) are assumed to never retire and are excluded from the valuation.

The probabilities of retirement are the same for females and males and are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years.

The weighted average retirement age for active participants is 63, based on the active population as of the valuation date.

<i>Operating Expenses</i>	Operating expenses are added to the normal cost and assumed to equal the portion of expected operating expenses allocated to the Legacy Plan, plus anticipated PBGC premiums (\$22,476,088 as of the beginning the year, equivalent to \$23,240,275 as of the middle of the year). Investment counseling fees are not included in assumed operating expenses.
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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Annual Service Accruals	Future credited service accruals are assumed to be zero due to the freeze in benefit accruals effective 12/31/2014.
	Future vesting service accruals are assumed to be 1.0 per year for each active participant.
Active Participant	Those participants reported with an active status code by the Fund Office and an accrued benefit as of January 1, 2015. Additional active participants for whom contributions were made are not included in the active counts because they had not earned a benefit under the Plan.
Non-Disabled Mortality	<i>Participants and Beneficiaries:</i> Sex Distinct RP-2014 Mortality Tables with Blue Collar adjustment, adjusted to base year 2006, then projected generationally using mortality improvement Scale MP-2017.
Disabled Mortality	Mortality among disabled lives is assumed to be in accordance with disability experience under Social Security, with no assumed future mortality improvement. The non-disabled and disabled mortality assumptions are based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of deaths over the past several years.

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

Disability

Illustrations of the annual probabilities of disablement are shown in the table below for selected ages:

Representative Disability Probabilities

Age	Unisex	Age	Unisex
20-29	0.05%	48	0.24%
30	0.05%	49	0.27%
31	0.06%	50	0.30%
32-33	0.06%	51	0.34%
34-35	0.07%	52	0.38%
36	0.08%	53	0.44%
37	0.08%	54	0.49%
38	0.09%	55	0.56%
39	0.10%	56	0.64%
40	0.11%	57	0.72%
41	0.12%	58	0.80%
42	0.13%	59	0.89%
43	0.14%	60	0.97%
44	0.16%	61	1.07%
45	0.17%	62	1.17%
46	0.19%	63	1.27%
47	0.22%	64	1.38%

The disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of disabled retirements over the past several years.

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

Withdrawal Illustrations of the annual probabilities of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Probabilities

Age	Service					
	0-1	1-2	2-3	3-4	4-5	5+
20	35.0%	30.0%	30.2%	29.4%	29.4%	21.0%
25	35.0%	27.0%	24.6%	24.6%	22.2%	17.0%
30	35.0%	27.0%	21.2%	21.2%	17.2%	14.0%
35	35.0%	27.0%	20.0%	18.8%	14.8%	10.8%
40	35.0%	27.0%	20.0%	18.0%	13.4%	8.8%
45	35.0%	21.0%	20.0%	16.2%	11.8%	8.0%
50	35.0%	21.0%	17.0%	12.6%	10.4%	6.8%
55	35.0%	17.0%	13.8%	11.0%	10.0%	0.0%
60	35.0%	17.0%	11.2%	11.0%	10.0%	0.0%

The withdrawal rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of non-disabled terminations over the past several years.

Reemployment It is assumed that participants will not be reemployed following a break in service.

Form of Payment 75% of all non-retired participants are assumed to elect a Single Life Annuity, and 25% are assumed to elect a 50% Joint and Survivor Annuity.

Marriage 75% of non-retired female participants are assumed to be married. 85% of non-retired male participants are assumed to be married.

The marriage assumption is based on historical general population data.

Spouse Ages Spouses of male participants are assumed to be three years younger than the participant. Spouses of female participants are assumed to be three years older than the participant.

The spouse age difference assumption is based on historical general population data.

Schedule MB, Line 6 –

Statement of Actuarial Assumptions/Methods

Cost Method The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Valuation Method The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. The investment loss for the 2008 Plan year is recognized over ten years (instead of five years) in accordance with the provisions of the Pension Relief Act of 2010, as elected by the Trustees. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions, and operating expenses are weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% or more than 120% of the market value.

The actuarial value of assets was reset to the market value of assets as of January 1, 2019.

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

Pension Relief Act of 2010 The following special rules were elected by the Trustees under the Pension Relief Act of 2010:

- Special amortization rule: The portions of experience losses attributable to the eligible net investment losses incurred during the plan year ending December 31, 2008 are amortized in the funding standard account over a period ending December 31, 2037.
- Special asset valuation rule: Eligible net investment losses incurred during the plan year ending December 31, 2008 are smoothed in the actuarial value of assets over a period of 10 years.

The special rules apply retroactively to the plan year beginning January 1, 2009. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the “prospective” method described in IRS Notice 2010-83 was used. As of January 1, 2018, the 2008 net investment loss had been fully recognized in the actuarial value of assets.

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

Participant Data Data for the valuation was received from the Plan's administrator, Amalgamated Employee Benefits Administrators. Such data included each active participant's service as determined by Amalgamated Employee Benefits Administrators, where available. The fund office determined, based on reported dates of termination of employment and hours reported for the most recent reporting period, whether participants were active or inactive. In order to develop individual actuarial costs, data plugs were made for records with missing information. To the extent that information was missing, the following data values were assumed:

- For records reported without dates of birth that were reported in the prior year valuation, the date of birth assumed in the prior year valuation was used. For participants who were not reported in the prior year valuation, the average age of participants (entry age for active participants) with the same status and schedule was assumed.
- For records with missing gender, the participant was assumed to be female.

The liabilities were determined from participant data files as of January 1, 2022.

The liabilities for inactive vested participants reflect the following updates:

- Inactive vested participants over age 71 as of January 1, 2018 (over age 75 in the 2022 valuation) were excluded.
- Inactive vested records included in last year's valuation not reported on either last year's or this year's file from the administrator, were included in this year's valuation. Of these records, those administered by the New York office that were at least age 68, and those administered by the Rhode Island office that were at least age 70, were excluded.
- New inactive vested records reported on the Textile file that were not included in last year's valuation, and who were at least age 71, were excluded.

Beginning with the January 1, 2020 valuation, the liabilities for all participants were determined under the Base Plan provisions.

Working Retirees Working retirees are counted as Active participants, and their liabilities for benefits earned in the past are included in the Retiree liability.

Financial Information Financial information was obtained from the audited financial statements for the plan year ending December 31, 2021, as provided by Novak Francella, LLC.

Legacy Plan of the National Retirement Fund

EIN / PN: 13-6130178 / 001 | Plan Year Beginning January 1, 2022



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

**Nature of
Actuarial
Calculations**

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

**Changes in
Assumptions**

Since the prior valuation, the following assumptions have been changed:

- The valuation interest rate assumption was changed from 7.3% to 6.8% effective January 1, 2022, resulting in an increase of \$88.9 million in the actuarial accrued liability.
 - The beginning of year operating expense assumption was changed from \$22,105,623 to \$22,476,088.
 - For RPA '94 current liability, the interest rate and mortality assumptions were updated in accordance with the changes in the IRS prescribed assumptions. The interest rate is at the high end of the legal range.
-

Schedule MB Line 6 – Summary of Plan Provisions

All Schedules

There have been no changes in the plan provisions since the prior valuation.

The Plan was amended to freeze benefit accruals effective December 31, 2014.

The Rehabilitation Plan was modified to decrease required contribution rate increases, effective January 1, 2015, and subsequently updated to require three additional years of contribution rate increases effective January 1, 2018.

Benefits payable to participants who work beyond their Normal Retirement Date: Late retirement increases were assumed for active and terminated-vested participants above Normal Retirement Age.

Rehabilitation Plan of National Retirement Fund (the "Fund")

On March 31, 2010, the Fund was certified to be in critical status under the funding classifications of 2006 PPA. A Rehabilitation Plan was developed and effective April 1, 2010. The Rehabilitation Plan was designed to enable the Fund to emerge from critical status by January 1, 2023. Under the Rehabilitation Plan, contribution reductions are prohibited, lump sums (except for those under \$5,000) were eliminated effective April 1, 2010, all pre-retirement death benefits, except for the Qualified Pre-Retirement Survivor Annuities (and comparable benefits for Domestic Partners) were eliminated effective January 1, 2011, and flat dollar post-retirement death benefits were eliminated for retirements after January 1, 2011. This Rehabilitation Plan consists of two schedules, the Preferred Schedule and the Default Schedule (collectively, the "Schedules"). With certain exceptions, regardless of whether the bargaining parties adopt a Schedule immediately, or sometime in the future, the Board has adopted an across-the-board forty percent (40%) reduction in future benefit accruals effective January 1, 2011 for all active Participants in the Fund. However, "smoothing" of benefit accruals for participants of certain merged-in pension funds (where benefit accruals had been scheduled to increase over the next ten years) was provided for under the Preferred Schedule. The Preferred Schedule provides a method to smooth the benefit accruals of the plan participants of the former H.E.R.E.I.U. Fund, Local 471 (Upstate New York Hotel Employees and Restaurant Employees Pension Fund), Local 11 (Santa Monica Fund), Local 17 Fund (Minnesota On Sale Fund), Local 355 Fund (Miami Hotel Fund), and Local 107 Fund (Laundry and Dry Cleaning Pension Plan) effective as of the later of January 1, 2011 and the date of adoption of the Preferred Schedule. In addition, effective as of the later of January 1, 2011 and the date of adoption of the Preferred Schedule, the subsidy under all subsidized payment forms was eliminated for anyone commencing payments after such date. The Default Schedule provides for a benefit accrual equal to 1% of the contribution rate in effect at January 1, 2010. The Rehabilitation Plan was updated, effective January 1, 2015, to reduce the required contribution rate increases under the Rehabilitation Plan. In addition, the Trustees determined that all reasonable measures had been taken, so the Plan is no longer required to emerge from critical status by January 1, 2023. The Rehabilitation Plan was updated effective January 1, 2018 to increase the number of contribution rate increases required under the Preferred Schedule by three.

Summaries of Individual Plan Provisions Used in this Valuation

The following schedules summarize the benefits valued. All accruals were reduced by 40% as of January 1, 2011 and were frozen as of December 31, 2014.

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Base Plan * -- Greater New York ILGWU NRF 2000, Textile** and HERE IU**	After 2004, 1/10 of one year for each 160 hours worked, maximum of 1 credit per year. At least 500 hours are required to earn a partial year.	After 2004, one year at least 1000 hours worked in one plan year After 2007: <500 hours = 0, >500 and <800 = 0.5, >800 hours = 1.0	Eligibility: 65 yrs old and 5 yrs of svc. Monthly benefit is the following: <u>Base Plan</u> - Before 2003, \$0.75 times svc + \$0.30 times past svc. After 2002, \$0.50 times svc + \$0.20 times past svc. After 2010, \$0.30 times svc + \$0.12 times past svc. <u>Former Clothing Fund</u> - 1/1/2003 - 1/1/2007, \$0.40 times svc. After 2006, \$0.50 times svc. After 2010, \$0.30 times svc. <u>ILGWU NRF 2000</u> - 1/1/2000 - 1/1/2003, \$0.48 times svc credit + \$0.20 times past credit. 1/1/2003 – 1/1/2011, \$0.50 times svc credit + \$0.20 times past credit. After 2010: \$0.30 times svc credit + \$0.12 times past credit. <u>Textile and HERE IU</u> - see tables at back for special provisions.	Eligibility: 55 yrs old and 5 yrs of service Reduced by 1/2% for each month commencement precedes normal retirement	Eligibility 10 yrs of VS or 15 yrs CS (incl. 5 FS) or 50/15 (incl. 2 FS) Same as for the normal retirement benefits.	Eligibility: 5 yrs of svc	If married, normal form is actuarially equivalent 50% joint and survivor annuity. 75% joint and survivor annuity also available.	Free QPSA

* For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

** See special provisions for benefits accrued prior to 1/1/2008 for the former Textile and HEREIU plans.

Schedule MB, Line 6 –**Summary of Plan Provisions**

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Cotton	1 year of svc for at least 1000 hours, partial year of svc is not applicable	1 year of svc at least 1000 hours, partial year of svc is not applicable	Eligibility: 65 yrs old and 5 yrs of svc Monthly benefit is svc times the following rate: 1986-\$7.00, 1987 - \$7.25, 1988-1991-\$7.50, 1992-1995-\$7.75, 1996-1997-\$9.25, 1998-2003-\$12.00 after 2003-\$8.00., after 2010 - \$4.80. For Local 340A, \$10.00 after 2003, \$6.00 after 2010. *	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 5/9% (5/6% for those entering without an hour of svc after 2004) for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a \$1,000 death benefit is payable	Same as Base Plan
Neckwear	1 year svc for at least 1000 hours worked during the plan year	1 year svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc. Amount -- monthly benefit is svc times the following rates: prior 1999-\$5.50, 1999-2003-\$9.50, 2002-2010-\$8.00, after 2010- \$4.80.	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 5/9% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a \$1,000 death benefit is payable	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Schedule MB, Line 6 –

Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Cloth Hat and Cap	.25 of a year for every 250 hours, maximum of 1 year of svc	1 year svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc \$16 per year of svc before 2003; \$8 per year of svc from 2003-2010; \$4.80 per year of svc after 2010	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 6% for each year commencement precedes normal retirement (6 2/3% if first participated after 2004)	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Consolidated Headwear	7/12 of a year for 380-569 hours increasing at 1/12 of a year for every 190 hours up to a maximum of 1 year of service	1 year of svc for a year with at least 1,000 hours	Eligibility: 65 yrs old and 5 yrs of svc Amount: Prior to 2004, monthly benefit is \$11.25 times svc. Svc from 2003 - 2010, \$8.00 times svc. For svc after 2010, \$4.80 times svc.	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 5/9% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 340A	1 year of svc for at least 1000 hours, partial year of svc is not applicable	1 year of svc for at least 1000 hours, partial year of svc is not applicable	Eligibility: 65 yrs old and 5 yrs of svc Amount --monthly benefit is svc times the following rates: prior 2001- \$7.50, 2001-2003- \$12.00, 2003-2010, \$10.00, after 2010 - \$6.00	Eligibility: 62 yrs old and 5 yrs of svc Reduced 5/9% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Schedule MB, Line 6 –

Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
ACTWU Detroit Plan	1/12 th of a credit for each 4 weeks contributions are made (up to 1 credit per year)	1 year of svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc Benefit rate times credited svc. Refer to Detroit table for Benefit rates. Rates in table are reduced 40% for accruals after 2010	Eligibility: 62 yrs old and 5 yrs of svc (also at 60 and 10 if a participant pre-2005) Reduced 5/9% for each month payment commencement date precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
New England Laundry (66L)	1 year of svc for at least 1,000 hours, partial year of svc is not applicable	1 year of svc for at least 1,000 hours, partial year of svc is not applicable	Eligibility: 65 yrs old and 5 yrs of svc. Monthly benefit is given by the following: Prior to 11/1/98, \$307.50 after 30 yrs of svc [or] Prior to 11/1/98, \$10.25 times svc up to a maximum of 30 yrs of svc proportionally reduced for svc less than 30 yrs. From 11/1/98-2003, \$12.00 times svc. From 2010 2003, \$8.00 times credited svc. After 2010, \$4.80 times svc.*	Eligibility: 62 yrs old and 5 yrs of svc or 60 yrs old and 10 yrs of svc for participants who first became participants prior to 2005 Reduced at the rate of 5/9% for each month commencement precedes normal retirement (1/2% per month for participants who first became participants prior to 2005)	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Schedule MB, Line 6 –

Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Valley Laundry & Dry Cleaning (Local 75)	1/12 of a year of svc is earned for each month in which contributions were made	1 year of svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc Svc times 0.315 times monthly contribution rates, for svc from 1989-2010, and times 0.189 for svc after 2010	Eligibility: 60 yrs old with 10 yrs of svc (62 yrs old after 2004) Reduced 1/2% per month less than normal retirement for participants with dates of participation before 2005, or 5/9% for participants after 2005	Same as Base Plan	Same as Base Plan	Same as Base Plan 100% Joint and Survivor annuity is also available	Same as Base Plan
ILGWU National Retirement Fund (excluding ILG 2000)	1 yr of svc is accrued in a calendar year if 870 hours are worked	1 yr of svc is accrued in a calendar year if 870 hours are worked	Eligibility: 65 yrs old and 5 yrs of svc See ILGWU Table	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 6.67% per year that commencement precedes normal retirement	Same as Base Plan	Same as Base Plan See ILGWU Table	Same as Base Plan	Same as Base Plan
Indianapolis Cleaners and Launderers Plan (Local 3017)	1/10 of a year for every 120 hours up to a maximum of 1 year	1 yr svc for a year with at least 1,000 hours	Eligibility: 65 yrs old and 5 yrs of svc Monthly benefit is credited for svc up to 30 yrs times the following rate: 8/1/85-4/20/87-\$3.55, 5/1/87-4/30/91 - \$4.80 5/1/91 - 12/31/10 - \$5.75 After 12/31/10 - \$3.45	Eligibility: 62 yrs old and 5 yrs of svc (55 yrs old for participants before 2006) Reduced by 0.6% for each of the first 60 months, and by 0.3% for each additional month commencement precedes normal retirement . For participants after 2004, 5/9% for each month.	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
AFL-CIO Laundry and Dry Cleaning International (Local 39)	Total hours/ 1,980 hours with a minimum of 501 hours and up to 1 year svc credit	1 yr of svc for a year with at least 501 hours of svc	Eligibility: 65 yrs old and 5 yrs of svc Weekly contribution rate times credited svc times the sum of the following: Prior 1985-80%, 1985-1986-90%, 1987 to 2010, 150%, after 2010 90%.	Eligibility: 55 yrs old and 10 yrs of svc Reduced by 0.5% for each month commencement precedes normal retirement	Eligibility: 45 yrs old and 10 yrs svc Normal pension accrued	Same as Base Plan	Same as Base Plan	Same as Base Plan
Textile Processors, Svc Trades, Health Care, Professional and Technical Employees International Union (Local 108)	Total hours/1,500 up to a maximum of 1 year and 200 minimum total hours	Total hours/ 1,000 up to a maximum of 1 year and 200 minimum total hours	Eligibility: 63 yrs old (for participants after 2002 3 yrs of svc) Prior to 8/1/66. -\$14.00 times credited svc; 8/1/66-12/31/75, \$16.00 times credited svc; 1976 and later, based on the amount of contribution made. Refer to the Local 108 table*	Eligibility: 62 yrs old Reduced by 5/9% for each month prior to normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Minnesota Laundry and Health Care Workers (Local 150)	1 month for at least 1 hour of svc in any calendar month	1 year for at least 1,000 hours	Eligibility: 65 yrs old \$18 times svc before 2011. \$10.80 times credited svc after 2010*	Eligibility: 55 yrs old and 5 yrs of svc Reduced by 6 2/3% for each year commencement precedes normal retirement for the first 5 yrs and 3 1/3% for the next 5 yrs	Eligibility: 5 yrs of svc Normal pension accrued	Same as Base Plan	Same as Base Plan 100% Joint and Survivor annuity is also available	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
AFL-CIO Combination Dry Cleaners, Launderers, and Svc Stores (Local 168)	1 year for 1,800 hours worked, with proportional credit for fewer than 1,800 hours (minimum 1000 hours)	1 year for 1,000 hours of svc	Eligibility: 60 yrs old and 5 yrs svc or 30 yrs of svc Sum of weekly contribution rate times svc times the following: 1976-1984 - 47% (plus \$2 times svc if terminated prior to 1981), 1983-2010 – 100%, After 2010 – 60%*	Eligibility: 55 yrs old and 15 yrs of svc (25 yrs unreduced) Reduced by 0.5% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Laundry and Allied Trades (Local 3008)	.25 yrs of svc for at least 350 hours but less than 750, .50 yrs of svc for at least 750 hours but less than 1125, .75 yrs of svc for at least 1125 hours but less than 1500, 1 year of svc for at least 1500 hours	One year for at least 870 hours	Eligibility: 65 and 5 yrs of svc From 11/1/2002- 12/31/2010-\$0.20 times svc, After 2010, \$0.12 times svc. For historical rates, Please refer to the Local 3008 table	Eligibility: 55 yrs old and 5 yrs of svc Reduced by 0.5% for each month commencement precedes normal retirement Reduced by 0.5% for each month early retirement date precedes age 65	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
UNITE Washable Clothing Sportswear and Allied Industries Plan	One year of svc for at least 1,000 hours, partial year of svc is not applicable	One year for any year with at least 1,000 hours of svc	Eligibility: 65 yrs old and 5 yrs of svc Before 2011, monthly benefit is \$13.00 times svc. For New School University, \$25.00 times svc. After 2010, monthly accrual is \$7.80 and \$15.00 for Old School and New School, respectively*	Eligibility: 62 and 5 yrs of svc Reduced by 5/6 of 1% for each month commencement precedes normal retirement. For retirements after January 1, 1994, a \$100 monthly supplement is added to the monthly pension, paid until age 65.	Eligibility: 20 yrs in Industry, 10 yrs in covered employment Same as for the normal retirement benefits	Same as Base Plan Same as Base Plan	Same as Base Plan For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a \$1,000 death benefit is payable	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Schedule MB, Line 6 –

Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
The Local 4-69 Pension Fund of Hotel & Restaurant Employees & Bartenders Union	1 year for 1,600 hours with proportional credit for fewer than 1,600 hours, with a minimum of 375 hours	Less than 375 hours = 0 yrs 375 - 750 = 0.5 yrs 750 hours or more = 1.0 yrs	Eligibility: 65 yrs old and 5 yrs of svc The monthly pension under the prior benefit structure was frozen as of January 1, 2005, with benefits for that period being a function of employer contribution and date of participation in the fund. No benefits were accrued between January 1, 2005 and June 1, 2006. Starting June 1, 2006, the monthly benefit is based on the Base Plan (and Base Plan ancillary provisions apply) but based on 1/3 of the contribution rate to the plan at June 1, 2006, plus any contribution increases after that point.	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 6% for each year commencement precedes normal retirement	Eligibility: 10 yrs of svc Same as for the normal retirement benefits	Same as Base Plan	Same as Base Plan	Same as Base Plan
The Local 218 and Linen Svc and Industrial Laundry Employees Retirement Plan	1/12 of a year for each month of svc (minimum of 5 months)	One year for at least 5 months of svc	Eligibility: 65 yrs old and 5 yrs of svc For terminations of employment after 2/1/2000, monthly benefit is svc up to 25 yrs times the following rate: Prior 9/1/98 - \$4.00, 9/1/98 – 1/1/2011 - \$10.00; 1/1/2011 and later - \$6.00*	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 6% for each year commencement precedes normal retirement	Eligibility: 10 yrs of svc Same as for the normal retirement benefits	Same as Base Plan	Same as Base Plan	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Local 10 and the Textile Maintenance Industry of Philadelphia & Vicinity Pension Plan	.25 of a year for every 13 weeks of svc	1 year for at least 23 weeks of svc	Eligibility: 65 yrs old and 5 yrs of svc Prior 12/6/1999, monthly benefit is \$17.25 times svc. Between 12/6/99 and 12/31/2010, \$23.50 times svc (not subject to reductions until 2/1/2017)*	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 7.2% for each year commencement date precedes normal retirement	Same as Base Plan	Same as Base Plan	For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a \$1,000 death benefit is payable	Same as Base Plan
Local 102 Pension Plan	870 hours	870 hours	Eligibility: 65 yrs old and 5 yrs of svc Refer to Local 102 table	Eligibility: 62 yrs old and 20 yrs of svc with a contributing job	Same as Base Plan	Same as Base Plan Monthly Benefit is 3% per year of svc times regular pension amount at age of retirement	Same as Base Plan	Same as Base Plan
Local 125 Pension Plan	1,000-1,015 hrs: 7/12. 1/12 for each additional 144 hrs	1 year for at least 1000 hours	Eligibility: 65 yrs old and 5 yrs of svc Effective 7/1/93, \$11.25 per month times svc credit. Eff. 1/1/2008, \$14.00 for yrs earned after 2007. Eff. 1/1/2011 \$8.40.	Eligibility: 62 yrs old and 17 yrs of svc Reduced by 5/9% for each month prior to normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Local 52 Pension Plan	Refer to Local 52 table	1 year for at least 950 covered hours	Eligibility: 65 yrs old and 5 yrs of svc Refer to Local 52 table*	Eligibility: 62 yrs old and 20 yrs of svc Unreduced Normal retirement benefit payable immediately	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Santa Monica HERE Retirement Fund	Before 2008: Hours/2000 (max. 1) After 2007: Base Plan	Before 2008: 1 year of Vesting svc for at least 1000 hours After 2007: Base Plan	Eligibility: 65 yrs old and 5 yrs svc, for benefits accrued before 2008 Refer to Santa Monica table Same as Base Plan for benefits accrued after 2007	Eligibility: 55 yrs old and 5 yrs of svc Same as Base Plan for benefits accrued after 2007.	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Masland Carpets Pension Plan	Before 2008: 0.25 for every 450 hours of svc up to a maximum of 1 year of svc After 2007: Same as Base Plan	Before 2008: 1 year for 12 consecutive months of svc After 2007: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs of svc See Masland table for benefits accrued before 2008 Same as Base Plan for benefits accrued after 2008	Same as Base Plan for benefits accrued after 2008	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

*For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional \$1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies.

Legacy Plan of the National Retirement Fund

EIN / PN: 13-6130178 / 001 | Plan Year Beginning January 1, 2022

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Local 54, for participants hired prior to 10/1/07 (hired after 10/1/2007, Base Plan)	1 year of svc for at least 800 hours	1 year of svc for at least 800 hours	Eligibility: 65 yrs old and 5 yrs of svc Monthly benefit is total contribution dollar times 0.0388 before 1/1/2011; total contributions times 0.0233 between 1/1/2011 and 1/1/2016; total contributions time 0.0186 after 1/1/2016	Eligibility: age 55 and 5 yrs of vesting svc Reduced by 1/2% for each month commencement precedes age 65	Eligibility: 10 yrs of svc Normal retirement benefit	Same as Base Plan	Same as Base Plan	Same as Base Plan
HERE IU (pre-1/1/2008 service) -- see HERE IU tables for further information	1 year svc at least 1800 hours. Partial year is credited for at least 400 hours but less than 1800 hours	1 year of vesting svc for at least 800 hours	Eligibility: 65 yrs old and 5 years of svc Annual Benefit Accrual = Benefit Svc x Unit Benefit Level. Refer HEREIU tables	Eligibility: 55 yrs old and 10 yrs of svc Reduced by 1/2% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Standard form is single life annuity, with five yrs certain. Actuarially equivalent options are available.	Same as Base Plan

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Textile Pension Plan (for service earned prior to 1/1/2008)*	For Svc Prior to 1/1/2008 <u>Past Svc-</u> full year for at least 8 months of svc and 1/2 year for at least 4-7 months. Maximum of 20 yrs. <u>Future Svc-</u> One-tenth of a year for each 170 hours up to maximum of 1 year for at least 1700 hours	For Svc before 2006: 1 year for 1,000 hours For Svc from 2005-2007: One-tenth of a year for each 100 hours up to maximum of 1 year for at least 1000 hours	Eligibility: 65 yrs old and 5 yrs of svc After 1/1/2003: \$0.20 for each year of Past Credited Svc after 12/31/2002 plus \$0.50 for each year of Future Svc credited after 12/31/2002. The sum is multiplied by the average cents per hour contributed by all employers on the participants' behalf from 1/1/2003. Before 1/1/2003: \$0.30 times Past credited Svc plus \$0.75 times Future Svc. The sum is multiplied by the average cents per hour contributed by serve all employers' on the participants' behalf from 12/31/2002.	Eligibility: 55 yrs old and 5 yrs of svc Reduced by 0.5% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

* Prior plan provisions apply with respect to mergers for pre-merger service – in particular, Miami HERE (1/1/2007), San Jose HERE (1/1/2007), Minneapolis On-Sale (1/1/2006), Minneapolis Greater Metropolitan Hotel Plan (1/1/2006) and Cranston Print Works (2001).

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Alaska Hotel and Restaurant Employee Pension Plan	Before 5/1/2008: 1 year for at least 435 covered hours After 4/30/2008: 1 year for 500 hours	Before 5/1/2008: 1 year for at least 435 hours After 4/30/2008: 500 hours	Eligibility: 62 yrs old and 5 yrs of service Refer to Alaska table	Eligibility: at least age 55 and 5 more years of service Reduced by 6% for each year commencement precedes normal retirement (4% for accruals before 2011)	Same as Base Plan (5 yrs of svc or 15,000 total hours for accruals before 5/1/2008)	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 610	Before 2009: 1/12 svc credit for each month, or a full year of svc for 5 months. After 2008: Same as the Base Plan	Before 2009: at least 5 months After 2008: Same as the Base Plan	Eligibility: 65 yrs old and 5 yrs svc Before 8/1/2008: \$7.50 per year of svc. After 7/31/2008: Same as Base Plan	Eligibility: For benefits accrued after 8/1/2008: 55 yrs old and 5 yrs of svc For Benefits accrued before 8/1/2008: age 62 and 10 yrs of svc Reduced by 6% for each year commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Laundry and Dry Cleaning Pension Plan (Local 107)	Before 2009: 1/12 svc credit for each month, or a full year of svc for 5 months. After 2008: Same as the Base Plan	Before 2009: at least 5 months After 2008: Same as the Base Plan	Eligibility: 65 yrs old and 5 yrs of svc Refer to Local 107 table	Eligibility: Before 2009: 62 yrs old and 10 yrs of svc. After 2009: 55 yrs old with 5 yrs of svc. Before 2009: reduced by 5/9% for each month commencement precedes normal retirement. After 2008: Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Schedule MB, Line 6 –
Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
SEIU	Before 2009: 1/10 svc credit for every 180 hours. 1,800 hours for one credit. After 2008: Same as Base Plan	Before 2009: 1 credit for at least 700 hours, 0.5 credit for at least 350 hours. After 2008: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs of svc. Pre 1/1/2009: 2.5% of employer contributions. Refer to SEIU table	Eligibility: at least age 55 yrs old and 5 yrs of svc Reduced by 6% for each year commencement precedes normal retirement (3% for Rule of 80 and benefits accrued before 2009)	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Sidney Hillman Medical Center (SHMC)	Before 2009: 1,000 hours for one credit After 2008: Same as Base Plan	Before 2009: 1000 hours; For one credit After 2008: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs svc Refer to SHMC table After 2009: Same as Base Plan	Eligibility for benefits accrued before 2009: 62 yrs old and 10 yrs of svc. For benefits accrued after 2008: 55 yrs old and 5 yrs of svc. For accruals before 2009: Reduced by 6.67% for each year commencement precedes normal retirement. For accruals after 2008: Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

**Schedule MB, Line 6 –
Summary of Plan Provisions**

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Local 471	Before 2010: svc credit for every 450 hours. 1,800 hours for one credit After 2010: Same as Base Plan	Before 2010: 1000 hours for one credit After 2010: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs svc Refer to Local 471 table	Eligibility: at least age 55 yrs old and 5 yrs of svc (15 yrs of svc for benefits accrued before 2010). Reduced by 6% for each year commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Schedule MB, Line 6 – Summary of Plan Provisions

Detroit

Normal Retirement – For each full year of credited service ending on or after October 1, 1996, monthly accrued benefit per year of service depends on final five year average contribution rate as shown below:

Final 5- Year Average Contribution Rate	Factor Per Year of Credited Service (Max 25)	25-Year Accrued Benefit Maximum
Under \$3.20	\$0.00	\$0.00
\$3.20 to \$3.88	\$3.50	\$87.50
\$3.89 to \$4.58	\$4.25	\$106.25
\$4.59 to \$5.28	\$5.00	\$125.00
\$5.29 to \$5.98	\$5.75	\$143.75
\$5.99 to \$6.68	\$6.50	\$162.50
\$6.69 to \$7.38	\$7.25	\$181.25
\$7.39 to \$8.08	\$8.00	\$200.00
\$8.09 to \$8.78	\$8.75	\$218.75
\$8.79 to \$9.48	\$9.50	\$237.50
\$9.49 to \$10.18	\$10.25	\$256.25
Each additional \$.80	\$0.75	\$18.75

ILGWU

Normal Retirement Pension

Amounts in table are applicable if age 55 with 15 years of service as of 1/1/2011 or 20 years of service as of 1/1/2011. Otherwise, amounts in table are multiplied by 60%.

Average Earnings	Benefit*
Less than \$15,000	\$120 per month
\$ 15,000--\$ 15,999	\$125 per month
\$ 16,000--\$ 16,999	\$130 per month
\$ 17,000--\$ 17,999	\$135 per month
\$ 18,000--\$ 18,999	\$140 per month
\$ 19,000--\$ 19,999	\$145 per month
\$ 20,000 and over	\$150 per month

*For participants of employers who make the additional 0.5% of pay contributions, an additional \$0.50 of benefit accrual applies

Schedule MB, Line 6 – Summary of Plan Provisions

ILGWU

ILGWU Vested Normal Retirement Pension

Amounts in table are applicable if age 55 with 15 years of service as of 1/1/2011 or 20 years of service as of 1/1/2011. Otherwise, amounts in table are multiplied by 60%.

Average Earnings	Monthly Accrual per Year of Credited Service	Maximum Monthly Benefit
Less than \$15,000	\$3.60	\$120
\$ 15,000--\$ 15,999	\$3.75	\$125
\$ 16,000--\$ 16,999	\$3.90	\$130
\$ 17,000--\$ 17,999	\$4.05	\$135
\$ 18,000--\$ 18,999	\$4.20	\$140
\$ 19,000--\$ 19,999	\$4.35	\$145
\$ 20,000 and over	\$4.50	\$150

Local 108

Normal Retirement Pension

Plan Year Contribution	Monthly Benefit
\$50	\$3.60
\$100	\$6.90
\$150	\$8.80
\$200	\$10.60
\$250	\$12.40
\$300	\$14.70
\$350	\$16.40
\$400	\$18.60
\$450	\$20.50
\$500	\$22.70
\$550	\$24.40
\$600	\$26.60
\$650	\$28.30
\$700	\$30.10
\$750	\$32.00

Amounts not shown are determined by straight-line interpolation. In addition, for all participants who were participants in the plan at December 31, 2006, an additional \$50 (non-service related) is paid each December while a pension is in effect.

For service after 2010, the above amounts are multiplied by 60%.

Schedule MB, Line 6 – Summary of Plan Provisions

Local 3008

Normal Retirement: A Participant's Basic Benefit shall be equal to the sum of the following:

- (i) Years of Benefit Service prior to February 1, 1984: \$1.20 multiplied by total years of Benefit service; plus
- (ii) For Future Benefit Service ended during Plan Year beginning February 1, 1984:

Employer Contribution rate	Basic Benefit per Year of Benefit Service during 2/1/84 - 1/31/85
\$0.08 / Hour Contribution or less	\$1.20
\$0.10 / Hour Contribution	\$2.00
\$0.12 / Hour Contribution	\$2.80
\$0.14 / Hour Contribution	\$3.60

- (iii) For Future Benefit Service earned after January 31, 1985 by participants for whom a contribution was made for hours worked on and after February 1, 1991:

Employer Contribution rate	Basic Benefit per Year of Benefit Service after 1/31/1985 and before 2/1/1991
\$0.08 / Hour Contribution or less	\$1.60
\$0.10 / Hour Contribution	\$2.10
\$0.12 / Hour Contribution	\$2.60
\$0.14 / Hour Contribution	\$3.10
\$0.17 / Hour Contribution	\$3.85
\$0.28 / Hour Contribution	\$6.60

Employers Contribution rate	Basic Benefit per Year of Benefit Service after 1/31/1991
\$0.08 / Hour Contribution or less	\$2.24
\$0.09 / Hour Contribution	\$2.57
\$0.10 / Hour Contribution	\$2.90
\$0.12 / Hour Contribution	\$3.56
\$0.14 / Hour Contribution	\$4.24
\$0.17 / Hour Contribution	\$5.21
\$0.18 / Hour Contribution	\$5.54
\$0.20 / Hour Contribution	\$6.20
\$0.22 / Hour Contribution	\$6.86
\$0.24 / Hour Contribution	\$7.52
\$0.26 / Hour Contribution	\$8.18
\$0.28 / Hour Contribution	\$8.84

Schedule MB, Line 6 – Summary of Plan Provisions

Local 3008 (continued)

- (iv) For Future Benefit Service earned after January 31, 2000 by participants for whom a contribution was made for hours worked on and after February 1, 2000:

Years of Service	Monthly Benefit for first \$0.08 Employer Contribution	Monthly Benefit for each additional \$0.01 Employer Contribution
Prior to 2/1/84	\$1.20	\$0.00
2/1/84 - 1/31/85	\$1.20	\$0.40
2/1/85 - 1/31/91	\$1.60	\$0.25
2/1/91 - 1/31/2000	\$2.24	\$0.33
After 1/31/2000	\$2.75	\$0.41

Local 4-69

Credited Service - Beginning January 1, 1984 and until January 1, 2005, credited service for each calendar year of covered employment is being determined in accordance with the following table.

Hours of Covered Employment In Calendar Year	Years of Credited Service
1,600 or more	1.0
1,293 - 1,599	0.8
987 - 1,292	0.6
750 - 986	0.5
681 - 749	0.4
375 - 680	0.2
Less than 375	0.0

Local 102

Normal Retirement Pension

Amounts in table are applicable if age 55 with 15 years of service as of 1/1/2011 or 20 years of service as of 1/1/2011. Otherwise, amounts in table are multiplied by 60%.

Age	At least 870 hours in 1994 or any subsequent year	At least 870 hours in 1986 but prior to 1994	Less than 870 hours in 1986 and all subsequent years
At age 65 or older	\$425.00 per month	\$354.17 per month	\$318.75 per month
At age 64 but before age 65	\$396.67 per month	\$330.56 per month	\$297.50 per month
At age 63 but before age 64	\$368.33 per month	\$306.94 per month	\$276.25 per month
At age 62 but before age 63	\$340.00 per month	\$283.33 per month	\$255.00 per month

Schedule MB, Line 6 – Summary of Plan Provisions

Local 52

Credited Service - A participant is granted credit for the number of months during a plan year that contributions are made on his or her behalf.

Months of Contribution	Credited Service
Less than 6	0.00
6	0.81
7	0.95
8	1.03
9	1.06
10	1.09
11	1.12
12	1.15

Monthly Pension at Normal Retirement

The monthly pension shall be the sum of:

- a) \$7.75 times Credited Service earned from January 1, 1967 to December 31, 1973, plus
- b) \$2.35 times Credited Service earned from January 1, 1974 to December 31, 1990, plus
- c) the greater of
 - i. \$2.35 times Credited Service earned from January 1, 1991 to December 31, 1996 (adjusted for contributions not equal to \$7/month)
 - ii. 3.6% times Total contributions from January 1, 1991 to December 31, 1996, plus
- d) 3.6% times contributions after December 31, 1996 and before January 1, 2002 (no pension earned if service for any year is less than 6 months), plus
- e) 2.25% times contributions in 2002 and 2003 (3.0% if Credited Service is greater than 10 years), plus
- f) 1.15% times contribution in 2004 through 2006, plus
- g) 1.265% times 2007 contributions, plus \$0.50 for each one cent of contributions above \$35 per month, plus
- h) 1.85% times contributions made from 2008-2010, plus \$0.50 for each one cent of contributions above \$35 per month (monthly contributions are divided by 173 to get equivalent cents per hour rate).
- i) 1.11% times contributions made after 2010, plus \$0.30 for each one cent of contributions above \$35 per month (monthly contributions are divided by 173 to get an equivalent cents per hour rate).

Schedule MB, Line 6 – Summary of Plan Provisions

Santa Monica

- a) For a participant who retires on after January 1, 1996, the monthly amount of the normal retirement benefit will be the sum of:

Dates of Service	Rate	Contribution
< 12/31/90	\$9.60	
1/1/91-12/31/93	\$9.60	≤0.15
1/1/91-12/31/93	\$11.50	>0.15
1/1/94-12/31/95	\$9.60	< 0.18
1/1/94-12/31/95	\$11.50	≥0.18
1/1/96-12/31/96	\$11.50	≥ 0.18 and < 0.21
1/1/96-12/31/96	\$13.40	≥ 0.21
1/1/97-12/31/07	\$15.30	≥0.24

- b) An additional 8% increase to the December 31, 1998 accrued benefits for participants who were active as of December 31, 1998 that is, who worked at least 500 hours in 1998 or 60 hours in any calendar month during 1998.
- c) An additional 7.5% increase to the December 31, 1999 accrued benefits for participants who were active as of December 31, 1999, that is who worked at least 500 hours in 1999 or 60 hours in any calendar month during 1999.
- d) For service after 2007, see Base Plan formula (and ancillary provisions) - using 65% of contribution rate in effect at January 1, 2008 and all of any contribution increases effective after 2007.
- e) For service after 2010, the benefit accrual is an actuarially equivalent benefit amount.

Masland Carpets

The normal retirement benefit, payable monthly for three years certain and life thereafter, is based on years of benefit service accrued prior to 1/1/2008 multiplied by the benefit level in effect at termination, transfer, or retirement as outlined by the following schedule:

Date of Termination, Transfer, or Retirement	Benefit Level
Prior to 4/26/1980	\$2.50 per month
Effective 4/26/1980	\$3.00 per month
Effective 4/28/1984	\$3.25 per month
Effective 4/27/1985	\$3.50 per month
Effective 4/26/1986	\$3.75 per month
Effective 5/02/1987	\$4.50 per month
Effective 4/30/1988	\$5.25 per month
Effective 4/29/1989	\$6.00 per month
Effective 5/01/1990	\$9.00 per month
Effective 6/28/1998	\$10.00 per month for years of service earned before 6/28/1998 \$15.00 per month for years of service earned after 6/28/1998

Schedule MB, Line 6 – Summary of Plan Provisions

HEREIU

For service accrued after 1/1/2008, the Base Plan provisions apply with the following changes:

- a) 50 multiplier times the contribution rate in effect 12/31/2004 (with certain exceptions on this date for certain New York hotels), less \$3.00 for any Atlantic City employer; plus
- b) 40 multiplier times the first four cents of Minimum Standards Required Contribution Rate increases that became effective on or after January 1, 2007; plus
- c) 50 multiplier times any contribution rate increases after 2006 in excess of the Minimum Standards Required Contribution Rate increases

For service accrued prior to 1/1/2008, the Unit Benefit Level for every calendar year of service before 1994 corresponds to the average contribution rate that applied in 1993 or the calendar year a Participant last worked, if he or she stopped working for a contributing employer before that. (See Schedules A and B in the table below.) To be credited with a Unit Benefit for any calendar year of pre-'94 service, a Participant must have earned Vesting Service for participants who worked before 1994 are guaranteed the pension benefit they earned under the old percent of contributions method. Pension benefits at retirement will never be less than the benefit earned as of December 31, 1993. For service after 2010, the benefit accrual is an actuarial equivalent level benefit amount.

Employer's Hourly Contribution Rate	Calendar Year Unit Benefit Level for All Participants - other than New York Participants before 2001 (Schedule A)	Calendar Year Unit Benefit Level for New York Participants - from 1987 through 2000 (Schedule B)
below 5¢	\$2	\$1
5¢ - 9¢	\$5	\$2
10¢ - 14¢	\$8	\$3
15¢ - 19¢	\$12	\$4
20¢ - 24¢	\$16	\$5
25¢ - 29¢	\$20	\$6
30¢ - 34¢	\$24	\$7
35¢ - 39¢	\$27	\$8
40¢ - 44¢	\$30	\$9
45¢ - 49¢	\$33	\$10
50¢ & above	+ \$3 for each 5¢ interval	+ \$1 for each 5¢ interval

- For certain New York employers comprising the Restaurant Group, Unit Benefit Levels are frozen as of the expiration date of the collective bargaining agreement in effect on January 1, 2005. The frozen Unit Benefit Level is based on the contribution rate in effect on that expiration date.
- For collective bargaining agreements requiring contributions based on a percent of salary,
 - The frozen Unit Benefit Level for each Participant on December 31, 2004, is determined by dividing the annual contributions in 2004 made on their behalf by their Reported Hours for 2004, and
 - The frozen Unit Benefit Level for new Participants is determined by dividing the employer's total annual contribution for 2004 by the total Reported Hours for all participants in 2004.

Schedule MB, Line 6 – Summary of Plan Provisions

HEREIU (continued)

- For certain Chicago employers under the Hotel Employers Labor Relations Association, the frozen Unit Benefit Level is based on the contribution rate in the collective bargaining agreement on December 31, 2004. However, effective January 1, 2006, the frozen Unit Benefit Level is re-established based on the contribution rate on that date.
- For new participating employers at a new location, on or after July 1, 2005, Unit Benefit Levels will be based on the New Employer Schedule shown at the left. Once the Unit Benefit Level is equal to the Unit Benefit Level produced under Schedule A (see above) and the employer's initial contribution rate, the Unit Benefit Level will be frozen.

Hourly Contribution Rate	New Employer Unit Benefit Level
10¢ - 14¢	\$1.00
15¢ - 19¢	\$2.00
20¢ - 24¢	\$3.00
25¢ - 29¢	\$5.00
30¢ - 34¢	\$7.50
35¢ - 39¢	\$10.00
40¢ - 44¢	\$12.50
45¢ - 49¢	\$15.00
50¢ - 54¢	\$17.50
55¢ - 59¢	\$20.00
60¢ & above	\$20.00 +\$2.50 per each \$.05 increment

On or after July 1, 2005, for new classifications added to an existing collective bargaining agreement at a lower rate than that in the existing collective bargaining agreement, the Unit Benefit Level will also be determined based on the New Employer Schedule. Once the Unit Benefit Level is the same as the frozen Unit Benefit Level earned under the existing collective bargaining agreement, the Unit Benefit Level for new classifications will be frozen.

Special Provisions for HEREIU

Pre-'94 Service under the Atlantic City Master Casino Agreement

For Participants covered under the Atlantic City Master Casino Agreement, special rules increase the Unit Benefit Level for any year of Benefit Service earned before January 1, 1994. The increase depends on the Participant's tier of employment during 1993, or any earlier calendar year, if he or she didn't work in 1993. Your tier of employment is based on your length of service with your most recent employer. A Participant's tier of employment and the corresponding Unit Benefit applicable to each calendar year of pre-'94 service are shown below.

Tier of Employment	Length of Service	Unit Benefit
1st tier	1-5 years	\$7
2nd tier	6-8 years	\$8
3rd tier	9 or more years	\$9

Pre-'94 Service for Harrah's Marina Hotel and Casino Participants

For **Harrah's Marina Hotel and Casino** Participants, the Unit Benefit Level for any year of Benefit Service earned before January 1, 1994, depends on the Participant's tier of employment with Harrah's during 1993, or any earlier calendar year, if he or she didn't work in 1993.

Schedule MB, Line 6 – Summary of Plan Provisions

HEREIU (continued)

Tier of Employment	Length of Service	Unit Benefit
1st tier	1-5 years	\$10
2nd tier	6-8 years	\$11
3rd tier	9 or more years	\$13

The same tier of employment rules apply to Benefit Service earned from January 1, 1994, to September 15, 1994.

Alaska

Prior to the merger, the employer contributed for Covered Hours and participants earned benefits as a percentage of the employer contributions made on participants' behalf as follows:

- 7.75% for service prior to May 1, 2000;
- 3.20% from May 1, 2000 to April 30, 2003;
- 1.60% from May 1, 2003 to April 30, 2004;
- 0.80% from May 1, 2004 to April 30, 2008;
- 2.50% from May 1, 2008 to December 31, 2010; and
- 1.50% on or after January 1, 2011

Post merger benefits are as follows:

- 7.75% for service prior to May 1, 2008
- 2.50% for service from May 1, 2008 to December 31, 2010
- 1.50% on or after January 1, 2011

*Additional benefits described in Section 5.1(e) of the Base Plan that are in excess of the required amount will be credited at 2.5% of the employer contributions made on behalf of the participant.

Local 107

Benefit accruals prior to January 1, 2009 equal to the sum of I., II., III., IV., and V below:

- I. \$2.00 for each Past Service benefit unit earned prior to May 1, 1966
- II. Benefit units earned between May 1, 1966 and April 30, 1981:

Monthly Contribution Rate	Benefit Rate
Less than \$34.60	\$13.41
At least \$34.60	\$17.89

Schedule MB, Line 6 – Summary of Plan Provisions

Local 107 (cont)

III. Benefit units earned between May 1, 1981 and April 30, 1999:

Monthly Contribution Rate	Benefit Rate
\$25.95	\$13.77
\$34.60	\$18.49
\$43.25	\$23.06
\$51.90	\$27.55
\$60.55	\$32.26
\$69.20	\$36.83
\$77.85	\$41.44
\$86.50	\$46.02

IV. Benefit units earned between May 1, 1999 and July 15, 2003:

Monthly Contribution Rate	Benefit Rate
\$25.95	\$7.20
\$34.60	\$9.65
\$43.25	\$12.05
\$51.90	\$14.40
\$60.55	\$16.85
\$69.20	\$19.25
\$77.85	\$21.65
\$86.50	\$24.05

V. Benefit units earned between July 16, 2003 and December 31, 2008:

Monthly Contribution Rate	Benefit Rate
\$25.95	\$3.60
\$34.60	\$4.83
\$43.25	\$6.03
\$51.90	\$7.20
\$60.55	\$8.43
\$69.20	\$9.63
\$77.85	\$10.83
\$86.50	\$12.05

After 1/1/2009, see Base Plan provisions

For service after 2010, the benefit accrual is an actuarial equivalent level benefit amount

SHMC

Prior to January 1, 2009, the benefit under the SHMC Plan was a Final Average Pay benefit. The participant's accrued benefit was determined based upon a retirement benefit formula equal to 1.5% of the average compensation multiplied by the years of service. The benefit could not exceed \$300 per month. If the participant was hired prior to January 1, 2006 and has not reached the maximum benefit of \$300 per month, he will continue to accrue benefits under the SHMC Plan formula until he reaches the maximum benefit;

Schedule MB, Line 6 – Summary of Plan Provisions

however, all of his benefit accruals after January 1, 2009 will be governed by the terms of the NRF Plan with the exception of the benefit formula. Beginning in the plan year following reaching the maximum benefit he will start accruing benefits under the NRF formula. If the participant reached the maximum benefit under the SHMC Plan as of December 31, 2008 he will begin accruing benefits in accordance with the terms of the NRF Plan as of January 1, 2009. If the participant was hired in 2006 or after, he accrued benefits in accordance with the SHMC Plan through December 31, 2008. Effective January 1, 2009 the participant will begin accruing benefits in accordance with the terms of the NRF Plan. The NRF benefits will be in addition to what the participant has already accrued under the SHMC Plan. Effective January 1, 2009 for service earned on and after that date, except as noted above, the benefit formula under the NRF will be \$.50 for each \$.01 of average employer contributions per hour.

Local 471

Prior to January 1, 2010, the Prior Plan benefit provisions were as follows:

See chart directly below which applies from August 1, 2005 until December 31, 2009:

Employer Contributions Rate (cents per hour)	Benefit Accrual rate (Full Year of Service)
\$0.09- \$0.24	\$2.25
\$0.25- \$0.49	\$4.50
\$0.50- \$0.74	\$9.00
\$0.75- \$0.99	\$13.50
\$1.00 or more	\$18.00

Effective January 1, 2010 for service earned on and after that date, the Base Plan provisions are:

\$0.50 in monthly benefits for each one cent (per hour) of contributions required as of 1/1/2009 for each full year of service, counting only 25% of such contributions through December 31, 2022, plus \$0.50 in monthly benefits for each one cent (per hour) of contributions in excess of Required Contributions. Required Contributions are 4.5% per annum increases for eight years beginning with the first collective bargaining agreement renewal after January 1, 2009.

**Schedule MB, Line 8b(1) –
Schedule of Projection of Expected Benefit Payments**

Measurement Date: January 1, 2022

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2022	2,041,046	16,401,613	132,547,452	150,990,111
2023	3,726,332	21,871,641	125,279,319	150,877,292
2024	5,310,547	27,426,510	118,182,013	150,919,069
2025	6,770,725	33,359,153	111,276,684	151,406,562
2026	8,067,959	41,861,933	104,603,024	154,532,916
2027	9,243,242	49,137,312	98,158,325	156,538,879
2028	10,272,748	55,154,361	91,916,246	157,343,355
2029	11,157,079	60,378,727	85,875,098	157,410,905
2030	11,882,924	65,326,213	80,022,585	157,231,722
2031	12,455,560	69,057,483	74,407,332	155,920,376
2032	12,894,461	72,822,320	69,035,720	154,752,501
2033	13,233,968	76,095,599	63,876,694	153,206,261
2034	13,543,034	78,501,588	58,918,684	150,963,306
2035	13,781,320	80,523,214	54,160,083	148,464,617
2036	13,960,381	82,133,199	49,600,453	145,694,033
2037	14,082,331	82,894,800	45,240,459	142,217,590
2038	14,152,463	83,181,952	41,081,774	138,416,188
2039	14,146,612	82,999,394	37,127,109	134,273,115
2040	14,115,671	82,421,690	33,379,985	129,917,346
2041	14,020,280	81,568,704	29,844,579	125,433,562
2042	13,857,877	80,327,563	26,525,205	120,710,645
2043	13,641,727	78,575,135	23,425,665	115,642,527
2044	13,380,345	76,502,838	20,548,840	110,432,024
2045	13,090,475	74,187,604	17,896,488	105,174,566
2046	12,778,161	71,560,948	15,469,115	99,808,224

**Schedule MB, Line 8b(1) –
Schedule of Projection of Expected Benefit Payments**

Measurement Date: January 1, 2022

Expected Benefit Payments				
Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2047	12,367,912	68,718,492	13,265,610	94,352,014
2048	11,958,243	65,748,753	11,282,750	88,989,747
2049	11,482,134	62,657,271	9,514,925	83,654,330
2050	10,977,824	59,494,390	7,954,060	78,426,274
2051	10,430,688	56,170,213	6,589,777	73,190,678
2052	9,870,097	52,823,922	5,409,743	68,103,761
2053	9,298,200	49,431,266	4,400,211	63,129,677
2054	8,731,836	46,074,445	3,546,406	58,352,687
2055	8,155,971	42,759,814	2,832,905	53,748,689
2056	7,582,203	39,553,031	2,244,080	49,379,315
2057	7,016,890	36,424,448	1,764,394	45,205,732
2058	6,466,516	33,415,099	1,378,706	41,260,321
2059	5,936,790	30,514,914	1,072,606	37,524,310
2060	5,430,316	27,757,786	832,681	34,020,783
2061	4,949,195	25,149,419	646,777	30,745,391
2062	4,495,808	22,706,949	504,191	27,706,948
2063	4,072,339	20,494,156	395,732	24,962,227
2064	3,677,274	18,387,857	313,702	22,378,833
2065	3,311,962	16,443,628	251,823	20,007,412
2066	2,972,333	14,665,488	205,096	17,842,917
2067	2,659,396	13,040,549	169,627	15,869,572
2068	2,371,916	11,563,353	142,449	14,077,718
2069	2,108,536	10,219,965	121,349	12,449,851
2070	1,867,849	9,005,204	104,699	10,977,752
2071	1,648,461	7,908,556	91,315	9,648,332

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Years of Credited Service

Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
25 - 29	Count	42	53	-	-	-	-	-	-	-	-	95
	Avg Ben	\$8	\$26									\$18
30 - 34	Count	75	256	76	-	-	-	-	-	-	-	407
	Avg Ben	\$8	\$35	\$115								\$45
35 - 39	Count	98	335	264	72	-	-	-	-	-	-	769
	Avg Ben	\$9	\$41	\$122	\$168							\$77
40 - 44	Count	97	385	372	240	26	-	-	-	-	-	1,120
	Avg Ben	\$8	\$34	\$117	\$229	\$262						\$106
45 - 49	Count	89	509	490	399	100	18	-	-	-	-	1,605
	Avg Ben	\$11	\$33	\$111	\$244	\$300						\$128
50 - 54	Count	82	508	677	536	233	53	13	-	-	-	2,102
	Avg Ben	\$8	\$32	\$105	\$237	\$294	\$411					\$148
55 - 59	Count	85	561	791	698	365	103	48	19	-	-	2,670
	Avg Ben	\$8	\$32	\$105	\$225	\$304	\$407	\$496				\$167
60 - 64	Count	59	496	742	628	340	96	66	46	19	-	2,492
	Avg Ben	\$8	\$31	\$111	\$220	\$323	\$401	\$512	\$718			\$184
65 - 69	Count	24	168	228	183	78	35	18	6	5	10	755
	Avg Ben	\$7	\$32	\$97	\$209	\$263	\$286					\$148
70 +	Count	11	79	45	25	8	2	-	-	3	-	173
	Avg Ben		\$21	\$90	\$147							\$82
Total	Count	662	3,350	3,685	2,781	1,150	307	145	71	27	10	12,188
	Avg Ben	\$9	\$33	\$109	\$226	\$303	\$389	\$480	\$680	\$347		\$143

Notes

- As of January 1, 2022, there were 165 active participants with unknown dates of birth in the data. For active participants reported without dates of birth that were included in the prior year valuation, the date of birth assumed in the prior valuation was used. For participants who were not included in the prior year valuation, the average entry age of active participants reported in their schedule was used to determine the participant's date of birth.

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

Measurement Date: January 1, 2022

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$ 26,962,147	\$ 9,708,847	\$ 36,670,994
2023	28,128,730	9,169,467	37,298,197
2024	28,247,328	8,630,086	36,877,414
2025	27,625,887	8,090,706	35,716,593
2026	27,018,117	7,551,325	34,569,443
2027	26,423,719	7,011,945	33,435,664
2028	25,842,397	6,472,565	32,314,961
2029	25,273,864	5,933,184	31,207,048
2030	24,717,839	5,393,804	30,111,643
2031	24,174,047	4,854,423	29,028,470

Schedule MB, Line 11 –
Justification for Change in Actuarial Assumptions

The interest rate and operating expense assumptions were changed to better reflect anticipated Plan experience.

The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

With 5 year extended amortization effective 1/1/2012

Charges

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2022		Annual Payment
				Period	Balance	
Combined Bases**	1/1/2022	6.00	\$ 508,508,220	6.00	\$ 508,508,220	\$ 99,274,422
Assumption Change	1/1/2022	15.00	88,861,172	15.00	88,861,172	9,020,219
Total Charges					\$ 597,369,392	\$ 108,294,641

** The following charge bases were combined as of January 1, 2022:

Charge Bases Combined as of January 1, 2022

Type	Date Established	Initial Period	Initial Balance	<i>Prior to Combination (7.3% interest rate)</i>		
				Outstanding at 1/1/2022 Period	Balance	Annual Payment
Greater NY Plan Amendment	*	*	*	14.00	\$ 516,771	\$ 56,065
Change in Actuarial Assumptions	*	*	*	14.00	1,612,781	174,972
NE Laundry Combined Charges	*	*	*	2.74	75,656	29,317
2002 Experience Loss	*	*	*	1.00	849,359	849,359
Valley Laundry Combined Charges	*	*	*	4.00	975,425	270,200
Assumption Change	*	*	*	17.00	673,927	65,674
Plan Amendment - ILGWU	*	*	*	4.00	7,232,881	2,003,568
Assumption Change - ILGWU	*	*	*	1.00	176,378	176,378
Plan Amendment - ILGWU	*	*	*	13.00	4,184,842	474,621
Plan Amendment - ILGWU	*	*	*	14.00	3,651,843	396,192
Assumption Change - ILGWU	*	*	*	15.00	55,517	5,789
Plan Amendment - ILGWU	*	*	*	15.00	1,030,671	107,470
Plan Amendment - ILGWU	*	*	*	16.00	183,115	18,426
Assumption Change - ILGWU	*	*	*	16.00	2,907,621	292,582
Assumption Change	*	*	*	17.00	15,706,879	1,530,630
Local 3017 Combined Bases	*	*	*	0.33	6,419	6,419
2004 Experience Loss	*	*	*	3.00	340,865	121,715
Local 108 Combined Bases	*	*	*	26.00	1,844,125	149,379
Local 168 Combined Bases	*	*	*	0.14	9,727	9,727
Local 150 Combined Bases	*	*	*	24.82	717,069	59,061
Assumption Change for new Locals	1/1/2006	*	*	19.00	337,661	31,136
Local 218 Linen Service & Ind. Laundry Ret Trust	*	*	*	2.11	570,214	280,820
Assumption Change - Local 218 and Local 4-69	*	*	*	20.00	458,982	41,324
Amendments	1/1/2007	*	*	20.00	66,394	5,978
HEREIU - 1992 Amendment - 274	*	*	*	5.00	43,902	10,059
HEREIU - Exp Loss	*	*	*	6.00	168,290	33,210
HEREIU - 1996 Amendment	*	*	*	9.00	5,547	804
HEREIU - 1997 Amendment	*	*	*	10.00	68,943	9,275
HEREIU - 1998 Amendment	*	*	*	11.00	56,120	7,079
HEREIU - 1998 Assumptions	*	*	*	11.00	1,652,647	208,478
HEREIU - 1999 Amendment	*	*	*	12.00	968,909	115,513
HEREIU - Method Change	*	*	*	12.00	2,092,380	249,452
HEREIU - 1999 Combined - 301	*	*	*	2.00	53,119	27,496

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Charge Bases Combined as of January 1, 2022 (Cont.)

Type	Date Established	Initial Period	Initial Balance	<i>Prior to Combination (7.3% interest rate)</i>		
				Outstanding at 1/1/2022 Period	Annual Balance	Annual Payment
HEREIU - 2000 Amendment	*	*	*	13.00	512,159	58,086
HEREIU - 2001 Assumptions	*	*	*	14.00	373,581	40,530
HEREIU - 2001 Amendment	*	*	*	14.00	3,811,685	413,533
HEREIU - 2002 Amendment	*	*	*	15.00	2,224,607	231,965
HEREIU - 2003 Assumptions	*	*	*	16.00	168,956	17,001
HEREIU - 2003 Amendment	*	*	*	16.00	3,610,227	363,282
HEREIU - 2003 Loss	*	*	*	1.00	571,712	571,712
HEREIU - 2004 Loss	*	*	*	2.00	568,545	294,284
HEREIU - 2004 Amendment	*	*	*	17.00	5,515,934	537,526
HEREIU - 2005 Loss	*	*	*	3.00	466,791	166,680
HEREIU - 2005 Amendment	*	*	*	18.00	1,759,807	166,592
HEREIU - 2006 Amendment	*	*	*	19.00	804,768	74,207
HEREIU - 2006 Loss	*	*	*	4.00	1,297,772	359,493
HEREIU - 2007 Loss	*	*	*	5.00	25,163	5,765
Local 54 Combined Bases	*	*	*	9.69	9,396,972	1,292,134
Local 10 Combined Bases	*	*	*	6.23	1,183,795	226,682
Santa Monica Combined Bases	*	*	*	2.62	918,234	370,606
Textile Combined Bases	*	*	*	1.38	5,933,581	4,356,829
Local 102 Combined Bases	*	*	*	5.25	1,752,032	385,499
Local 52 Combined Bases	*	*	*	1.90	475,522	258,198
2007 Experience Loss	*	*	*	6.00	3,521,552	694,933
Alaska Combined Bases	*	*	*	4.61	4,586,345	1,125,072
Local 107 Combined Bases	*	*	*	1.78	279,707	161,445
Change in Method Merged Plans	1/1/2009	*	*	7.00	656,057	114,641
Local 471 Combined Bases	*	*	*	2.36	549,520	244,045
Assumption Change Merged Plan	1/1/2010	*	*	8.00	221,587	34,988
ENIL (2008)	1/1/2014	24.00	86,417,404	16.00	16,436,183	1,653,903
2014 Experience Loss	1/1/2015	15.00	123,348,255	8.00	18,692,605	2,951,443
2015 Experience Loss	1/1/2016	15.00	90,668,890	9.00	14,940,858	2,164,559
2016 Experience Loss	1/1/2017	15.00	100,395,619	10.00	17,775,637	2,391,483
2017 Experience Loss	1/1/2018	15.00	80,912,413	11.00	15,246,159	1,923,270
Combined Bases	1/1/2018	9.00	274,217,726	5.00	173,385,864	39,727,335
Assumption Changes	1/1/2018	15.00	1,994,269	11.00	1,648,439	207,947
2018 Experience Loss	1/1/2019	15.00	61,116,256	12.00	53,453,784	6,372,732
Method Change	1/1/2019	10.00	119,636,848	7.00	92,110,481	16,095,595
Assumption Change	1/1/2020	15.00	4,716,828	13.00	4,336,620	491,834

Total Charges to Combine

\$ 508,508,220 \$ 94,363,997

Combined Amortization Period as of January 1, 2022: 6.00
Combined Annual Payment (6.80% interest rate): \$ 99,274,422

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Credits

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2022		Annual Payment
				Period	Balance	
HEREIU - 1994 Amendment	*	*	*	2.00	\$ 309,896	\$ 160,043
HEREIU - 1994 Method	*	*	*	2.00	393,156	203,042
Change in Actuarial Assumptions	*	*	*	10.00	3,982,475	526,015
Plan Amendment	*	*	*	11.00	452,006	55,879
Assumption Change - ILGWU	*	*	*	2.00	1,490,116	769,557
Plan Amendment - ILGWU	*	*	*	7.00	242,558	41,848
Assumption Change	1/1/2005	*	*	13.00	13,260,949	1,468,862
Local 108 Combined Bases	*	*	*	7.00	561,930	96,949
Local 150 Combined Bases	*	*	*	1.14	38,755	34,151
Assumption Change Merged Plans	*	*	*	2.00	44,766	23,119
2008 Experience Gain Under PRA 10	*	*	*	2.00	1,699,207	877,540
2009 Experience Gain Under PRA 10	*	*	*	3.00	12,625,324	4,488,138
Exper Gain	*	*	*	4.00	1,637,203	450,532
2010 Experience Gain Under PRA 10	*	*	*	4.00	10,394,808	2,860,483
2012 Assumption Change	*	*	*	5.00	334,953	76,081
2012 Experience Gain Under PRA 10	*	*	*	6.00	16,569,791	3,234,867
2013 Experience Gain	1/1/2014	15.00	9,296,622	7.00	1,276,002	220,148
Assumption Change	1/1/2014	15.00	283,134,504	7.00	38,861,416	6,704,738
2019 Experience Gain	1/1/2020	15.00	33,781,933	13.00	31,058,877	3,440,267
2020 Experience Gain	1/1/2021	15.00	49,394,542	14.00	47,473,876	5,021,978
2022 Experience Gain	1/1/2022	15.00	104,727,091	15.00	104,727,091	10,630,754
Total Credits					\$ 287,435,155	\$ 41,384,991
Net Total					\$ 309,934,237	\$ 66,909,650

* Information not available.

See the comments following this Exhibit.

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit base

The "ENIL (2008)" bases are the portions of the eligible net investment losses ("ENIL") for the 2008 Plan Year. These bases are amortized over the period ending December 31, 2037, as permitted under the special amortization rule provided in the Pension Relief Act of 2010.

See **Attachment to Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods** for more information regarding the special amortization rule.

The Trustees elected to use the automatic five-year extension of amortization bases provided by Section 431(d)(1) of the Code for charge bases established on or before January 1, 2012. Information on the Funding Standard Account Amortization Bases without reflecting such extension is shown in the following table.

Without 5 year extended amortization

	Outstanding at 1/1/2022	Annual Payment
Total Charges	\$ 556,966,427	\$ 75,722,239
Total Credits	<u>287,435,155</u>	<u>41,384,991</u>
Net Total	\$ 269,531,272	\$ 34,337,248

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**

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

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

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LEGACY PLAN OF THE NATIONAL RETIREMENT FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND	D Employer Identification Number (EIN) 13-6130178	
E Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
b Assets		
(1) Current value of assets	1b(1)	2,048,282,268
(2) Actuarial value of assets for funding standard account.....	1b(2)	1,792,927,068
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,940,797,046
(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)	1,940,797,046
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)	3,332,102,177
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	22,476,088
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	175,963,183
(3) Expected plan disbursements for the plan year	1d(3)	168,659,398

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

JONATHAN M. FELDMAN

October 12, 2023

Date
2306980

Type or print name of actuary

HORIZON ACTUARIAL SERV

Most recent enrollment number
240-247-4600

Firm name

Telephone number (including area code)

8601 GEORGIA AVENUE, SUITE 700

SILVER SPRING MD 20910

Address of the firm

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

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

Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

- a** Current value of assets (see instructions)

b "RPA '94" current liability/participant count breakdown:

 - (1)** For retired participants and beneficiaries receiving payment.....
 - (2)** For terminated vested participants
 - (3)** For active participants:
 - (a)** Non-vested benefits
 - (b)** Vested benefits
 - (c)** Total active.....
 - (4)** Total.....

	2a	2,048,282,268
(1) Number of participants	(2) Current liability	
107,286	1,425,294,413	
94,185	1,608,616,780	
		2,834,440
		295,356,544
12,188	298,190,984	
213,659	3,332,102,177	
%, enter such	2c	61.47 %

- C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....

2c

61 47 %

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

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

3(•

— 1 —

- | | | |
|--|-----------|----------|
| a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))..... | 4a | 92 . 3 % |
| b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). | 4b | g |

- Q Is the plan making the scheduled day more or less applicable for finding improvements of your cultivation plan? Yes No

- Yes No

- e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date.

43

- | | |
|--|------------------|
| <p>f If the plan is in critical status or critical and declining status, and is:</p> <ul style="list-style-type: none"> • 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 type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter “9999.” | <p>4f</p> |
| | 2028 |

2028

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**

Line 3(a): contributions are made throughout the year

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 2 . 22 %

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

	Pre-retirement	Post-retirement
c Mortality table code for valuation purposes:		

(1) Males.....	A	A
(2) Females	A	A

d Valuation liability interest rate.....	6 . 80 %	6 . 80 %
---	----------	----------

e Salary scale	%	<input checked="" type="checkbox"/> N/A
-----------------------------	---	---

f Withdrawal liability interest rate:		
--	--	--

(1) Type of interest rate.....	<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	12 . 8 %
--	-----------	----------

h Estimated investment return on current value of assets for year ending on the valuation date	6h	19 . 0 %
---	-----------	----------

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)	22 , 476 , 088
--	--------------	----------------

(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	-104 , 727 , 091	-10 , 630 , 754
4	88 , 861 , 172	9 , 020 , 219

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 checked="" type="checkbox"/> Yes <input 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 checked="" 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) 5
---	----------------

(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 checked="" 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	-8,363,041
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	22,476,088
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	597,369,392
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	8,892,410
e Total charges. Add lines 9a through 9d.....	9e	139,663,139
Credits to funding standard account:		
f Prior year credit balance, if any	9f	162,064,259
g Employer contributions. Total from column (b) of line 3	9g	48,776,468
h Amortization credits as of valuation date.....	9h	287,435,155
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	15,492,949
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	355,014,226
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,193,060,176
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	267,718,667
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	128,055,528
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Schedule MB, Line 3(d) –
Withdrawal Liability Amounts**

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
1/5/2022	\$ 12,693		\$ 12,693
1/6/2022	22,146		22,146
1/10/2022	4,088		4,088
1/11/2022	12,731		12,731
1/14/2022	85,226		85,226
1/18/2022	10,720		10,720
1/20/2022	75,128		75,128
1/21/2022	7,288		7,288
1/24/2022	39,950		39,950
1/28/2022	7,968		7,968
1/31/2022	10,878	149,901	160,779
2/1/2022	19,410		19,410
2/3/2022	38,840		38,840
2/4/2022	30,000		30,000
2/15/2022	-	207,373	207,373
2/16/2022	5,478		5,478
2/17/2022	49,789		49,789
2/18/2022	-	379,631	379,631
2/24/2022	3,238		3,238
2/25/2022	2,621		2,621
2/28/2022	20,571		20,571
3/1/2022	35,704		35,704
3/3/2022	16,836		16,836
3/4/2022	26,131		26,131
3/8/2022	12,905		12,905
3/9/2022	9,540		9,540
3/14/2022	11,243		11,243
3/17/2022	25,400		25,400
3/22/2022	25,102		25,102
3/23/2022	2,056		2,056
3/25/2022	52,873		52,873
3/30/2022	27,612		27,612
3/31/2022	54,521		54,521
4/4/2022	131,743		131,743
4/6/2022	5,500		5,500

**Schedule MB, Line 3(d) –
Withdrawal Liability Amounts**

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
4/13/2022	\$ 85,226		\$ 85,226
4/14/2022	10,546		10,546
4/15/2022	174		174
4/19/2022	3,172		3,172
4/22/2022	7,288		7,288
4/25/2022	13,547		13,547
4/27/2022	86,114		86,114
4/29/2022	19,762		19,762
5/3/2022	8,424		8,424
5/4/2022	38,840		38,840
5/10/2022	39,950		39,950
5/13/2022	7,288		7,288
5/18/2022	5,478		5,478
5/19/2022	8,381		8,381
5/20/2022	42,501		42,501
5/23/2022	2,835		2,835
5/26/2022	15,517		15,517
5/27/2022	2,621		2,621
5/31/2022	31,702		31,702
6/1/2022	32,869	53,212	86,081
6/2/2022	14,604		14,604
6/3/2022	26,131		26,131
6/6/2022	-	3,750,000	3,750,000
6/9/2022	7,288		7,288
6/16/2022	18,112		18,112
6/21/2022	7,193		7,193
6/23/2022	2,056		2,056
6/28/2022	14,881		14,881
6/29/2022	138,572		138,572
6/30/2022	17,749	250,000	267,749
7/5/2022	12,731		12,731
7/13/2022	10,546		10,546
7/14/2022	4,088		4,088
7/15/2022	118,501		118,501
7/18/2022	36,304		36,304

**Schedule MB, Line 3(d) –
Withdrawal Liability Amounts**

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
7/19/2022	\$ 5,500		\$ 5,500
7/20/2022	-	50,012	50,012
7/21/2022	174		174
7/22/2022	3,289		3,289
7/25/2022	39,950		39,950
7/27/2022	38,840		38,840
7/29/2022	4,796		4,796
8/1/2022	10,878		10,878
8/3/2022	21,971		21,971
8/5/2022	31,000		31,000
8/12/2022	15,517		15,517
8/18/2022	8,381		8,381
8/22/2022	42,501		42,501
8/26/2022	85,577		85,577
8/29/2022	3,238		3,238
8/30/2022	16,878	1,965,231	1,982,109
8/31/2022	2,621		2,621
9/1/2022	64,486		64,486
9/2/2022	28,966		28,966
9/8/2022	-	40,000	40,000
9/14/2022	3,238		3,238
9/19/2022	7,193		7,193
9/20/2022	22,346		22,346
9/23/2022	18,112		18,112
9/26/2022	2,056		2,056
9/27/2022	20,934		20,934
9/29/2022	14,881		14,881
9/30/2022	39,895		39,895
10/3/2022	12,731		12,731
10/12/2022	85,226		85,226
10/13/2022	10,546		10,546
10/18/2022	24,707		24,707
10/25/2022	5,500		5,500
10/26/2022	3,289	2,900,000	2,903,289
10/27/2022	-	96,881	96,881

**Schedule MB, Line 3(d) –
Withdrawal Liability Amounts**

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
10/28/2022	\$ 75,128		\$ 75,128
10/31/2022	10,878		10,878
11/1/2022	13,221		13,221
11/4/2022	3,172		3,172
11/14/2022	42,501		42,501
11/17/2022	1,774		1,774
11/18/2022	42,501		42,501
11/22/2022	45,158		45,158
11/23/2022	23,898		23,898
11/29/2022	9,540		9,540
11/30/2022	-	2,135,228	2,135,228
12/1/2022	62,372		62,372
12/6/2022	28,752		28,752
12/7/2022	2,199		2,199
12/13/2022	5,478		5,478
12/14/2022	22,850		22,850
12/20/2022	18,112		18,112
12/22/2022	24,202		24,202
12/27/2022	22,346		22,346
12/28/2022	14,881		14,881
12/29/2022	12,731		12,731
12/30/2022	51,024		51,024

Schedule MB, Line 4b –

Illustration Supporting Actuarial Certification of Status

Exhibit 2 summarizes the key measures used in determining whether or not the Plan is in critical status for the current plan year. The exhibit shows the basic tests for determining critical status under PPA, as defined in section 432 of the Code, and the test for emergence from critical status, as defined in section 432(e)(4)(B) of the Code. See Exhibit 3 for a projection of the funding standard account.

Exhibit 2 – Critical Status Tests

<i>Section 432(b)(2): Critical Status</i>	<i>Plan Year Beginning January 1, 2022</i>
Section 432(b)(2)(A) measures:	
Funded percentage [threshold = 65.0%]	95.9%
First projected date of insolvency within current or next six plan years	None
Section 432(b)(2)(B) measures:	
Funded percentage [threshold = 65.0%]	95.9%
First projected funding deficiency within current or next three plan years	Not Applicable
<i>Disregarding extensions of amortization periods under section 431(d)</i>	
Section 432(b)(2)(C) measures:	
Normal cost (unit credit cost method, with interest to end of plan year)	\$ 23,701,028
Interest on unfunded actuarial accrued liability to end of plan year	5,485,457
Expected contributions during plan year (with interest to end of plan year)	38,009,485
Present value of non-forfeitable benefits for active participants	123,020,782
Present value of non-forfeitable benefits for inactive participants	1,728,593,843
First projected funding deficiency within current or next four plan years	Not Applicable
<i>Disregarding extensions of amortization periods under section 431(d)</i>	
Section 432(b)(2)(D) measures:	
First projected date of insolvency within current or next four plan years	None
Section 432(e)(4)(B) measures:	
Critical status in the prior plan year	Yes
First projected funding deficiency within current or next nine plan years	12/31/2027
<i>Reflecting extensions of amortization periods under section 431(d), if any</i>	
First date of insolvency within any of the 30 succeeding plan years	None
<i>Reflecting contribution rates in current collective bargaining agreement(s)</i>	

Schedule MB, Line 4b –
Illustration Supporting Actuarial Certification of Status

Exhibit 3 shows the projected funding standard account (in other words, projected credit balances and funding deficiencies) until the projected funding deficiency. Figures for the prior plan year (still preliminary) are shown for reference.

Exhibit 3 – Projection of Funding Standard Account

Reflecting Amortization Extensions under Section 431(d)

	<u>Plan Year</u>	Credit Balance or <u>Ending</u> <u>(Funding Deficiency)</u>
PY	12/31/2021	\$ 161,559,947
CY	12/31/2022	123,418,223
1	12/31/2023	94,143,107
2	12/31/2024	70,450,176
3	12/31/2025	45,314,509
4	12/31/2026	18,082,701
5	12/31/2027	(12,505,478)

"PY" = preceding plan year

"CY" = current plan year

Schedule MB, Line 4b –
Illustration Supporting Actuarial Certification of Status

Plan Name:	The Legacy Plan of the National Retirement Fund
EIN / PN:	13-6130178 / 001
Plan Sponsor:	Board of Trustees of the National Retirement Fund 333 Westchester Avenue White Plains, NY 10604-2910 (914) 367-5000
Plan Year:	Beginning January 1, 2022 and Ending December 31, 2022
Certification Results:	<ul style="list-style-type: none">• Critical Status (“Red Zone”), but not Critical and Declining Status• The Plan is making scheduled progress under its Rehabilitation Plan

This is the annual certification by the Plan Actuary as required under section 432(b) of the Internal Revenue Code (the “Code”) for the above-named multiemployer plan (the “Plan”) and plan year (the “Plan Year”). For the Plan Year, the Plan is in critical status, but not in critical and declining status.

This certification was performed based upon actuarial projections of assets and liabilities for the current and succeeding plan years, as described under section 432(b)(3)(B) of the Code. These projections are based on reasonable actuarial estimates, assumptions, and methods that offer my best estimate of anticipated experience under the Plan. The projected present value of Plan liabilities as of the beginning of the Plan Year was determined based on a projection of the actuarial valuation of the Plan as of January 1, 2021. The projections of Plan assets are based on information provided by the Plan’s investment consultant and the assumption that future net investment returns will be 7.3% per year, beginning January 1, 2022.

This certification is also based on projections of future industry activity and covered employment levels, which are based on information provided in good faith by the Plan Sponsor. This certification assumes that the current terms of the collective bargaining agreements under which contributions are made to the Plan will remain in effect for all succeeding plan years. Projections of employer contributions for purposes of determining critical and declining status, however, assume that each contributing employer currently in compliance with the adopted rehabilitation plan will continue to be in compliance.

To the best of my knowledge, this certification complies with all applicable Actuarial Standards of Practice.

Certified by:



Jonathan M. Feldman, F.S.A.
Horizon Actuarial Services, LLC
8601 Georgia Avenue, Suite 700
Silver Spring, MD 20910

Phone Number: (240) 247-4514
Enrollment Number: 20-06980
Date: March 31, 2022

PENSION PLAN OF THE NATIONAL RETIREMENT FUND
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**REHABILITATION PLAN OF THE
NATIONAL RETIREMENT FUND (THE “FUND”)¹
AS UPDATED FOR 2011**

I. INTRODUCTION

The Pension Protection Act of 2006 (the “PPA”) created new funding classifications for multiemployer pension plans. These funding classifications impose requirements on the Fund’s Board of Trustees (the “Board”) to improve the Fund’s funding levels. On March 31, 2010, the Fund’s actuary certified that the Fund is in critical status. Once the Fund enters critical status, the Board is responsible for the implementation of a rehabilitation plan for the Fund (the “Rehabilitation Plan”), which will enable the Fund to emerge from critical status by January 1, 2023. This Rehabilitation Plan is effective April 1, 2010, as updated for 2011, and amends the Fund’s plan document.

This Rehabilitation Plan does not reduce the level of a Participant’s accrued benefit as of June 1, 2010 payable on the Normal Retirement Date. The benefits of the Fund’s retirees and beneficiaries with benefit commencement dates prior to June 1, 2010 shall not be affected by this Rehabilitation Plan.

All collective bargaining agreements that are agreed to, renewed or extended on or after May 1, 2010 must comply with the Rehabilitation Plan. The Board has the sole and absolute authority to amend, construe, and apply the provisions of the Rehabilitation Plan, including the Schedules (as defined below); provided, however, pursuant to ERISA Section 305(e)(3)(B)(iii), the schedule of contribution rates provided by the Board to the bargaining parties, and which are adopted by the bargaining parties, shall remain in effect for the duration of

¹ Effective September 24, 2010, the name of the Fund was changed from “UNITE HERE National Retirement Fund” to “National Retirement Fund.”

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that collective bargaining agreement or, if applicable, participation agreement. Unless otherwise expressly indicated herein, all capitalized terms used in this Rehabilitation Plan and the Schedules have the same definition assigned to such capitalized term by the governing documents of the Fund.

II. EFFECTIVE DATES

This Rehabilitation Plan consists of two schedules, the Preferred Schedule and the Default Schedule (collectively, the “Schedules”). The Schedules set forth future benefit accrual and contribution rates the Fund will permit under the Rehabilitation Plan. The Fund’s participating Employers and Unions are responsible, through collective bargaining, for choosing whether the Preferred Schedule or the Default Schedule will apply to their collective bargaining agreement. With certain exceptions as outlined in Sections VII and VIII below, regardless of whether the bargaining parties adopt a Schedule immediately, or sometime in the future, the Board has adopted an across-the-board forty percent (40%) reduction in future benefit accruals effective January 1, 2011 for all active Participants in the Fund.

Under the PPA, participating Employers are required to pay to the Fund an automatic surcharge in addition to the contributions otherwise required under each Employer’s collective bargaining agreement. Commencing June 1, 2010, the surcharge is five percent (5%) of the required contributions and ten percent (10%) (*i.e.*, an additional five (5%) percent) beginning January 1, 2011. Participants do not accrue any benefits on either surcharge. These additional contributions are due at the same time that the regular contributions are due to the Fund. If a contributing Employer fails to pay the surcharge, the surcharge payment is treated as a delinquent contribution pursuant to ERISA Section 515. The automatic Employer surcharge

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shall cease when the bargaining parties adopt either the Preferred Schedule or the Default Schedule.

III. CONTRIBUTION REDUCTIONS PROHIBITED

Beginning on April 1, 2010, the PPA requires that the Fund not accept a collective bargaining agreement and/or participation agreement that provides for a reduction in the level of contributions for any Participants, a suspension of contributions with respect to any period of service, or any new direct or indirect exclusion of younger or newly hired employees from participation in the Fund.

IV. ELIMINATION OF PRE-RETIREMENT DEATH BENEFIT GUARANTEED PAYMENTS

As of January 1, 2011, except for the fifty percent (50%) joint and survivor benefit payable to married participants and domestic partners, all pre-retirement non-elective guaranteed period death benefits and other lump sum death benefits will be eliminated for all active and terminated vested Participants in the Fund.

V. BENEFIT INCREASES

Beginning on April 1, 2010, the PPA requires that the Fund's plan document not be amended to increase benefits, including future benefit accruals, unless the Fund's actuary certifies that the benefit increase is consistent with the Rehabilitation Plan and not paid for with contributions required by the Rehabilitation Plan.

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VI. PREFERRED SCHEDULE

This is the Preferred Schedule for the National Retirement Fund's Rehabilitation Plan. The Preferred Schedule will apply to participating Employers and Unions that have adopted it.

A. Contributions Rate Increases

The Preferred Schedule requires annually compounded contribution rate increases as set forth below. The appropriate rate from the below chart is to be compounded annually as of the first anniversary of the contribution rate increase during the term of the bargaining parties' collective bargaining agreement.* The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements expiring, reopened, or renewed in the calendar quarter of the year noted.

For example, if the bargaining parties to XYZ CBA adopt the Preferred Schedule on September 1, 2010, the 6.5% contribution rate increase would apply to the XYZ CBA for contributions made into the Fund subsequent to September 1, 2010. On September 1, 2011, another 6.5% increase would be added on top of the already increased contribution rate. A 6.5% increase would be added on each September 1st thereafter, for the life of the XYZ CBA. At the expiration of the XYZ CBA, it is anticipated that the 6.5% annually compounded increase will continue for the term of the renewed XYZ CBA (and any renewals thereafter until 2019). The Board, however, has the ability to change the contribution rate increase at the expiration of the XYZ CBA depending on the Fund's experience under the Rehabilitation Plan. Under this Preferred Schedule example, the employer would have been paying the 5% automatic surcharge beginning June 1, 2010 through the adoption of the Preferred Schedule on September 1, 2010.

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Preferred Schedule Contribution Rate Increases

	<u>1st quarter</u>	<u>2nd quarter</u>	<u>3rd quarter</u>	<u>4th quarter</u>
2010		6.40%	6.50%	6.60%
2011**	6.80%	6.90%	7.10%	7.20%
2012***	7.30%	7.50%	7.70%	8.20%
2013***	8.60%	9.00%	9.40%	9.80%

Rates for renewals after Q1 2012 are subject to revision. Rates shown in grey are for information purposes only. The contribution rate increase percentage will be revised on annual basis, as necessary, in compliance with the PPA.

* All rates subject to change in the future, except during the term of a CBA.

** If the Bargaining Parties adopt the Preferred Schedule anytime in 2011, the contribution increase shown in the chart will be in addition to the first 5% surcharge effective 6/1/2010, but in place of the additional 5% surcharge effective 1/1/2011.

*** If the Bargaining Parties adopt the Preferred Schedule anytime in 2012 or later, the contribution increase shown in the chart will be in addition to the first 5% surcharge effective 6/1/2010 and the additional 5% surcharge effective 1/1/2011.

Option #1: Bargaining parties that choose the Preferred Schedule may opt to make contributions in excess of its required contributions under the Preferred Schedule to provide additional benefits for its employees (the “Additional Benefit”). Such Additional Benefit shall be calculated using the fifty cent multiplier formula for every additional cent contributed (*i.e.*, for every cent contributed, a participant accrues a benefit of fifty cents (50¢) per month per year of service).

Option #2 (The Modified Preferred Schedule): Bargaining parties that choose the Modified Preferred Schedule may opt to delay implementation of all the contribution rate increases until January 1, 2012 at the latest. All other terms in the Preferred Schedule apply to the Modified Preferred Schedule. The appropriate rate from the below chart is to be compounded annually as of the first anniversary of the contribution rate increase during the term

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of the bargaining parties' collective bargaining agreement.* The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements expiring, re-opened, or renewed in the calendar quarter of the year noted.

For example, if the bargaining parties to ABC CBA adopt the Modified Preferred Schedule on July 1, 2010, but the employer wishes to delay all contribution increases until January 1, 2011, the 7.4% contribution rate increase would apply to the ABC CBA for contributions made into the Fund subsequent to January 1, 2011. On January 1, 2012, another 7.4% increase would be added on top of the already increased contribution rate. A 7.4% increase would be added on each January 1st thereafter, for the life of the ABC CBA. At the expiration of the ABC CBA, it is anticipated that the 7.4% annually compounded increase will continue for the term of the renewed ABC CBA (and any renewals thereafter until 2019). The Board, however, has the ability to change the contribution rate increase at the expiration of the ABC CBA depending on the Fund's experience under the Rehabilitation Plan. Under this Modified Preferred Schedule example, the employer would have only paid the 5% automatic surcharge on its June 2010 contributions and ceased paying the surcharges on July 1, 2010.

Modified Preferred Schedule Contribution Rate Increases^{**}

	<u>1st quarter</u>	<u>2nd quarter</u>	<u>3rd quarter</u>	<u>4th quarter</u>
2010		6.40%	6.70%	7.00%
2011	7.40%	7.80%	8.20%	8.50%
2012	8.80%			

Rates for renewals after Q1 2012 are subject to revision. The contribution rate increase percentage will be revised on annual basis, as necessary, in compliance with the PPA.

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* All rates subject to change in the future, but not during the term of a CBA.

** The rates in the chart are guaranteed if the Modified Preferred Schedule is adopted prior to April 1, 2012.

B. Future Benefit Accrual Rates

The Fund has adopted an across-the-board forty percent (40%) reduction in future benefit accruals effective January 1, 2011 for all participants in the Fund, except as noted in Section VIII.

C. Elimination of Certain Adjustable Benefits

For those active and terminated vested Participants not yet receiving pension benefits, all non-elective guaranteed period death benefits and other lump sum death benefits payable after retirement are eliminated on the later of (i) January 1, 2011 and (ii) the date on which the Preferred Schedule is applicable to a Participant.

D. Collective Bargaining Agreements with Future Pension Contribution Increases

Bargaining parties with a current collective bargaining agreement that requires future pension contribution increases² during the term of the collective bargaining agreement will be permitted, under certain circumstances set forth below, to use those increases for purposes of offsetting the contribution increases under the Preferred Schedule and/or buying their participants an Additional Benefit. Employers that had a contribution increase under a collective bargaining agreement due from January 1, 2010 through May 31, 2010 were required to adopt the Preferred Schedule on or prior to June 1, 2010 to use the increase towards offsetting the contribution increases under the Preferred Schedule and/or buying their participants an

² For purposes of clarification, “future pension contribution increases” do not include the automatic surcharges or contributions required pursuant to any merger agreements.

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Additional Benefit. Bargaining parties that have increases due subsequent to June 1, 2010 are required to adopt the Preferred Schedule prior to the effective date of the contribution increase to use the increase towards offsetting the contribution increases under the Preferred Schedule and/or buying their participants an Additional Benefit.

If the bargaining parties do not adopt the Preferred Schedule within the timelines set forth above, the contribution increases due under the collective bargaining agreement are subject to the automatic surcharges and the contribution increases under the Rehabilitation Plan. Under no circumstances are the bargaining parties permitted to reduce or eliminate these contribution increases.

For example, a collective bargaining agreement has a term of January 1, 2009 through December 31, 2013 and requires a 15¢ increase on each anniversary of January 1, 2009. The bargaining parties would need to adopt the Preferred Schedule on or prior to June 1, 2010 to reallocate the January 1, 2010 15¢ increase to the 6.4% contribution increase due under the Preferred Schedule. The bargaining parties would be permitted to use any additional amounts left over from the 15¢ to buy their employees an Additional Benefit.

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VII. DEFAULT SCHEDULE

This is the Default Schedule for the National Retirement Fund's Rehabilitation Plan. The Default Schedule will apply to Participating Employers and Unions (the "Bargaining Parties") that have adopted it or to those Bargaining Parties that have failed to adopt the Preferred Schedule within 180 days following the expiration of the Bargaining Parties' collective bargaining agreement.

A. Contribution Rate Increases

The Default Schedule requires contribution rate increases as set forth below.* The Default Schedule requires an immediate one-time increase (except as may be adjusted by the Board pursuant to the PPA) in employer contributions. The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements expiring, re-opened, or renewed in the calendar quarter of the year noted.

For example, OPQ CBA expires on May 4, 2010. If the bargaining parties to OPQ CBA fail to adopt the Preferred Schedule by October 31, 2010 (180 days from the expiration of the OPQ CBA), the Board will impose the Default Schedule on them, effective November 1, 2011. The 56% contribution rate increase would apply to the OPQ CBA for contributions made into the Fund subsequent to October 31, 2010. This contribution rate would not change for the life of the OPQ CBA. At the expiration of the OPQ CBA, it is anticipated that the 56% increase will continue for the term of the renewed OPQ CBA (and any renewals thereafter until 2021). The Board, however, has the ability to change the contribution rate increase at the expiration of the OPQ CBA depending on the Fund's experience under the Rehabilitation Plan. Under this Default Schedule Example, the employer would have been

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paying the 5% automatic employer surcharge beginning June 1, 2010 through its adoption of the Default Schedule on October 31, 2010.

Default Schedule Contribution Rate Increases

	1st quarter	2nd quarter	3rd quarter	4th quarter
2010		51.00%	53.00%	56.00%
2011	59.00%	61.00%	63.00%	65.00%
2012	67.00%	68.00%	70.00%	73.00%
2013	75.00%	77.00%	79.00%	82.00%

Rates for renewals after Q1 2012 are subject to revision. Rates shown in grey are for information purposes only. The contribution rate increase percentage will be revised on annual basis, as necessary, in compliance with the PPA.

* All rates subject to change in the future, except during the term of a CBA.

B. Future Benefit Accrual Rates

In most cases, a Participant will accrue benefits under the Fund, on and after the date on which the Default Schedule is applicable to such Participant, in an amount that produces a monthly benefit (payable as a single life annuity commencing at the Participant's Normal Retirement Date) equal to the lesser of (1) a nineteen cent (19¢) benefit per penny contributed under the collective bargaining agreement in effect as of January 1, 2010 or (2) the accrual rate in effect with respect to such Participant under the collective bargaining agreement in effect as of January 1, 2010. Participants covered under the former H.E.R.E.I.U. Local 54 Pension Fund terms or the former Alaska HERE Pension Fund terms will accrue a benefit on and after the date on which the Default Schedule is applicable to such Participant equal to 1% of contributions made after such date based on the contribution rate in effect as of January 1, 2010.

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C. Elimination of Certain Adjustable Benefits

For those active and terminated vested Participants not yet receiving pension benefits, all non-elective guaranteed period death benefits and other lump sum death benefits payable after retirement are eliminated for future accruals only on the later of (i) January 1, 2011 and (ii) the date on which the Default Schedule is applicable to a Participant. In addition, Disability Retirement Pension Benefits are eliminated as of the date on which the Default Schedule is applicable to a Participant.

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VIII. SMOOTHING OF BENEFIT ACCRUALS FOR PARTICIPANTS OF CERTAIN MERGED-IN PENSION FUNDS - PREFERRED SCHEDULE ONLY

The Board adopted, as part of the Fund's Rehabilitation Plan, a method to smooth the benefit accruals of the plan participants of the former H.E.R.E.I.U. Fund, Local 471 Fund (Upstate New York Hotel Employees and Restaurant Employees Pension Fund), Local 11 Fund (Santa Monica Fund), Local 17 Fund (Minnesota On Sale Fund), Local 355 Fund (Miami Hotel Fund) and Local 107 Fund (Laundry & Dry Cleaning Pension Plan) (collectively, the "Bump Up Funds"). Those employers that previously contributed to one of the Bump Up Funds and currently have portions of their contributions being used to pay down the Fund's unfunded liability were scheduled, under the terms of their respective merger agreements, to have a "bump up" date in the future. The Preferred Schedule includes a trade off of some of the "bump up" for a lesser decrease of future benefit accruals for active Participants. The smoothing shall take effect on the later of January 1, 2011 or the date that the Preferred Schedule is adopted. The attached Exhibits provide examples of the smoothed accrual rate for each of the Bump Up Funds.

IX. UPDATES TO REHABILITATION PLAN; ANNUAL STANDARDS

The Trustees shall annually update the Rehabilitation Plan on or before December 31 of each plan year. The Fund shall be tested each year while in critical status, not later than the 90th day of each plan year, to determine whether the Rehabilitation Plan is on target to exit critical status by January 1, 2023—that is, that the Fund is projected to have a positive credit balance in its funding standard account for the 2023 plan year and the nine succeeding plan years, without regard to the use of the shortfall funding method, but taking into account any extensions of amortization periods under Internal Revenue Code Section 431(d). Such

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projections shall take into account the annual updates to the Rehabilitation Plan adopted by the Trustees.

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Exhibit 1 - Example of H.E.R.E.I.U. Fund

Hourly Contribution	<u>Rate</u>	Expected Accrual			<u>Smoothed Accrual</u>
		<u>Under Current Plan</u>	<u>40% Reduction</u>	<u>Under Current Plan</u>	
2010	0.92	\$27.40	n/a	n/a	
2011	1.02	\$29.00	\$17.40	\$27.00	
2012	1.12	\$30.60	\$18.36	\$27.00	
2013	1.22	\$32.20	\$19.32	\$27.00	
2014	1.32	\$33.80	\$20.28	\$27.00	
2015	1.37	\$35.40	\$21.24	\$27.00	

For example, in 2011 the accrual rate for a former H.E.R.E.I.U. participant would have been an additional \$29.00 per month added to the participant's monthly accrued benefit at 1/1/2011. The 40% reduction would have reduced that accrual to \$17.40; however, the accrual under the "bump up" smoothing will be \$27.00.

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**Exhibit 2 - Example of Local 471 Fund (Upstate New York Hotel Employees and
Restaurant Employees Pension Fund)**

	Hourly Contribution	Expected Accrual Under <u>Current Plan</u>			Smoothed Accrual
		<u>Rate*</u>	<u>40% Reduction</u>		
2010	0.50	\$6.25	n/a		n/a
2011	0.50	\$6.25	\$3.75		\$4.49

* accruing benefits after 2009

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Exhibit 3 - Example of Local 11 Fund (Santa Monica Fund)

	Hourly Contribution	Expected Accrual			
		<u>Rate</u>	<u>Current Plan</u>	<u>40% Reduction</u>	<u>Smoothed Accrual</u>
2010	0.50	\$18.75	n/a	n/a	
2011	0.50	\$18.75	\$11.25	\$12.34	

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Exhibit 4 - Example of Local 17 Fund (Minnesota On Sale Fund)

	Hourly Contribution	Expected Accrual			
		<u>Rate</u>	<u>Current Plan</u>	40% <u>Reduction</u>	Smoothed <u>Accrual</u>
2010	0.60	\$ 15.50	n/a	n/a	
2011	0.60	\$ 15.50	\$9.30	\$12.73	

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Exhibit 5 - Example of Local 355 Fund (Miami Hotel Fund)

	Monthly Contribution	Expected Accrual Under			
		<u>Rate</u>	<u>Current Plan</u>	40% Reduction	Smoothed <u>Accrual</u>
2010	\$25.00	\$6.47	n/a	n/a	
2011	\$25.00	\$6.47	\$3.88	\$4.05	

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Exhibit 6 - Example of Local 107 Fund (Laundry & Dry Cleaning Pension Plan)

	Monthly Contribution	Expected Accrual Under			
		<u>Rate</u>	<u>Current Plan</u>	40% Reduction	Smoothed <u>Accrual</u>
2010	\$60.55		\$13.13	n/a	n/a
2011	\$60.55		\$13.13	\$6.75	\$7.76

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Schedule R, Update of Rehabilitation Plan

In the Fund's original rehabilitation plan, created during the 2010 plan [calendar] year, contribution increases required under either the preferred or default schedule were to take effect on the date of renewal of the collective-bargaining agreement and then be compounded annually at the same rate on each subsequent calendar anniversary of that renewal through and including 2021. The Board of Trustees updated the rehabilitation plan during 2011 so that the required contribution increases would continue to be compounded annually at the same rate on each subsequent calendar anniversary of renewal but only through and including 2019.

Rehabilitation Plan of the Legacy Plan (the "Legacy Plan")¹ of the National Retirement Fund (the "Fund") As Updated for 2018

I. Introduction

The Pension Protection Act of 2006 (the "PPA") created new funding classifications for multiemployer pension plans. These funding classifications impose requirements on the Legacy Plan's Board of Trustees (the "Board") to improve the Legacy Plan's funding levels. On March 31, 2010, the Legacy Plan's actuary certified that the Legacy Plan was in critical status. Once the Legacy Plan enters critical status, the Board is responsible for the implementation of a rehabilitation plan for the Legacy Plan (the "Rehabilitation Plan"), which will enable the Legacy Plan to emerge from critical status by January 1, 2023, or if the Board determines that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Legacy Plan cannot reasonably be expected to emerge from critical status by January 1, 2023, reasonable measures to emerge from critical status at a later time or to forestall possible insolvency. This updated Rehabilitation Plan is effective January 1, 2018, and amends the Legacy Plan's plan document.

This Rehabilitation Plan does not reduce the level of a Participant's accrued benefit as of January 1, 2018 payable on the Normal Retirement Date. The benefits of the Legacy Plan's retirees and beneficiaries that are in payment and have benefit commencement dates prior to January 1, 2018 shall not be affected by this updated Rehabilitation Plan.

All collective bargaining agreements that are agreed to, renewed or extended on or after January 1, 2018 must comply with the updated Rehabilitation Plan. The Board has the sole and absolute authority to amend, construe, and apply the provisions of the Rehabilitation Plan, including the Schedules (as defined below); provided, however, pursuant to ERISA Section 305(e)(B)(iii), the schedule of contribution rates provided by the Board to the bargaining parties, and which are adopted by the bargaining parties, shall remain in effect for the duration of that collective bargaining agreement or, if applicable, participation agreement. Unless otherwise expressly indicated herein, all capitalized terms used in this Rehabilitation Plan and the Schedules have the same definition assigned to such capitalized term by the governing documents of the Legacy Plan.

The purpose of this updated Rehabilitation Plan is to increase the number of contribution rate increases required under the Preferred Schedule (which also includes the Modified Preferred Schedule) by three. Effective December 31, 2017, a portion of the Legacy Plan's assets and liabilities was transferred to the Legacy Plan of the UNITE HERE Retirement Fund. This transfer required approval by the Pension Benefit Guaranty Corporation ("PBGC"), and the PBGC approved the transfer under the condition that the Fund increase the number of contribution rate increases required under the Rehabilitation Plan by three.

¹ Effective January 1, 2015, the name of the Legacy Plan was changed from "The Pension Plan of the National Retirement Fund" to "The Legacy Plan of the National Retirement Fund."

II. Effective Dates

This Rehabilitation Plan consists of two schedules, the Preferred Schedule and the Default Schedule (collectively, the "Schedules"). The Schedules set forth future benefit accrual and contribution rates the Legacy Plan will permit under the Rehabilitation Plan. The Legacy Plan's participating Employers and Unions are responsible, through collective bargaining, for choosing whether the Preferred Schedule or the Default Schedule will apply to their collective bargaining agreement. Regardless of whether the bargaining parties adopt a Schedule immediately, or sometime in the future, the Board adopted an across-the-board freeze in future benefit accruals, effective January 1, 2015, for all Participants in the Legacy Plan.

Under the PPA, participating Employers are required to pay to the Legacy Plan an automatic surcharge in addition to the contributions otherwise required under each Employer's collective bargaining agreement. Commencing June 1, 2010, the surcharge is five percent (5%) of the required contributions and ten percent (10%) (i.e., and additional five percent (5%)) beginning January 1, 2011. Participants do not accrue any benefits on either surcharge. These additional contributions are due at the same time that the regular contributions are due to the Legacy Plan. If a contributing employer fails to pay the surcharge, the surcharge payment is treated as a delinquent contribution pursuant to ERISA Section 515. The automatic Employer surcharge shall cease when the bargaining parties adopt either the Preferred Schedule or the Default Schedule.

III. Contribution Allocation

Effective January 1, 2015, contributions to the Fund were, and are, allocated between the Legacy Plan and the Adjustable Plan of the National Retirement Fund (the "Adjustable Plan"). With the exception of contributions for Additional Benefits, the contribution rate increases specified in this Rehabilitation Plan apply to the contribution rate in effect on December 31, 2009, which will subsequently be allocated between the Legacy Plan and the Adjustable Plan. This Rehabilitation Plan prohibits the Fund from accepting a collective bargaining agreement and/or participation agreement that provides for a reduction in the level of contributions other than the reduction in contributions allocated to the Legacy Plan due to the portion of a participating Employer's contribution rate that is apportioned to the Adjustable Plan. In addition, this Rehabilitation Plan prohibits the Fund from accepting a collective bargaining agreement and/or participation agreement that provides for a suspension of contributions with respect to any period of service, or any new direct or indirect exclusion of younger or newly hired employees from participation in the Fund.

Contributions for Additional Benefits will be allocated to the Adjustable Plan and are not subject to the contribution rate increases contained in this updated Rehabilitation Plan and may be increased, decreased or eliminated, subject to collective bargaining.

IV. Benefit Changes

All benefit changes adopted under the prior version of the Rehabilitation Plan continue under this updated Rehabilitation Plan, with the exception of future benefit accruals, which ceased in the

Legacy Plan, effective January 1, 2015. Effective January 1, 2015, benefits accrue for active Participants of the Adjustable Plan.

V. Preferred Schedule

This is the Preferred Schedule for the Legacy Plan's updated Rehabilitation Plan. The Preferred Schedule will apply to participating Employers and Unions who have adopted it. The Preferred Schedule includes the option exercised by certain employers to adopt contribution rate increases under the Modified Preferred Schedule.

A. Contribution Rate Increases - Preferred Schedule

The Preferred Schedule requires annually compounded contribution rate increases as set forth in the charts below. The contribution rate increases required prior to 2015 are in the chart entitled "Original Preferred Schedule Contribution Rate Increases - Prior to 2015" and the revised contribution rate increases, which went into effect in 2015 and were extended by three years in 2018, are in the chart entitled "Revised Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018." The revised contribution rate increases are smaller than the original increases and more contribution rate increases are required. The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements, based on the calendar year and quarter the Preferred Schedule contribution rate increase originally went into effect. The first increase under the revised Preferred Schedule occurred in 2015, on the anniversary of the first required contribution rate increase under the Preferred Schedule.

For example, if the bargaining parties to XYZ CBA adopted the Preferred Schedule on September 1, 2010, under the original Preferred Schedule, the employer would have been required to make 6.50% contribution rate increases each year on September 1, with the first increase effective for contributions received on or after September 1, 2010 and the last increase effective for contributions received on or after September 1, 2021, for a total of 12 contribution rate increases. As a result, the contribution rate for contributions received on or after September 1, 2021 would equal 213% of the contribution rate that had been in effect before the first required contribution rate increase took effect on September 1, 2010. Under the revised Preferred Schedule, as updated in 2018, starting with contributions received on or after September 1, 2015, the contribution rate increase is 4.66% (as compared with 6.50% under the original Preferred Schedule), and the last increase is effective for contributions received on or after September 1, 2026 (as compared with September 1, 2021 under the original Preferred Schedule), for a total of 17 contribution rate increases. As a result, the contribution rate for contributions received on or after September 1, 2026 would equal 237% (as compared with 213% under the original Preferred Schedule) of the contribution rate that had been in effect before the first required contribution rate increase took effect on September 1, 2010.

At the expiration of the XYZ CBA, it is anticipated that the 4.66% annually compounded increase will continue for the term of the renewed XYZ CBA (and any renewals thereafter until the last contribution rate increase on September 1, 2026). The Board, however, has the ability to change the contribution rate increase at the expiration of the XYZ CBA, depending on the Legacy Plan's experience

under the Rehabilitation Plan. Under this Preferred Schedule example, the employer would have been paying the 5% automatic surcharge beginning June 1, 2010 through the adoption of the Preferred Schedule on September 1, 2010.

Original Preferred Schedule Contribution Rate Increases - Effective Prior to 2015

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		6.40%	6.50%	6.60%	12	2021
TCI		211%	213%	215%		
2011	6.80%	6.90%	7.10%	7.20%	11	2021
TCI	217%	219%	223%	226%		
2012	7.30%	7.50%	7.70%	8.20%	10	2021
TCI	223%	227%	231%	242%		
2013	8.60%	9.00%	9.40%	9.80%	9	2021
TCI	231%	239%	247%	255%		
2014	10.30%	10.90%	11.60%	12.50%	8	2021
TCI	241%	252%	265%	282%		

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above are for years prior to 2015
3. For agreements adopted in 2011, rates above are in addition to 5% surcharge
4. For agreements adopted in 2012, 2013 or 2014, rates above are in addition to 10% surcharge

Revised Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		4.56%	4.66%	5.00%	17	2026
TCI		233%	237%	247%		
2011	5.15%	5.10%	5.00%	5.10%	15	2025
TCI	237%	237%	236%	240%		
2012	5.98%	5.90%	5.81%	5.60%	13	2024
TCI	243%	242%	242%	240%		
2013	6.68%	6.60%	6.82%	7.10%	12	2024
TCI	248%	248%	255%	263%		
2014	8.35%	8.65%	8.95%	9.25%	11	2024
TCI	271%	280%	289%	300%		

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above became effective in 2015
3. The # of Increases includes pre-2015 increases and was increased by three in 2018

4. Year of Last Increase was increased by three in 2018
5. All rates are subject to change in the future, except during the term of a CBA

B. Contribution Rate Increases - Modified Preferred Schedule

Bargaining parties who chose the Modified Preferred Schedule opted to delay implementation of all the contribution rate increases until January 1, 2012 at the latest. All other terms of the Preferred Schedule apply to the Modified Preferred Schedule. The Modified Preferred Schedule requires annually compounded contribution rate increases as set forth in the charts below. The contribution rate increases required prior to 2015 are in the chart entitled "Original Modified Preferred Schedule Contribution Rate Increases - Prior to 2015" and the revised contribution rate increases, which went into effect in 2015 and were extended by three years in 2018, are in the chart entitled "Revised Modified Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018." The revised contribution rate increases are smaller than the original increases and more contribution rate increases are required. The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements, based on the calendar year and quarter the Modified Preferred Schedule contribution rate increase originally went into effect. The first increase under the revised Modified Preferred Schedule occurred in 2015, on the anniversary of the first required contribution rate increase under the Modified Preferred Schedule.

For example, if the bargaining parties to ABC CBA adopted the Modified Preferred Schedule on July 1, 2010, but the employer delayed all contribution increases until January 1, 2011, under the original Modified Preferred Schedule, the employer would have been required to make 7.40% contribution rate increases each year on January 1, with the first increase effective for contributions received on or after January 1, 2011 and the last increase effective for contributions received on or after January 1, 2021, for a total of 11 contribution rate increases. As a result, the contribution rate for contributions received on or after January 1, 2021 would equal 219% of the contribution rate that had been in effect before the first required contribution rate increase took effect on January 1, 2011. Under the revised Modified Preferred Schedule, as updated in 2018, starting with contributions received on or after January 1, 2015, the contribution rate increase is 5.64% (as compared with 7.40% under the original Modified Preferred Schedule), and the last increase is effective for contributions received on or after January 1, 2025 (as compared with January 1, 2021 under the original Modified Preferred Schedule), for a total of 15 contribution rate increases. As a result, the contribution rate for contributions received on or after January 1, 2026 would equal 243% (as compared with 219% under the original Modified Preferred Schedule) of the contribution rate that had been in effect before the first required contribution rate increase took effect on January 1, 2011.

At the expiration of the ABC CBA, it is anticipated that the 5.64% annually compounded increase will continue for the term of the renewed ABC CBA (and any renewals thereafter until the last contribution rate increase on January 1, 2025). The Board, however, has the ability to change the contribution rate increase at the expiration of the ABC CBA, depending on the Legacy Plan's experience under the Rehabilitation Plan.

Original Modified Preferred Schedule Contribution Rate Increases - Effective Prior to 2015

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		6.40%	6.70%	7.00%	12	2021
TCI		211%	218%	225%		
2011	7.40%	7.80%	8.20%	8.50%	11	2021
TCI	219%	228%	238%	245%		
2012	8.80%				10	2021
TCI	232%					

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above are for years prior to 2015

Revised Modified Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		4.56%	4.66%	4.76%	17	2026
TCI		233%	239%	245%		
2011	5.64%	5.45%	5.50%	5.70%	15	2025
TCI	243%	242%	247%	255%		
2012	6.97%				13	2024
TCI	253%					

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above became effective in 2015
3. The # of Increases includes pre-2015 increases and was increased by three in 2018
4. Year of Last Increase was increased by three in 2018

C. Benefit Changes

See Section IV above.

VI. Default Schedule

This is the Default Schedule of the Legacy Plan's Rehabilitation Plan. The Default Schedule applies to Participating Employers and Unions (the "Bargaining Parties") who have adopted it or to those Bargaining Parties who have failed to adopt the Preferred Schedule within 180 days following the expiration of the Bargaining Parties' collective bargaining agreement.

A. Contribution Rate Increases

The contribution rate increase adopted under the prior version of the Rehabilitation Plan continue under this updated Rehabilitation Plan. The Default Schedule requires an immediate one-time increase in employer contributions (except as may be adjusted by the Board pursuant to the PPA), per the terms of the original Rehabilitation Plan. For employers who are already contributing at contribution rates that reflect the Default Schedule contribution rate increase, no further contribution rate increases are required.

B. Benefit Changes

See Section IV above.

VII. Rehabilitation Plan Benchmarks

The Rehabilitation Plan must consist of a combination of benefit reductions and/or increases in employer contributions designed to emerge from critical status by January 1, 2023, or if the Board determines that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Legacy Plan cannot reasonably be expected to emerge from critical status by January 1, 2023, reasonable measures to emerge from critical status at a later time or to forestall possible insolvency.

The Board has determined that all reasonable measures have been taken because, effective January 1, 2015, future benefit accruals have been frozen in the Legacy Plan and contribution rate increases continue to be required, per the updated Schedules. It was deemed unreasonable to require contribution rate increases beyond those in the updated Schedules, because such contribution increases would cause a significant number of the participating employers to either withdraw from the Plan or become unable to continue in business, thus further undermining the Plan's funding. In addition, the increased employer contributions would result in lower negotiated wages for Participants and/or decreased employer contributions to other benefit plans covering the same Participants. In 2018, following the transfer of a portion of the Legacy Plan's assets and liabilities to the Legacy Plan of the UNITE HERE Retirement Fund, the Trustees updated the Preferred Schedule to include three additional contribution rate increases, as required by the PBGC. The Rehabilitation Plan benchmark is projecting solvency for a 20-year projection period.

The Board will review the Rehabilitation Plan and schedules annually and make changes, as appropriate, to satisfy the Rehabilitation Plan objective; provided however, that a schedule of contribution rates provided by the Board and relied upon by the bargaining parties in negotiating a collective bargaining agreement will remain in effect for the duration of that collective bargaining agreement, unless otherwise agreed by the bargaining parties.

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Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2022		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
TJX Controlled Group (dollar amount contributed: 13,504,027)					
Nbc Merchants, Inc. - Evansville, In	1001510	04-2906444	5/31/2017	1.15	Hours
Home Goods - Brownsburg In	1001651	04-3550298	1/31/2021	0.31	Hours
N B C Charlotte Merchants Inc	1006931			0.60	Hours
N B C Nevada Merchants In	1007444	04-2207613	12/31/2025	0.98	Hours
N B C Charlotte Merchants	1011883	04-3187200	12/31/2020	0.44	Hours
N B C Philadelphia Merchants, Inc.	1011901	04-3523668	12/31/2020	0.57	Hours
N B C Pittston Merchants	1011903	04-3523668	1/31/2025	0.38	Hours
N B C Nevada Merchants Inc - Manteca	1011936	04-3061360	12/31/2020	0.25	Hours
Marshalls,(Marmaxx)	1012161	43-438665	2/28/2021	0.68	Hours
Marshalls Of Ma, Inc., Decatur Ga	1012165	43-438661	5/20/2021	0.69	Hours
Manhattan Beer Controlled Group (dollar amount contributed: 3,053,041)					
Manhattan Beer - Drivers	1001602	13-3992843	4/15/2019	3.21	Hours
Manhattan Beer - Forklift Driv	1001603	13-3992843	4/15/2019	1.48	Hours
Manhattan Beer	1001604	13-3992843	4/15/2019	1.03	Hours
Manhattan Beer - Helpers	1002049	13-3992843	4/15/2019	1.35	Hours
Aramark Controlled Group (dollar amount contributed: 2,383,391)					
Aramark Ed Svcs #0833 Indiana State Univ Of Penn	190196		10/31/2022	2.32	Hours
Aramark Business Svcs. Llc - Huntington Ingalls	540002		3/31/2025	2.12	Hours
Aramark Services Inc. Univ. Of Penn Steinberg Ctr	560024		9/30/2021	2.12	Hours
Aes @ St. Joseph'S Univ. (St. Joe'S Hawk Hill)	560077		6/30/2018	2.29	Hours
Aramark Services Lock Haven University	560104		2/28/2017	1.84	Hours
Aramark Chicago, Il	1001528		9/25/2020	20.34	Weeks
Aramark Reading, Pa	1001541		3/25/2022	0.26	Hours
Aramark B/Green	1001619		2/28/2022	59.13	Months
Aramark Wixom	1001667		6/2/2017	18.42	Weeks
Aramark - Savannah, Ga	1001709		3/19/2020	0.33	Hours
Aramark Dayton	1001732		7/30/2014	96.41	Months
Aramark St Louis, Mo	1001735		3/1/2019	0.34	Hours
Aramark Cinn, Oh	1001736		3/3/2017	86.73	Months
Aramark Uniform And Career Apparel - Syracuse, Ny	1001935		3/31/2023	10.29	Weeks
Aramark - Rochester	1001936		9/23/2017	7.71	Weeks
Aramark Uniform Services - Phoenix	1002054		3/31/2016	0.06	Hours
Aramark Uniform Svcs - Caspian	1002136		10/18/2015	7.71	Weeks
Aramark Uniform Houston	1002163		3/4/2022	6.44	Weeks
Aramark Uniform Svcs - Sikeston	1002164		2/11/2022	7.71	Weeks
Aramark Uniform Svcs - Granite	1002165		3/15/2019	7.71	Weeks
Aramark Uniform Services Pine Bluff	1002166		1/4/2016	7.71	Weeks
Aramark Uniform Svcs - Cleanroom Puerto Rico	1002176		2/16/2019	5.14	Weeks
Aramark Unif. Svcs. - Dallas, Tx Production (4301)	1002305		8/1/2025	5.14	Weeks
Aramark Oklahoma City, Ok	1002306		7/15/2016	5.14	Weeks
Aramark Tyler, Tx	1002307		8/5/2016	5.14	Weeks
Aramark Uniform Svcs - Fulton Mo	1002308		5/10/2019	5.14	Weeks
Aramark Uniform Svcs - Springfield Mo	1002310		2/1/2019	5.14	Weeks
Aramark Unif. & Car. Appar., Llc - Eugene, Or	1002380		4/5/2024	45.63	Months
Aramark Unif. & Car. Appar., Llc - Nw 23Rd Ave Por	1002382		4/5/2024	106.34	Months
Aramark Uniform & Career Apparel, Llc - Salem, Or	1002384		4/5/2024	69.46	Months
Aramark Unif. & Car. Apparel, Llc - Corvallis, Or	1002385		4/5/2024	59.51	Months
Aramark Uniform Svcs - Madison Wi	1002388		5/30/2014	2.06	Weeks
Aramark Tewksbury Hosp 4097	1002419		4/17/2014	0.16	Hours
Aramark Tewksbury Hosp 4076	1002420		4/17/2014	0.16	Hours
Aramark West Chester University	1002587		11/23/2015	0.01	Hours
Aramark Oglethorpe University	1002606		7/31/2020	0.01	Hours
Aramark Bus. And Ind., Llc @ Volvo - Dublin, Va	1038624		12/31/2024	0.07	Hours
Aramark - Temple University	1038705		5/31/2020	0.93	Hours
Aramark - Temple University Diamond Club	1038706		8/31/2020	0.91	Hours
Aes @ Edinboro University	1039512		6/30/2023	0.19	Hours
Aes Llc @ University Of Scranton	1039600		5/22/2022	0.16	Hours
Aramark Services Inc. @ At&T Irving, Tx	1039848		4/23/2025	0.07	Hours
Aramark Uniform & Career Apparel, Llc Mc544 Toledo	1012438		4/1/2022	77.92	Months
Aramark Uni & Career Apl Cleanroom 513 Los Angeles	1013109		12/31/2020	52.13	Months
Aramark Uniform & Career Apprl, Llc -586 Paramount	1013134		12/31/2020	52.13	Months

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Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2022		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Aramark Uniform & Career Appl Llc #650 - Riverside	1013174		12/31/2020	52.13	Months
Aramark Uniform & Career Apprl - 501 Los Angeles	1013175		12/31/2020	52.13	Months
Aramark Uniform & Career Apparel, Llc - 502 Sylmar	1013176		12/31/2020	52.13	Months
Aramark Uniform & Career Appl Llc #589 - Santa Ana	1013178		12/31/2020	52.13	Months
Aramark Uniform & Career Appl Llc Mc511 - San Jose	1013205		1/7/2022	53.25	Months
Aramark Uniform & Career Apparel Llc 518 - Hayward	1013206		1/7/2022	53.25	Months
Aramark Uniform & Career Appl Llc Mc516 Oakland Ca	1013207		1/7/2022	53.25	Months
Aramark Unif #502C -Oxnard	1013210		12/31/2020	52.13	Months
Aramark Uniform Services - Cherry Hill	1013412		12/31/2020	0.50	Hours
Aramark Unif. & Career Apparel - #506 Sacramento	1015998		4/5/2024	85.97	Months
Aramark Uniform And Career Apparel - #505 Redding	1016004		4/5/2024	85.97	Months
Aramark Uniform & Career Apparel Llc 504 - Modesto	1016028		10/3/2025	84.71	Months
Aramark Uniform & Career Apparel Llc #503 - Fresno	1016036		10/3/2025	84.71	Months
Aramark Unif & Career App #522 - San Diego	1016050		12/31/2020	75.16	Months
Aramark Uniform Serv.#517	1016055		5/7/2021	95.30	Months
Aramark Unif. & Car. Apprl, Llc #508 - Novato, Ca	1016068		6/27/2025	74.12	Months
Aramark Unif. & Car. Apprl, Llc #515 - So Sf	1016069		6/27/2025	74.12	Months
Aramark Uniform & Career Apparel Llc #502B Lompoc	1016073		12/31/2020	74.12	Months
Aramark Uniform & Career Apparel, Scranton Pa	1017283		5/7/2021	0.05	Hours
Aramark Sports Inc. - Pennsylvania Convention Cent	1019042		12/31/2020	0.32	Hours
Aramark Uniform & Career Apparel-Birmingham Al	1028250		3/12/2021	75.94	Months
Aramark Uniform & Career Apparel-Jacksonville Fl.	1028274		1/31/2021	75.94	Months
Aramark Uniform & Career App Llc - Orlando, Fl	1028275		3/12/2021	75.94	Months
Aramark Uni. & Career App, Llc- Pompano Beach, Fl	1028289		1/12/2024	75.94	Months
Aramark Uniform Services - Memphis Tn	1028292		1/12/2024	75.94	Months
Aramark Unif. & Car. Apparel, Llc - Durham, Nc Cr	1028296		1/24/2025	66.66	Months
Aramark Uniform And Career Apparel - Atlanta, Ga	1028300		1/15/2021	75.94	Months
Aramark Uniform & Career App, Llc - Charlotte, Nc	1028384		2/12/2021	75.94	Months
Sodexo Controlled Group (dollar amount contributed: 1,796,718)					
Sdh Education West, Llc @ Ohio Northern University	20067		5/31/2025	2.25	Hours
Sodexo, Inc. - Westminster College	190233		10/4/2022	2.16	Hours
Sodexo, Inc - University Of Sciences	560111		6/30/2019	2.21	Hours
Sodexo - Blythedale Children'S	1001786		8/31/2014	0.25	Hours
Sodexo - Rancho Los Amigos	1001807		10/31/2014	0.24	Hours
Sodexo - Shasta Reg Med Ctr	1001821		1/12/2019	0.19	Hours
Sodexo - Ocean Township	1001872		6/9/2021	0.19	Hours
Sodexo - Gateway Regional Hs	1001875		3/31/2021	0.19	Hours
Sodexo - Hollywood Presb Med	1001905		4/28/2013	0.18	Hours
Sodexo - Anaheim Memorial Med	1001915		11/23/2013	0.19	Hours
Sodexo - Cahokia School Distr	1001918		10/4/2021	0.19	Hours
Sodexo - Aurora E School Dist	1002017		8/30/2013	0.19	Hours
Sodexo - Hollywood Es	1002040		4/28/2013	0.19	Hours
Sodexo - West Allis	1002042		3/1/2015	0.12	Hours
Sodexo - Burlington Inst Tech	1002058		5/1/2019	0.19	Hours
Sodexo - Oklahoma Nutrition	1002093		8/5/2016	0.12	Hours
Sodexo - Hillsborough Com Col	1002120		6/30/2020	0.13	Hours
Sdh Education East, Llc - Univ. Of Wi Eau Claire	1002137		8/19/2025	0.18	Hours
Sodexo - Kipp School	1002184		7/31/2016	0.12	Hours
Sodexo - Hemet Valley #2552080	1002202		3/6/2014	0.11	Hours
Sodexo - Hemet Valley #2552081	1002203		3/6/2014	0.11	Hours
Sodexo - North Platte School	1002216		7/31/2019	0.12	Hours
Sodexo - Blythedale Children'S	1002256		12/31/2014	0.07	Hours
Centerplate, Inc @ Ind Conv Ctr & Lucas Oil Stad	1002352		2/8/2026	0.12	Hours
Sodexo - Stafford Twnsp School	1002357		9/23/2020	0.07	Hours
Sodexo - Forest Ridge/Bremen	1002401		3/20/2024	0.07	Hours
Sdh Education East, Llc @ Dillard University	1002465		3/31/2024	0.02	Hours
Sodexo - General Electric	1002476		12/31/2015	1.74	Hours
Sdh Education East, Llc @ Xavier University	1002478		3/31/2024	0.02	Hours
Sodexo - Texas Southern Univ	1002482		3/23/2018	0.01	Hours
Sdh Education East, Llc @ Prairie View A&M Univ.	1002483		4/13/2024	0.01	Hours
Sodexo - Billings Public Schl	1002536		7/31/2020	0.01	Hours
Sodexo Settlement Wu	1038646			0.55	Hours
Sodexo - General Electric Power	1038790			0.67	Hours

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Name of Contributing Employer	Shop #	EIN	MOST RECENT 2022		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Sodexo - Suny Albany	1038791			0.67	Hours
Sodexo - General Electric Evandale Plant 90 & 100	1038792		4/30/2021	0.66	Hours
Sodexo - Clark Atlanta University	1038793		2/29/2020	0.66	Hours
Sodexo - Cabrini University	1038958		12/31/2021	0.73	Hours
Sdh Edu. East, Llc @ The College Of Saint Rose	1039254		12/31/2024	1.47	Hours
Alesco Controlled Group (dollar amount contributed: 1,235,100)					
Alesco - Chicago	1001527		9/4/2023	13.91	Weeks
Alesco - Sarasota Plant	1001704		5/2/2026	61.90	Months
Alesco - St Petersburg Plant	1001708		5/2/2026	61.90	Months
Alesco - Tallahassee Plant	1001710		5/2/2026	61.90	Months
Alesco - Naples Plant	1001714		5/2/2026	61.90	Months
Alesco - Naples Drivers	1001715		5/2/2026	78.63	Months
Alesco - Jacksonville Plant	1001716		5/2/2026	61.90	Months
Alesco - Pensacola	1001717		5/2/2026	61.90	Months
Alesco - Orlando	1001726		5/2/2026	61.90	Months
Alesco - Tampa	1001727		5/2/2026	61.90	Months
Alesco - Atlanta, Ga	1001862		5/2/2026	61.90	Months
Alesco - Nashville, Tn	1001877		5/2/2026	61.90	Months
Alesco - Charleston, Sc	1001878		5/2/2026	61.90	Months
Alesco - Shreveport	1001879		5/2/2026	61.90	Months
Alesco - Roanoke, Va	1001880		5/2/2026	61.90	Months
Alesco - Memphis, Tn	1001881		5/2/2026	61.90	Months
Alesco - Charlotte, Nc (South)	1001883		5/2/2026	61.90	Months
Alesco - Knoxville, Tn	1001884		5/2/2026	61.90	Months
Alesco - Alexandria, Va	1001886		5/2/2026	61.90	Months
Alesco - Columbia	1001887		5/2/2026	61.90	Months
Alesco - Lubbock	1001889		5/2/2026	61.90	Months
Alesco Inc. - Denver Industrial	1002003		1/15/2025	28.05	Months
Alesco Inc. - Denver Linen	1002014		1/15/2025	28.05	Months
Alesco - Charlotte, Nc (North)	1002134		5/2/2026	61.90	Months
Alesco Inc. - Salt Lake City, Utah	1002138		9/8/2025	0.16	Hours
Alesco - American Industrial	1002270		12/31/2013	47.59	Months
Alesco - Medford, Or	1002318		5/31/2027	83.30	Months
Alesco - Portland, Or	1002383		5/31/2027	47.59	Months
Alesco - Washington	1002618		12/31/2021	10.29	Weeks
Alesco - Wilmington	1002619		2/28/2019	10.29	Weeks
Alesco - Miami	1002620		7/17/2022	10.29	Weeks
Alesco - Richmond	1002621		1/31/2019	6.43	Weeks
American Linen Sply - La	1013104		12/31/2020	55.32	Months
Alesco Anaheim	1013185		6/6/2021	55.31	Months
Alesco, Inc. American Industrial Serv. Division	1015620		5/22/2022	0.78	Hours
Alesco Inc. - San Jose	1015986		7/31/2022	75.72	Months
Alesco-Sacramento	1015996		12/31/2020	75.16	Months
Alesco Linen- San Diego	1016047		12/31/2020	75.16	Months
Alesco	1016151		12/31/2022	75.19	Months
Alesco - St. Louis, Mo	1016374		5/2/2026	18.58	Months
Alesco Inc.	1019117		2/28/2023	26.05	Weeks
Alesco-Durham Servitex	1028278		12/31/2020	42.13	Months
Alesco, Inc. - Raleigh, Nc	1028293		1/16/2025	66.67	Months
VF Corporation Controlled Group (dollar amount contributed: 1,002,471)					
Fanatics Royal Inc	1006443		5/31/2025	1.02	Hours
Vf Outdoor,Llc	1039103		12/31/2020	0.62	Hours
Levi Controlled Group (dollar amount contributed: 834,517)					
Levi Strauss & Co	1011938		5/31/2022	0.55	Hours
G-III Leather Fashions Inc Controlled Group (dollar amount contributed: 825,189)					
G-III Leather Fash Inc - Nj	1014059		12/31/2020	0.05	Hours
G-III Leather Fash.Inc	1014597		12/31/2020	0.06	Hours
Giii Apparel Group, Ltd.	1038781		5/31/2025	0.10	Hours
Giii Leather Fashions, Inc.	1038782		12/31/2020	0.10	Hours

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Name of Contributing Employer	Shop #	EIN	MOST RECENT 2022		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Mission Controlled Group (dollar amount contributed: 748,698)					
Mission Linen Supply	1001690		8/20/2014	0.37	Hours
Mission Linen Supply/Flagstaff	1001909		8/20/2017	0.26	Hours
Mission Industries #4	1013149		12/31/2020	55.40	Months
Mission Industries #14	1013151		12/31/2020	55.41	Months
Mission Industries #26	1013153		12/31/2020	55.41	Months
Mission Industries #24 - Oxnard	1013154		12/31/2020	55.41	Months
Mission Industries #1	1013156		12/31/2020	55.41	Months
Mission Industries # 34 - Chino	1013191		12/31/2020	55.41	Months
Mission Industries - Chino #105	1013192		12/31/2020	55.40	Months
Mission Industries - Plant #48 - Sacramento	1015991		4/30/2021	74.12	Months
Mission Industries Plant #47 - Sacramento	1015993		4/30/2021	74.12	Months
Mission Linen Supply - Plant #2500 - Chico	1016007		4/30/2021	74.12	Months
Mission Linen Supply Plant #2300- Fresno	1016035		4/30/2024	74.12	Months
Mission Linen Supply - Plant #700 - Bakersfield	1016041		4/30/2024	74.12	Months
Mission Industries Plant #8 - Santa Maria	1016071		4/30/2024	74.12	Months
Mission Linen Plant#3	1016075		4/30/2024	74.12	Months
Mission Linen Plant #21 - Salinas	1016077		4/30/2024	74.12	Months
Mission Linen Supply & Unifo Svc - Cmf Plant# 8400	1016157		4/30/2024	6.00	Months
Sealy Mattress Co of Albany (dollar amount contributed: 704,389)	1001044		10/29/2022	2.25	Hours

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TJX Controlled Group (dollar amount contributed: 13,504,027)					
Nbc Merchants, Inc. - Evansville, In	1001510	04-2906444	5/31/2017	1.15	Hours
Home Goods - Brownsburg In	1001651	04-3550298	1/31/2021	0.31	Hours
N B C Charlotte Merchants Inc	1006931			0.60	Hours
N B C Nevada Merchants In	1007444	04-2207613	12/31/2025	0.98	Hours
N B C Charlotte Merchants	1011883	04-3187200	12/31/2020	0.44	Hours
N B C Philadelphia Merchants, Inc.	1011901	04-3523668	12/31/2020	0.57	Hours
N B C Pittston Merchants	1011903	04-3523668	1/31/2025	0.38	Hours
N B C Nevada Merchants Inc - Manteca	1011936	04-3061360	12/31/2020	0.25	Hours
Marshalls,(Marmaxx)	1012161	43-438665	2/28/2021	0.68	Hours
Marshalls Of Ma, Inc., Decatur Ga	1012165	43-438661	5/20/2021	0.69	Hours
Manhattan Beer Controlled Group (dollar amount contributed: 3,053,041)					
Manhattan Beer - Drivers	1001602	13-3992843	4/15/2019	3.21	Hours
Manhattan Beer - Forklift Driv	1001603	13-3992843	4/15/2019	1.48	Hours
Manhattan Beer	1001604	13-3992843	4/15/2019	1.03	Hours
Manhattan Beer - Helpers	1002049	13-3992843	4/15/2019	1.35	Hours
Aramark Controlled Group (dollar amount contributed: 2,383,391)					
Aramark Ed Svcs #0833 Indiana State Univ Of Penn	190196		10/31/2022	2.32	Hours
Aramark Business Svcs. Llc - Huntington Ingalls	540002		3/31/2025	2.12	Hours
Aramark Services Inc. Univ. Of Penn Steinberg Ctr	560024		9/30/2021	2.12	Hours
Aes @ St. Joseph'S Univ. (St. Joe'S Hawk Hill)	560077		6/30/2018	2.29	Hours
Aramark Services Lock Haven University	560104		2/28/2017	1.84	Hours
Aramark Chicago, Il	1001528		9/25/2020	20.34	Weeks
Aramark Reading, Pa	1001541		3/25/2022	0.26	Hours
Aramark B/Green	1001619		2/28/2022	59.13	Months
Aramark Wixom	1001667		6/2/2017	18.42	Weeks
Aramark - Savannah, Ga	1001709		3/19/2020	0.33	Hours
Aramark Dayton	1001732		7/30/2014	96.41	Months
Aramark St Louis, Mo	1001735		3/1/2019	0.34	Hours
Aramark Cinn, Oh	1001736		3/3/2017	86.73	Months
Aramark Uniform And Career Apparel - Syracuse, Ny	1001935		3/31/2023	10.29	Weeks
Aramark - Rochester	1001936		9/23/2017	7.71	Weeks
Aramark Uniform Services - Phoenix	1002054		3/31/2016	0.06	Hours
Aramark Uniform Svcs - Caspian	1002136		10/18/2015	7.71	Weeks
Aramark Uniform Houston	1002163		3/4/2022	6.44	Weeks
Aramark Uniform Svcs - Sikeston	1002164		2/11/2022	7.71	Weeks
Aramark Uniform Svcs - Granite	1002165		3/15/2019	7.71	Weeks
Aramark Uniform Services Pine Bluff	1002166		1/4/2016	7.71	Weeks
Aramark Uniform Svcs - Cleanroom Puerto Rico	1002176		2/16/2019	5.14	Weeks
Aramark Unif. Svcs. - Dallas, Tx Production (4301)	1002305		8/1/2025	5.14	Weeks
Aramark Oklahoma City, Ok	1002306		7/15/2016	5.14	Weeks
Aramark Tyler, Tx	1002307		8/5/2016	5.14	Weeks
Aramark Uniform Svcs - Fulton Mo	1002308		5/10/2019	5.14	Weeks
Aramark Uniform Svcs - Springfield Mo	1002310		2/1/2019	5.14	Weeks
Aramark Unif. & Car. Appar., Llc - Eugene, Or	1002380		4/5/2024	45.63	Months
Aramark Unif. & Car. Appar., Llc - Nw 23Rd Ave Por	1002382		4/5/2024	106.34	Months
Aramark Uniform & Career Apparel, Llc - Salem, Or	1002384		4/5/2024	69.46	Months
Aramark Unif. & Car. Apparel, Llc - Corvallis, Or	1002385		4/5/2024	59.51	Months
Aramark Uniform Svcs - Madison Wi	1002388		5/30/2014	2.06	Weeks
Aramark Tewksbury Hosp 4097	1002419		4/17/2014	0.16	Hours
Aramark Tewksbury Hosp 4076	1002420		4/17/2014	0.16	Hours
Aramark West Chester University	1002587		11/23/2015	0.01	Hours
Aramark Oglethorpe University	1002606		7/31/2020	0.01	Hours
Aramark Bus. And Ind., Llc @ Volvo - Dublin, Va	1038624		12/31/2024	0.07	Hours
Aramark - Temple University	1038705		5/31/2020	0.93	Hours
Aramark - Temple University Diamond Club	1038706		8/31/2020	0.91	Hours
Aes @ Edinboro University	1039512		6/30/2023	0.19	Hours
Aes Llc @ University Of Scranton	1039600		5/22/2022	0.16	Hours
Aramark Services Inc. @ At&T Irving, Tx	1039848		4/23/2025	0.07	Hours
Aramark Uniform & Career Apparel, Llc Mc544 Toledo	1012438		4/1/2022	77.92	Months
Aramark Uni & Career Apl Cleanroom 513 Los Angeles	1013109		12/31/2020	52.13	Months
Aramark Uniform & Career Apprl, Llc -586 Paramount	1013134		12/31/2020	52.13	Months

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Aramark Uniform & Career Appl Llc #650 - Riverside	1013174		12/31/2020	52.13	Months
Aramark Uniform & Career Apprl - 501 Los Angeles	1013175		12/31/2020	52.13	Months
Aramark Uniform & Career Apparel, Llc - 502 Sylmar	1013176		12/31/2020	52.13	Months
Aramark Uniform & Career Appl Llc #589 - Santa Ana	1013178		12/31/2020	52.13	Months
Aramark Uniform & Career Appl Llc Mc511 - San Jose	1013205		1/7/2022	53.25	Months
Aramark Uniform & Career Apparel Llc 518 - Hayward	1013206		1/7/2022	53.25	Months
Aramark Uniform & Career Appl Llc Mc516 Oakland Ca	1013207		1/7/2022	53.25	Months
Aramark Unif #502C -Oxnard	1013210		12/31/2020	52.13	Months
Aramark Uniform Services - Cherry Hill	1013412		12/31/2020	0.50	Hours
Aramark Unif. & Career Apparel - #506 Sacramento	1015998		4/5/2024	85.97	Months
Aramark Uniform And Career Apparel - #505 Redding	1016004		4/5/2024	85.97	Months
Aramark Uniform & Career Apparel Llc 504 - Modesto	1016028		10/3/2025	84.71	Months
Aramark Uniform & Career Apparel Llc #503 - Fresno	1016036		10/3/2025	84.71	Months
Aramark Unif & Career App #522 - San Diego	1016050		12/31/2020	75.16	Months
Aramark Uniform Serv.#517	1016055		5/7/2021	95.30	Months
Aramark Unif. & Car. Apprl, Llc #508 - Novato, Ca	1016068		6/27/2025	74.12	Months
Aramark Unif. & Car. Apprl, Llc #515 - So Sf	1016069		6/27/2025	74.12	Months
Aramark Uniform & Career Apparel Llc #502B Lompoc	1016073		12/31/2020	74.12	Months
Aramark Uniform & Career Apparel, Scranton Pa	1017283		5/7/2021	0.05	Hours
Aramark Sports Inc. - Pennsylvania Convention Cent	1019042		12/31/2020	0.32	Hours
Aramark Uniform & Career Apparel-Birmingham Al	1028250		3/12/2021	75.94	Months
Aramark Uniform & Career Apparel-Jacksonville Fl.	1028274		1/31/2021	75.94	Months
Aramark Uniform & Career App Llc - Orlando, Fl	1028275		3/12/2021	75.94	Months
Aramark Uni. & Career App, Llc- Pompano Beach, Fl	1028289		1/12/2024	75.94	Months
Aramark Uniform Services - Memphis Tn	1028292		1/12/2024	75.94	Months
Aramark Unif. & Car. Apparel, Llc - Durham, Nc Cr	1028296		1/24/2025	66.66	Months
Aramark Uniform And Career Apparel - Atlanta, Ga	1028300		1/15/2021	75.94	Months
Aramark Uniform & Career App, Llc - Charlotte, Nc	1028384		2/12/2021	75.94	Months
Sodexo Controlled Group (dollar amount contributed: 1,796,718)					
Sdh Education West, Llc @ Ohio Northern University	20067		5/31/2025	2.25	Hours
Sodexo, Inc. - Westminster College	190233		10/4/2022	2.16	Hours
Sodexo, Inc - University Of Sciences	560111		6/30/2019	2.21	Hours
Sodexo - Blythedale Children'S	1001786		8/31/2014	0.25	Hours
Sodexo - Rancho Los Amigos	1001807		10/31/2014	0.24	Hours
Sodexo - Shasta Reg Med Ctr	1001821		1/12/2019	0.19	Hours
Sodexo - Ocean Township	1001872		6/9/2021	0.19	Hours
Sodexo - Gateway Regional Hs	1001875		3/31/2021	0.19	Hours
Sodexo - Hollywood Presb Med	1001905		4/28/2013	0.18	Hours
Sodexo - Anaheim Memorial Med	1001915		11/23/2013	0.19	Hours
Sodexo - Cahokia School Distr	1001918		10/4/2021	0.19	Hours
Sodexo - Aurora E School Dist	1002017		8/30/2013	0.19	Hours
Sodexo - Hollywood Es	1002040		4/28/2013	0.19	Hours
Sodexo - West Allis	1002042		3/1/2015	0.12	Hours
Sodexo - Burlington Inst Tech	1002058		5/1/2019	0.19	Hours
Sodexo - Oklahoma Nutrition	1002093		8/5/2016	0.12	Hours
Sodexo - Hillsborough Com Col	1002120		6/30/2020	0.13	Hours
Sdh Education East, Llc - Univ. Of Wi Eau Claire	1002137		8/19/2025	0.18	Hours
Sodexo - Kipp School	1002184		7/31/2016	0.12	Hours
Sodexo - Hemet Valley #2552080	1002202		3/6/2014	0.11	Hours
Sodexo - Hemet Valley #2552081	1002203		3/6/2014	0.11	Hours
Sodexo - North Platte School	1002216		7/31/2019	0.12	Hours
Sodexo - Blythedale Children'S	1002256		12/31/2014	0.07	Hours
Centerplate, Inc @ Ind Conv Ctr & Lucas Oil Stad	1002352		2/8/2026	0.12	Hours
Sodexo - Stafford Twnsp School	1002357		9/23/2020	0.07	Hours
Sodexo - Forest Ridge/Bremen	1002401		3/20/2024	0.07	Hours
Sdh Education East, Llc @ Dillard University	1002465		3/31/2024	0.02	Hours
Sodexo - General Electric	1002476		12/31/2015	1.74	Hours
Sdh Education East, Llc @ Xavier University	1002478		3/31/2024	0.02	Hours
Sodexo - Texas Southern Univ	1002482		3/23/2018	0.01	Hours
Sdh Education East, Llc @ Prairie View A&M Univ.	1002483		4/13/2024	0.01	Hours
Sodexo - Billings Public Schl	1002536		7/31/2020	0.01	Hours
Sodexo Settlement Wu	1038646			0.55	Hours
Sodexo - General Electric Power	1038790			0.67	Hours

2022 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2022		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Sodexo - Suny Albany	1038791			0.67	Hours
Sodexo - General Electric Evandale Plant 90 & 100	1038792		4/30/2021	0.66	Hours
Sodexo - Clark Atlanta University	1038793		2/29/2020	0.66	Hours
Sodexo - Cabrini University	1038958		12/31/2021	0.73	Hours
Sdh Edu. East, Llc @ The College Of Saint Rose	1039254		12/31/2024	1.47	Hours
Alesco Controlled Group (dollar amount contributed: 1,235,100)					
Alesco - Chicago	1001527		9/4/2023	13.91	Weeks
Alesco - Sarasota Plant	1001704		5/2/2026	61.90	Months
Alesco - St Petersburg Plant	1001708		5/2/2026	61.90	Months
Alesco - Tallahassee Plant	1001710		5/2/2026	61.90	Months
Alesco - Naples Plant	1001714		5/2/2026	61.90	Months
Alesco - Naples Drivers	1001715		5/2/2026	78.63	Months
Alesco - Jacksonville Plant	1001716		5/2/2026	61.90	Months
Alesco - Pensacola	1001717		5/2/2026	61.90	Months
Alesco - Orlando	1001726		5/2/2026	61.90	Months
Alesco - Tampa	1001727		5/2/2026	61.90	Months
Alesco - Atlanta, Ga	1001862		5/2/2026	61.90	Months
Alesco - Nashville, Tn	1001877		5/2/2026	61.90	Months
Alesco - Charleston, Sc	1001878		5/2/2026	61.90	Months
Alesco - Shreveport	1001879		5/2/2026	61.90	Months
Alesco - Roanoke, Va	1001880		5/2/2026	61.90	Months
Alesco - Memphis, Tn	1001881		5/2/2026	61.90	Months
Alesco - Charlotte, Nc (South)	1001883		5/2/2026	61.90	Months
Alesco - Knoxville, Tn	1001884		5/2/2026	61.90	Months
Alesco - Alexandria, Va	1001886		5/2/2026	61.90	Months
Alesco - Columbia	1001887		5/2/2026	61.90	Months
Alesco - Lubbock	1001889		5/2/2026	61.90	Months
Alesco Inc. - Denver Industrial	1002003		1/15/2025	28.05	Months
Alesco Inc. - Denver Linen	1002014		1/15/2025	28.05	Months
Alesco - Charlotte, Nc (North)	1002134		5/2/2026	61.90	Months
Alesco Inc. - Salt Lake City, Utah	1002138		9/8/2025	0.16	Hours
Alesco - American Industrial	1002270		12/31/2013	47.59	Months
Alesco - Medford, Or	1002318		5/31/2027	83.30	Months
Alesco - Portland, Or	1002383		5/31/2027	47.59	Months
Alesco - Washington	1002618		12/31/2021	10.29	Weeks
Alesco - Wilmington	1002619		2/28/2019	10.29	Weeks
Alesco - Miami	1002620		7/17/2022	10.29	Weeks
Alesco - Richmond	1002621		1/31/2019	6.43	Weeks
American Linen Sply - La	1013104		12/31/2020	55.32	Months
Alesco Anaheim	1013185		6/6/2021	55.31	Months
Alesco, Inc. American Industrial Serv. Division	1015620		5/22/2022	0.78	Hours
Alesco Inc. - San Jose	1015986		7/31/2022	75.72	Months
Alesco-Sacramento	1015996		12/31/2020	75.16	Months
Alesco Linen- San Diego	1016047		12/31/2020	75.16	Months
Alesco	1016151		12/31/2022	75.19	Months
Alesco - St. Louis, Mo	1016374		5/2/2026	18.58	Months
Alesco Inc.	1019117		2/28/2023	26.05	Weeks
Alesco-Durham Servitex	1028278		12/31/2020	42.13	Months
Alesco, Inc. - Raleigh, Nc	1028293		1/16/2025	66.67	Months
VF Corporation Controlled Group (dollar amount contributed: 1,002,471)					
Fanatics Royal Inc	1006443		5/31/2025	1.02	Hours
Vf Outdoor,Llc	1039103		12/31/2020	0.62	Hours
Levi Controlled Group (dollar amount contributed: 834,517)					
Levi Strauss & Co	1011938		5/31/2022	0.55	Hours
G-III Leather Fashions Inc Controlled Group (dollar amount contributed: 825,189)					
G-III Leather Fash Inc - Nj	1014059		12/31/2020	0.05	Hours
G-III Leather Fash.Inc	1014597		12/31/2020	0.06	Hours
Giii Apparel Group, Ltd.	1038781		5/31/2025	0.10	Hours
Giii Leather Fashions, Inc.	1038782		12/31/2020	0.10	Hours

2022 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2022		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Mission Controlled Group (dollar amount contributed: 748,698)					
Mission Linen Supply	1001690		8/20/2014	0.37	Hours
Mission Linen Supply/Flagstaff	1001909		8/20/2017	0.26	Hours
Mission Industries #4	1013149		12/31/2020	55.40	Months
Mission Industries #14	1013151		12/31/2020	55.41	Months
Mission Industries #26	1013153		12/31/2020	55.41	Months
Mission Industries #24 - Oxnard	1013154		12/31/2020	55.41	Months
Mission Industries #1	1013156		12/31/2020	55.41	Months
Mission Industries # 34 - Chino	1013191		12/31/2020	55.41	Months
Mission Industries - Chino #105	1013192		12/31/2020	55.40	Months
Mission Industries - Plant #48 - Sacramento	1015991		4/30/2021	74.12	Months
Mission Industries Plant #47 - Sacramento	1015993		4/30/2021	74.12	Months
Mission Linen Supply - Plant #2500 - Chico	1016007		4/30/2021	74.12	Months
Mission Linen Supply Plant #2300- Fresno	1016035		4/30/2024	74.12	Months
Mission Linen Supply - Plant #700 - Bakersfield	1016041		4/30/2024	74.12	Months
Mission Industries Plant #8 - Santa Maria	1016071		4/30/2024	74.12	Months
Mission Linen Plant#3	1016075		4/30/2024	74.12	Months
Mission Linen Plant #21 - Salinas	1016077		4/30/2024	74.12	Months
Mission Linen Supply & Unifo Svc - Cmf Plant# 8400	1016157		4/30/2024	6.00	Months
Sealy Mattress Co of Albany (dollar amount contributed: 704,389)	1001044		10/29/2022	2.25	Hours

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

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

DECEMBER 31, 2022

EIN #13-6130178
Plan 001

Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
CORPORATE BONDS AND DEBENTURES:						
1011778 B.C. UNLIMIT	335,000	-	5.75 %	04/15/2025	\$ 335,462	\$ 332,387
180 MED INC	250,000	-	3.88	10/15/2029	250,000	214,925
ACI WORLDWIDE INC	350,000	-	5.75	08/15/2026	352,603	339,063
ADAPTHEALTH LLC	300,000	-	6.13	08/01/2028	303,770	275,007
ADAPTHEALTH LLC	555,000	-	5.13	03/01/2030	556,491	472,466
ADVANCED DRAIN SYS I	95,000	-	6.38	06/15/2030	95,000	92,308
ALBERTSONS COS INC /	265,000	-	7.50	03/15/2026	275,832	270,602
ALBION FING 1 S A R	500,000	-	6.13	10/15/2026	458,310	445,905
ALBION FING 1 S A R	200,000	-	8.75	04/15/2027	200,000	170,308
ALTA EQUIPMENT GROUP	565,000	-	5.63	04/15/2026	550,907	508,557
ALTICE FRANCE HLDG S	200,000	-	10.50	05/15/2027	159,675	152,500
ALTICE FRANCE S A	305,000	-	8.13	02/01/2027	297,868	277,818
AMERICAN AIRLINES	1,500,000	-	11.75	07/15/2025	1,552,827	1,608,900
AMERICAN AXLE & MFG	355,000	-	6.88	07/01/2028	356,257	316,500
AMN HEALTHCARE INC	650,000	-	4.63	10/01/2027	637,330	599,346
APOLLO COML REAL EST	465,000	-	4.63	06/15/2029	465,000	372,181
ARAMARK SVCS INC	600,000	-	6.38	05/01/2025	605,509	592,626
ARCHE'S BUYER INC	160,000	-	4.25	06/01/2028	157,985	125,136
ASBURY AUTOMOTIVE GR	500,000	-	4.63	11/15/2029	451,421	421,320
AUSTIN HOLDCO INC AN	415,000	-	7.13	12/15/2028	335,206	315,126
AVIS BUDGET CAR RENT	100,000	-	5.75	07/15/2027	89,266	90,700
BCPE EMPIRE TOPCO IN	350,000	-	7.63	05/01/2027	335,028	313,873
BRAND ENERGY & INFRA	345,000	-	8.50	07/15/2025	347,326	275,648
BWAY HOLDING COMPANY	765,000	-	7.25	04/15/2025	758,898	707,411
C&W SENIOR FINANCING	200,000	-	6.88	09/15/2027	199,310	186,000
CAESARS ENTERTAINMEN	400,000	-	6.25	07/01/2025	402,300	388,672
CCO HLDGS LLC / CCO	500,000	-	5.50	05/01/2026	505,003	484,050
CCO HLDGS LLC / CCO	450,000	-	4.25	01/15/2034	362,542	332,122
CCO HLDGS LLC / CCO	500,000	-	4.75	02/01/2032	500,000	405,350
CCO HLDGS LLC / CCO	135,000	-	6.38	09/01/2029	135,000	126,865
CENTENE CORP DEL	920,000	-	4.63	12/15/2029	881,030	840,733
CHART INDs INC	45,000	-	7.50	01/01/2030	44,397	45,238
CHART INDs INC	50,000	-	9.50	01/01/2031	49,800	51,280
CINEMARK USA INC	150,000	-	5.88	03/15/2026	154,062	124,944
CINEMARK USA INC	855,000	-	5.25	07/15/2028	836,108	634,914
CLEAN HARBORS INC	65,000	-	4.88	07/15/2027	60,840	61,587
CLEAR CHANNEL OUTDOO	450,000	-	7.75	04/15/2028	391,894	328,504
CLEARWATER PAPER COR	300,000	-	5.38	02/01/2025	296,916	291,492
CLEARWATER PAPER COR	375,000	-	4.75	08/15/2028	381,990	329,504
CLYDESDALE ACQUISITI	315,000	-	6.63	04/15/2029	319,270	299,486
CLYDESDALE ACQUISITI	585,000	-	8.75	04/15/2030	541,057	500,742
COMMSCOPE FIN LLC	250,000	-	8.25	03/01/2027	208,750	193,750
COMMSCOPE TECHNOLOGI	400,000	-	5.00	03/15/2027	327,495	271,680
COMMUNITY HEALTH SYS	800,000	-	6.88	04/15/2029	817,898	411,168
COMMUNITY HEALTH SYS	143,000	-	5.25	05/15/2030	143,000	107,828
CONSOLIDATED ENERGY	445,000	-	5.63	10/15/2028	446,648	378,108
CONSTELLIUM SE	350,000	-	3.75	04/15/2029	310,073	284,354
COTY INC	235,000	-	6.50	04/15/2026	236,227	225,600
CP ATLAS BUYER INC.	775,000	-	7.00	12/01/2028	794,924	575,569
CROCS INC	400,000	-	4.25	03/15/2029	390,500	338,840
CROCS INC	250,000	-	4.13	08/15/2031	192,500	203,738
CSC HLDGS LLC	600,000	-	4.50	11/15/2031	487,231	416,286
CVR PARTNERS LP/CVR	790,000	-	6.13	06/15/2028	801,044	708,717
DARLING INGREDIENTS	690,000	-	6.00	06/15/2030	697,575	674,475

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
CORPORATE BONDS AND DEBENTURES (continued):						
DISH DBS CORPORATION	500,000	-	5.13 %	06/01/2029	\$ 500,000	\$ 322,555
DISH DBS CORPORATION	150,000	-	5.25	12/01/2026	129,518	126,351
DISH NETWORK CORPORA	350,000	-	11.75	11/15/2027	343,730	360,465
EDGEWELL PERS CARE C	500,000	-	5.50	06/01/2028	473,500	467,615
ENTERCOM MEDIA CORP	975,000	-	6.75	03/31/2029	987,443	168,880
EQUITRANS MIDSTREAM	150,000	-	7.50	06/01/2027	150,000	146,889
FORD MOTOR CREDIT CO	400,000	-	4.00	11/13/2030	340,917	328,336
FORD MOTOR CREDIT CO	350,000	-	2.70	08/10/2026	316,342	303,940
FORD MOTOR CREDIT CO	400,000	-	4.54	08/01/2026	384,544	368,564
FORD MTR CO DEL	200,000	-	4.75	01/15/2043	165,155	143,558
FORD MTR CO DEL	50,000	-	6.10	08/19/2032	50,000	46,168
FORTRESS TRANSN & IN	815,000	-	5.50	05/01/2028	816,121	695,285
FRONTIER COMMUNICATI	500,000	-	5.88	10/15/2027	493,060	464,285
GANNETT HOLDINGS LLC	395,000	-	6.00	11/01/2026	394,212	321,925
GFL ENVIRONMENTAL IN	700,000	-	4.25	06/01/2025	675,704	668,640
GOODYEAR TIRE & RUBR	400,000	-	5.00	07/15/2029	370,467	333,660
GRAPHIC PACKAGING IN	650,000	-	3.50	03/01/2029	568,741	553,820
GRAY ESCROW II INC	450,000	-	5.38	11/15/2031	353,627	324,293
GUITAR CTR ESCROW II	410,000	-	8.50	01/15/2026	426,130	336,963
H B FULLER CO	700,000	-	4.25	10/15/2028	616,204	619,500
HAT HLDGS I LLC / HA	500,000	-	6.00	04/15/2025	505,185	484,140
HAWAIIAN BRAND INTEL	595,000	-	5.75	01/20/2026	590,894	538,475
HESS MIDSTREAM OPERA	400,000	-	5.63	02/15/2026	385,041	389,636
HOWMET AEROSPACE INC	370,000	-	6.88	05/01/2025	386,188	379,683
HUSKY III HOLDING LI	355,000	-	13.00	02/15/2025	362,272	314,175
IHEARTCOMMUNICATIONS	400,000	-	5.25	08/15/2027	370,516	338,832
INNOPHOS HOLDINGS IN	570,000	-	8.75	02/15/2026	575,257	487,350
INTERFACE INC	355,000	-	5.50	12/01/2028	363,141	293,120
INTL GAME TECH PLC	600,000	-	5.25	01/15/2029	566,322	559,116
IQVIA INC	350,000	-	5.00	10/15/2026	347,368	334,198
IRON MTN INC NEW	700,000	-	5.25	07/15/2030	611,396	608,300
JEFFERIES FINANCE LL	220,000	-	5.00	08/15/2028	222,291	179,461
KENNEDY WILSON INC	485,000	-	5.00	03/01/2031	485,000	365,079
KINETIK HLDGS LP	65,000	-	5.88	06/15/2030	64,732	60,956
KONTOOR BRANDS INC	500,000	-	4.13	11/15/2029	500,000	408,055
KOPPERS INC PA	800,000	-	6.00	02/15/2025	738,931	760,000
KRAFT HEINZ FOODS CO	350,000	-	4.38	06/01/2046	335,816	284,410
LABL ESCROW ISSUER L	370,000	-	6.75	07/15/2026	375,971	348,758
LABL INC	500,000	-	8.25	11/01/2029	500,000	398,235
LAMB WESTON HLDGS IN	340,000	-	4.88	05/15/2028	337,450	322,150
LAREDO PETROLEUM INC	500,000	-	7.75	07/31/2029	500,000	450,040
LEVEL 3 FING INC	225,000	-	3.88	11/15/2029	197,226	177,557
LFS TOPCO LLC	480,000	-	5.88	10/15/2026	491,677	386,760
LIFE TIME FITNESS	450,000	-	5.75	01/15/2026	427,048	418,725
LPL HLDGS INC	775,000	-	4.38	05/15/2031	726,080	658,866
LSB INDS INC	502,000	-	6.25	10/15/2028	513,298	459,305
LSF9 ATLANTIS HLDGS	895,000	-	7.75	02/15/2026	863,173	792,129
MARRIOTT OWNERSHIP R	400,000	-	6.13	09/15/2025	401,612	412,252
MATCH GROUP HOLDINGS	190,000	-	3.63	10/01/2031	160,263	145,703
MAUSER PACKAGING SOL	680,000	-	8.50	04/15/2024	683,996	666,373
MAV ACQUISITION CORP	500,000	-	5.75	08/01/2028	449,189	420,185
METIS MERGER SUB LLC	475,000	-	6.50	05/15/2029	387,950	398,753
MIDCAP FINANCIAL ISS	605,000	-	6.50	05/01/2028	624,851	520,300
MPT OPER PTSHP LP/MP	350,000	-	5.25	08/01/2026	347,482	318,762
MPT OPER PTSHP LP/MP	375,000	-	3.50	03/15/2031	382,595	257,055
MUELLER WTR PRODS IN	175,000	-	4.00	06/15/2029	175,000	153,781
NCL CORP LTD	400,000	-	5.88	02/15/2027	395,943	346,520
NEON HLDGS INC	573,000	-	10.13	04/01/2026	589,554	488,483
NEW HOME CO INC	820,000	-	7.25	10/15/2025	856,890	701,100
NEW RED FINANCE INC	150,000	-	3.88	01/15/2028	130,755	134,183
NEWELL BRANDS INC	700,000	-	4.45	04/01/2026	678,045	658,560
OCCIDENTAL PETE CORP	450,000	-	7.50	05/01/2031	550,479	480,812
ONEMAIN FINANCIAL CO	355,000	-	6.88	03/15/2025	366,469	341,041
OUTFRONT MEDIA CAP /	350,000	-	5.00	08/15/2027	312,375	315,088
OWENS & MINOR INC	500,000	-	6.63	04/01/2030	500,000	429,700

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
CORPORATE BONDS AND DEBENTURES (continued):						
OWENS BROCKWAY	226,000	-	5.88 %	08/15/2023	\$ 226,738	\$ 224,391
OXFORD FINANCE LLC /	150,000	-	6.38	02/01/2027	150,450	139,500
PARK INTER HLDGS LLC	350,000	-	7.50	06/01/2025	361,643	349,801
PARK OHIO INDS INC-O	340,000	-	6.63	04/15/2027	333,925	230,976
PATRICK INDS INC	715,000	-	4.75	05/01/2029	716,513	593,450
PAYSAFE FIN PLC / PA	500,000	-	4.00	06/15/2029	500,000	386,250
PICASSO FINANCE SUB	400,000	-	6.13	06/15/2025	409,213	396,000
PILGRIMS PRIDE CORP	850,000	-	4.25	04/15/2031	718,415	722,976
PRECISION DRILLING C	415,000	-	6.88	01/15/2029	420,640	386,369
PRIME SEC SVCS BORRO	215,000	-	6.25	01/15/2028	215,000	195,684
RADIOLOGY PARTNERS I	560,000	-	9.25	02/01/2028	557,150	314,356
RAYONIER A.M. PRODS	427,000	-	7.63	01/15/2026	447,399	411,743
SCIL IV LLC / SCIL U	200,000	-	5.38	11/01/2026	200,000	169,500
SEAGATE HDD CAYMAN	350,000	-	4.75	06/01/2023	349,622	348,040
SEALED AIR CORP NEW	250,000	-	5.00	04/15/2029	226,241	235,000
SEALED AIR CORPORATI	650,000	-	5.50	09/15/2025	659,684	640,666
SENSATA TECH BV	500,000	-	5.88	09/01/2030	500,000	473,865
SIRIUS XM RADIO INC	345,000	-	5.50	07/01/2029	341,363	314,909
SIRIUS XM RADIO INC	350,000	-	4.13	07/01/2030	308,035	288,823
SIZZLING PLATTER LLC	340,000	-	8.50	11/28/2025	322,826	312,834
SPRIT IP CAYMAN LTD	590,000	-	8.00	09/20/2025	581,479	593,027
SPRINT CORP	350,000	-	7.88	09/15/2023	356,946	354,896
SPRINT CORPORATION	350,000	-	7.13	06/15/2024	358,128	356,839
SUNCOKE ENERGY INC	570,000	-	4.88	06/30/2029	570,000	489,282
SWF ESCROW ISSUER CO	348,000	-	6.50	10/01/2029	348,000	201,649
TENET HEALTHCARE COR	500,000	-	6.25	02/01/2027	513,072	480,255
TENET HEALTHCARE COR	400,000	-	6.13	06/15/2030	396,669	381,120
THE PROVIDENCE SERVI	360,000	-	5.88	11/15/2025	333,900	338,159
TITAN ACQUISITION LT	430,000	-	7.75	04/15/2026	428,013	387,254
TITAN INTL INC ILL	345,000	-	7.00	04/30/2028	353,728	325,721
TOWNSQUARE MEDIA INC	689,000	-	6.88	02/01/2026	713,124	611,487
TRANSDIGM INC	360,000	-	6.25	03/15/2026	364,598	355,028
TRANSDIGM INC	395,000	-	7.50	03/15/2027	396,542	390,817
TTM TECHNOLOGIES INC	500,000	-	4.00	03/01/2029	500,000	428,775
U S ACUTE CARE SOLUT	960,000	-	6.38	03/01/2026	990,373	851,923
UNITED AIR LINES INC	365,000	-	4.38	04/15/2026	344,686	338,329
UNITED AIR LINES INC	350,000	-	4.63	04/15/2029	295,750	304,745
UNITED RENTALS NORTH	275,000	-	5.50	05/15/2027	274,313	271,480
UNITED RENTALS NORTH	350,000	-	6.00	12/15/2029	350,000	347,812
UNIVISION COMMUNICAT	657,000	-	7.38	06/30/2030	656,948	627,895
VERMILION ENERGY INC	140,000	-	6.88	05/01/2030	138,937	127,761
VICTORIA FINANCE LTD	186,100	-	0.33	02/15/2099	195,062	61,638
VIDEOTRON LTD/ VIDEO	610,000	-	5.38	06/15/2024	614,589	602,375
VIDEOTRON LTD/ VIDEO	300,000	-	5.13	04/15/2027	293,132	283,359
VMED O2 UK FING I PL	400,000	-	4.75	07/15/2031	319,000	324,940
WEATHERFORD INTL LTD	405,000	-	6.50	09/15/2028	405,000	397,022
WESCO DISTR INC	420,000	-	7.25	06/15/2028	428,400	425,447
WYNDHAM DESTINATIONS	400,000	-	6.63	07/31/2026	408,000	391,304
XPO ESCROW SUB LLC	260,000	-	7.50	11/15/2027	257,397	263,099
YUM BRANDS INC	400,000	-	5.35	11/01/2043	340,667	329,000
YUM BRANDS INC	235,000	-	5.38	04/01/2032	235,000	217,669
ZOOMINFO TECHNOLOGIE	450,000	-	3.88	02/01/2029	379,125	378,171
					71,839,926	64,373,474

HEDGE FUND OF FUNDS:

ENTRUST CAP CLASS X SERIES 06302017	-	16,597	-	-	1,659,729	120,570
ENTRUST CAP CLASS X SERIES 09302017	-	16,651	-	-	1,665,097	124,670
ENTRUST CAPITAL DIVERSIFIED FUND CLASS X	-	42,140	-	-	4,214,016	296,505
ENTRUST CAPITAL SPECIAL OPP FD TRANCHE D	-	2,173,681	-	-	-	2,173,681
ENTRUST PARTNERS OFFSHORE LLC	-	3,077,000	-	-	-	3,077,000
ENTRUST SPECIAL OPPORTUNITIES FUND II	-	689,713	-	-	-	689,713
ENTRUST SPECIAL OPPORTUNITIES FUND III	-	19,496,483	-	-	20,575,420	19,496,483
					28,114,262	25,978,622

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
MUTUAL FUNDS:						
LAZARD EMERGING MARKET TRUST	-	2,037,722	-	%	\$ 37,382,889	\$ 29,689,606
PIMCO INCOME INST	-	2,624,669	-	-	<u>30,782,833</u>	<u>27,165,320</u>
					<u>68,165,722</u>	<u>56,854,926</u>
103-12 INVESTMENT ENTITIES:						
DIMENSIONAL MICRO CAP MASTER TRUST	-	2,553	-	-	8,186,815	29,087,845
JOHNSTON I.E. GROUP MASTER TRUST MF	-	3,046,659	-	-	<u>53,612,502</u>	<u>106,640,070</u>
					<u>61,799,317</u>	<u>135,727,915</u>
COMMON TRUST FUNDS:						
AFL BUILDERS INVESTMENT TRUST	-	1,765	-	-	8,175,027	14,569,129
* LONGVIEW 600 SMALL CAP COLLECTIVE FD	-	49,858	-	-	17,902,335	82,806,778
* LONGVIEW CORE PLUS FIXED INCOME FUND	-	336,387	-	-	47,233,397	55,285,334
* LONGVIEW LARGE CAP PLUS FUND	-	1,145,136	-	-	124,414,448	186,461,401
* LONGVIEW ULTRA 1 CONSTRUCTION	-	889	-	-	1,670,085	709,487
* LONGVIEW LARGE CAP 500	-	239,473	-	-	256,864,730	337,522,697
* LONGVIEW MID CAP 400	-	38,985	-	-	80,163,754	102,688,017
LORD ABBETT SMALL CAP GROWTH	-	1,579,779	-	-	10,000,000	9,699,842
WILLIAM BLAIR COLLECTIVE INVESTMENT FUND	-	1,746,268	-	-	<u>21,088,682</u>	<u>32,674,241</u>
					<u>567,512,458</u>	<u>822,416,926</u>
COMMON STOCKS:						
ABB LTD	-	52,575	-	-	1,023,783	1,595,193
ACCENTURE PLC	-	6,564	-	-	897,072	1,751,538
ADVANTEST CORP	-	13,300	-	-	920,249	854,780
AIA GROUP LTD	-	177,200	-	-	1,548,381	1,971,993
AIRBUS GROUP NV	-	16,760	-	-	2,068,150	1,984,618
AKZO NOBEL NV	-	22,437	-	-	2,432,171	1,497,142
AON PLC	-	13,686	-	-	1,754,540	4,107,716
ARISTON HOLDING NV	-	36,708	-	-	421,276	376,879
BAYCURRENT CONSULTING INC	-	29,600	-	-	728,361	923,396
BERKELEY GROUP HOLDINGS	-	15,899	-	-	734,084	722,633
BRP INC	-	11,569	-	-	887,720	882,206
BUREAU VERITAS SA	-	57,199	-	-	1,596,110	1,501,418
CAE INC	-	101,293	-	-	1,875,312	1,959,671
CANADIAN PACIFIC RAILWAY LTD	-	18,494	-	-	1,479,830	1,379,130
CARLSBERG AS	-	17,147	-	-	1,988,532	2,268,455
COCA-COLA EUROPEAN	-	49,575	-	-	2,033,539	2,720,506
COGECO COMMUNICATION	-	11,865	-	-	952,311	673,040
COMPASS GROUP	-	84,533	-	-	1,402,894	1,952,642
CONTINENTAL AG	-	18,163	-	-	2,046,145	1,091,843
CRH	-	41,815	-	-	1,253,152	1,650,642
CTS EVENTIM AG & C	-	14,666	-	-	997,574	933,873
DAIKIN INDUSTRIES LTD	-	8,700	-	-	1,691,374	1,332,285
DBS GROUP	-	60,000	-	-	1,394,595	1,517,242
DIGITAL GARAGE INC T	-	25,776	-	-	737,476	893,991
EDP ENERGIAS PORTU	-	310,760	-	-	1,428,991	1,543,262
ESR CAYMAN LIMITED	-	476,400	-	-	1,150,678	1,000,478
GAZ DE FRANCE	-	163,122	-	-	2,408,629	2,329,324
GENMAB AS	-	3,239	-	-	604,372	1,365,061
HENSOLDT AG	-	53,283	-	-	753,233	1,261,663
HEXAGON AB	-	94,583	-	-	709,630	984,562
HSBC CAPITAL FUNDING	-	44,727	-	-	280,649	277,861
ICON PLC	-	8,333	-	-	1,795,192	1,618,685
IDORSIA LTD	-	25,996	-	-	344,892	377,229
INFINEON TECHNOLOG	-	45,422	-	-	1,282,637	1,380,258
INFORMA PLC	-	136,346	-	-	960,775	1,017,688
ISRAEL DISCOUNT BANK A	-	372,900	-	-	899,705	1,957,030
KINDER MORGAN FRACT SHS	-	3	-	-	0	54
KOBE BUSSAN	-	29,200	-	-	912,416	838,974
MERCK KGAA	-	9,096	-	-	1,651,459	1,763,786
NATIONAL BK CDA	-	33,254	-	-	1,431,281	2,241,040
NOKIA OYJ	-	25	-	-	290	116
OLYMPUS CORP (JSD)	-	75,000	-	-	1,605,140	1,337,289
PERNOD-RICARD	-	9,633	-	-	1,695,713	1,887,950

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
COMMON STOCKS (continued):						
PETERSHILL PARTNER	-	30,154	-	%	\$ 142,589	\$ 61,389
RELX PLC	-	103,428	-	-	2,400,132	2,850,723
RIO TINTO PLC	-	25,666	-	-	1,279,671	1,792,657
ROCHE HOLDINGS	-	8,027	-	-	2,618,389	2,521,422
RYANAIR HLDGS PLC	-	17,850	-	-	1,618,207	1,334,466
SAMPO LEONIA	-	37,660	-	-	1,538,792	1,961,009
SHIMANO INC	-	5,000	-	-	1,132,969	792,973
SUNCOR ENERGY INC	-	56,488	-	-	1,333,067	1,792,204
SUZUKI MOTOR CORP	-	24,800	-	-	1,119,566	802,986
TECHNOGYM S P A	-	69,060	-	-	491,768	526,665
TOKYO ELECTRON	-	3,300	-	-	1,518,803	972,673
TOROMONT IND S LTD	-	24,103	-	-	1,046,236	1,739,716
UNIVERSAL MUSIC GR	-	82,524	-	-	1,887,683	1,981,333
USF LIQUIDATING CORP	-	1,481	-	-	5,245	185
VESTAS WIND SYSTEMS A/S	-	29,838	-	-	695,265	864,136
VOLVO CAR AB-B	-	32,716	-	-	228,049	148,033
VONOVIA SE	-	28,199	-	-	1,509,074	661,395
YAMAHA CORP	-	27,000	-	-	1,200,104	1,007,060
					<u>74,545,922</u>	<u>81,536,167</u>

PARTNERSHIPS:

AEA INVESTORS FUND VI	-	-	-	-	167,529	6,148,460
ARES CORPORATE OPPORTUNITIES FD V	-	-	-	-	6,081,040	10,046,774
ARES PE EXTENDED VALUE FUND	-	-	-	-	3,842,952	5,594,461
AUDAX PRIVATE EQUITY FUND 1	-	-	-	-	0	9,018,518
BLACKROCK	-	-	-	-	0	2,381,563
BROOKFIELD REAL ESTATE FINANCIAL PTN	-	-	-	-	0	727,644
BROOKFIELD SUPER-CORE INFRA PARTNERS	-	-	-	-	30,328,604	31,391,685
BUILDING FOR AMERICA FUND III LP	-	-	-	-	0	2,334,475
CABOT INDUSTRIAL VALUE FUND VI, LP	-	-	-	-	7,316,594	9,473,685
CERBERUS INSTITUTIONAL PARTNERS SERIES 5	-	-	-	-	0	4,435,170
CERBERUS INSTITUTIONAL PARTNERS SERIES 6	-	-	-	-	5,228,739	11,570,073
CERBERUS LTD PART LP SERIES 4	-	-	-	-	0	1,977,436
CROW HOLDINGS REALTY PARTNERS VII	-	-	-	-	0	298,014
CVC CAPITAL PARTNERS VIII	-	-	-	-	5,239,574	5,871,617
GENSTAR CAPITAL PARTNERS 7	-	-	-	-	86,752	7,757,096
GREEN EQUITY INVESTORS VII	-	-	-	-	3,175,391	20,018,191
GS INST INFRASTRUCTURE PARTNERS I LP	-	-	-	-	0	163,473
GSCP VI LP	-	-	-	-	0	202,076
HAMILTON LANE SECONDARY FEEDER FUND V	-	-	-	-	11,216,496	16,766,533
HAMILTON LANE VENTURE CAPITAL OFFSHORE	-	-	-	-	561,801	497,453
HARRISON STREET REAL ESTATE PARTNERS VII	-	-	-	-	5,853,246	9,273,535
HARVEST PARTNERS VII	-	-	-	-	1,516,249	16,037,524
* HC SPECIAL OPP SPC CLOSED END PORT 2	-	-	-	-	0	439,252
* HC SPECIAL OPP SPC CLOSED END PORT 3	-	-	-	-	748,165	1,132,781
HGGC FUND IV-A LP	-	-	-	-	3,634,301	4,134,837
* HIRTLE CALLAGHAN PRIV EQTY OS FD X	-	-	-	-	1,470	6,170,863
INSIGHT EQUITY TE 3 LP	-	-	-	-	9,063,045	13,233,395
KELSO GP X, L.P.	-	-	-	-	6,732,786	14,715,193
KPS SPECIAL SITUATIONS FD III LP	-	-	-	-	2	44,508
KPS SPECIAL SITUATIONS FUND IV	-	-	-	-	94,568	13,844,490
KPS SPECIAL SITUATIONS FUND V	-	-	-	-	12,824,271	19,825,956
KPS SPECIAL SITUATIONS MID CAP FUND	-	-	-	-	4,665,651	7,125,507
LANDMARK EQUITY PARTNERS XIV LP	-	-	-	-	0	1,587,131
LANDMARK EQUITY PARTNERS XV LP	-	-	-	-	0	2,138,181
LANDMARK PARTNERS	-	-	-	-	0	33,486
* LV PRIVATE EQUITY FUND OF FUNDS	-	-	-	-	1	7,732,071
OAKTREE GLOBAL CREDIT FUND, L.P.	-	-	-	-	25,000,000	26,489,877
OAKTREE GLOBAL CREDIT PLUS FUND	-	-	-	-	10,000,000	10,079,480
OAKTREE REAL ESTATE FUND VII	-	-	-	-	2,046,490	4,361,325
OAKTREE SPECIAL SITUATIONS FUND II LP	-	-	-	-	5,415,915	10,581,918
PIMCO TACTICAL OPP OFFSHORE	-	-	-	-	20,000,000	24,315,438
PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	-	-	-	-	8,530,250	13,284,774
PLATINUM EQUITY CAPITAL PARTNERS VI	-	-	-	-	435,280	342,750
PROVIDENCE EQUITY PARTNERS VIII LP	-	-	-	-	7,038,042	9,857,786

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
PARTNERSHIPS (continued):						
ROCKWOOD CAPITAL REAL ESTATE PARTNERS X	-	-	-	-	\$ 3,725,530	\$ 6,121,186
THOMA BRAVO FUND XIV-A LP	-	-	-	-	9,444,326	8,920,330
VISTA EQUITY PARTNERS FUND VI	-	-	-	-	3,215,332	22,667,106
WLR RECOVERY FUND	-	-	-	-	0	32,217
YUCAIPA AMERICAN ALLIANCE FD II	-	-	-	-	0	16,649,115
					<u>213,230,392</u>	<u>417,846,409</u>
<u>SHORT-TERM INVESTMENTS:</u>						
CASH COLLATERAL	-	1,020,000	-	-	1,020,000	1,020,000
* DREYFUS GOVERNMENT CASH MGMT MMKT INT	-	2,398	-	-	2,398	2,398
*/** ENHANCED MONEY MARKET	-	13,288,409	-	-	13,288,410	13,288,410
GOLDMAN SACHS TREAS OBLIG INS MMKT DIV	-	6,478,074	-	-	6,478,074	6,478,074
JP MORGAN 100% US TREASURY MONEY MKT	-	1,600,163	-	-	1,600,163	1,600,163
* JP MORGAN PRIME MONEY MKT FD MMKT INT	-	3,870,058	-	-	3,870,058	3,870,058
TRANSAMERICA CASH MGMT FUND	-	80,104	-	-	80,104	80,104
					<u>26,339,207</u>	<u>26,339,207</u>
<u>INVESTMENT IN ALICO SERVICES CORPORATION</u>						
Total investments					<u>\$ 1,139,647,206</u>	<u>\$ 1,678,273,646</u>

* Indicates party-in-interest

** Includes \$5,270,129 of net assets held in 401(h) account

See accompanying independent auditors' report.

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

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

DECEMBER 31, 2022

EIN #13-6130178
Plan 001

Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
CORPORATE BONDS AND DEBENTURES:						
1011778 B.C. UNLIMIT	335,000	-	5.75 %	04/15/2025	\$ 335,462	\$ 332,387
180 MED INC	250,000	-	3.88	10/15/2029	250,000	214,925
ACI WORLDWIDE INC	350,000	-	5.75	08/15/2026	352,603	339,063
ADAPTHEALTH LLC	300,000	-	6.13	08/01/2028	303,770	275,007
ADAPTHEALTH LLC	555,000	-	5.13	03/01/2030	556,491	472,466
ADVANCED DRAIN SYS I	95,000	-	6.38	06/15/2030	95,000	92,308
ALBERTSONS COS INC /	265,000	-	7.50	03/15/2026	275,832	270,602
ALBION FING 1 S A R	500,000	-	6.13	10/15/2026	458,310	445,905
ALBION FING 1 S A R	200,000	-	8.75	04/15/2027	200,000	170,308
ALTA EQUIPMENT GROUP	565,000	-	5.63	04/15/2026	550,907	508,557
ALTICE FRANCE HLDG S	200,000	-	10.50	05/15/2027	159,675	152,500
ALTICE FRANCE S A	305,000	-	8.13	02/01/2027	297,868	277,818
AMERICAN AIRLINES	1,500,000	-	11.75	07/15/2025	1,552,827	1,608,900
AMERICAN AXLE & MFG	355,000	-	6.88	07/01/2028	356,257	316,500
AMN HEALTHCARE INC	650,000	-	4.63	10/01/2027	637,330	599,346
APOLLO COML REAL EST	465,000	-	4.63	06/15/2029	465,000	372,181
ARAMARK SVCS INC	600,000	-	6.38	05/01/2025	605,509	592,626
ARCHE'S BUYER INC	160,000	-	4.25	06/01/2028	157,985	125,136
ASBURY AUTOMOTIVE GR	500,000	-	4.63	11/15/2029	451,421	421,320
AUSTIN HOLDCO INC AN	415,000	-	7.13	12/15/2028	335,206	315,126
AVIS BUDGET CAR RENT	100,000	-	5.75	07/15/2027	89,266	90,700
BCPE EMPIRE TOPCO IN	350,000	-	7.63	05/01/2027	335,028	313,873
BRAND ENERGY & INFRA	345,000	-	8.50	07/15/2025	347,326	275,648
BWAY HOLDING COMPANY	765,000	-	7.25	04/15/2025	758,898	707,411
C&W SENIOR FINANCING	200,000	-	6.88	09/15/2027	199,310	186,000
CAESARS ENTERTAINMEN	400,000	-	6.25	07/01/2025	402,300	388,672
CCO HLDGS LLC / CCO	500,000	-	5.50	05/01/2026	505,003	484,050
CCO HLDGS LLC / CCO	450,000	-	4.25	01/15/2034	362,542	332,122
CCO HLDGS LLC / CCO	500,000	-	4.75	02/01/2032	500,000	405,350
CCO HLDGS LLC / CCO	135,000	-	6.38	09/01/2029	135,000	126,865
CENTENE CORP DEL	920,000	-	4.63	12/15/2029	881,030	840,733
CHART INDs INC	45,000	-	7.50	01/01/2030	44,397	45,238
CHART INDs INC	50,000	-	9.50	01/01/2031	49,800	51,280
CINEMARK USA INC	150,000	-	5.88	03/15/2026	154,062	124,944
CINEMARK USA INC	855,000	-	5.25	07/15/2028	836,108	634,914
CLEAN HARBORS INC	65,000	-	4.88	07/15/2027	60,840	61,587
CLEAR CHANNEL OUTDOO	450,000	-	7.75	04/15/2028	391,894	328,504
CLEARWATER PAPER COR	300,000	-	5.38	02/01/2025	296,916	291,492
CLEARWATER PAPER COR	375,000	-	4.75	08/15/2028	381,990	329,504
CLYDESDALE ACQUISITI	315,000	-	6.63	04/15/2029	319,270	299,486
CLYDESDALE ACQUISITI	585,000	-	8.75	04/15/2030	541,057	500,742
COMMSCOPE FIN LLC	250,000	-	8.25	03/01/2027	208,750	193,750
COMMSCOPE TECHNOLOGI	400,000	-	5.00	03/15/2027	327,495	271,680
COMMUNITY HEALTH SYS	800,000	-	6.88	04/15/2029	817,898	411,168
COMMUNITY HEALTH SYS	143,000	-	5.25	05/15/2030	143,000	107,828
CONSOLIDATED ENERGY	445,000	-	5.63	10/15/2028	446,648	378,108
CONSTELLIUM SE	350,000	-	3.75	04/15/2029	310,073	284,354
COTY INC	235,000	-	6.50	04/15/2026	236,227	225,600
CP ATLAS BUYER INC.	775,000	-	7.00	12/01/2028	794,924	575,569
CROCS INC	400,000	-	4.25	03/15/2029	390,500	338,840
CROCS INC	250,000	-	4.13	08/15/2031	192,500	203,738
CSC HLDGS LLC	600,000	-	4.50	11/15/2031	487,231	416,286
CVR PARTNERS LP/CVR	790,000	-	6.13	06/15/2028	801,044	708,717
DARLING INGREDIENTS	690,000	-	6.00	06/15/2030	697,575	674,475

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
CORPORATE BONDS AND DEBENTURES (continued):						
DISH DBS CORPORATION	500,000	-	5.13 %	06/01/2029	\$ 500,000	\$ 322,555
DISH DBS CORPORATION	150,000	-	5.25	12/01/2026	129,518	126,351
DISH NETWORK CORPORA	350,000	-	11.75	11/15/2027	343,730	360,465
EDGEWELL PERS CARE C	500,000	-	5.50	06/01/2028	473,500	467,615
ENTERCOM MEDIA CORP	975,000	-	6.75	03/31/2029	987,443	168,880
EQUITRANS MIDSTREAM	150,000	-	7.50	06/01/2027	150,000	146,889
FORD MOTOR CREDIT CO	400,000	-	4.00	11/13/2030	340,917	328,336
FORD MOTOR CREDIT CO	350,000	-	2.70	08/10/2026	316,342	303,940
FORD MOTOR CREDIT CO	400,000	-	4.54	08/01/2026	384,544	368,564
FORD MTR CO DEL	200,000	-	4.75	01/15/2043	165,155	143,558
FORD MTR CO DEL	50,000	-	6.10	08/19/2032	50,000	46,168
FORTRESS TRANSN & IN	815,000	-	5.50	05/01/2028	816,121	695,285
FRONTIER COMMUNICATI	500,000	-	5.88	10/15/2027	493,060	464,285
GANNETT HOLDINGS LLC	395,000	-	6.00	11/01/2026	394,212	321,925
GFL ENVIRONMENTAL IN	700,000	-	4.25	06/01/2025	675,704	668,640
GOODYEAR TIRE & RUBR	400,000	-	5.00	07/15/2029	370,467	333,660
GRAPHIC PACKAGING IN	650,000	-	3.50	03/01/2029	568,741	553,820
GRAY ESCROW II INC	450,000	-	5.38	11/15/2031	353,627	324,293
GUITAR CTR ESCROW II	410,000	-	8.50	01/15/2026	426,130	336,963
H B FULLER CO	700,000	-	4.25	10/15/2028	616,204	619,500
HAT HLDGS I LLC / HA	500,000	-	6.00	04/15/2025	505,185	484,140
HAWAIIAN BRAND INTEL	595,000	-	5.75	01/20/2026	590,894	538,475
HESS MIDSTREAM OPERA	400,000	-	5.63	02/15/2026	385,041	389,636
HOWMET AEROSPACE INC	370,000	-	6.88	05/01/2025	386,188	379,683
HUSKY III HOLDING LI	355,000	-	13.00	02/15/2025	362,272	314,175
IHEARTCOMMUNICATIONS	400,000	-	5.25	08/15/2027	370,516	338,832
INNOPHOS HOLDINGS IN	570,000	-	8.75	02/15/2026	575,257	487,350
INTERFACE INC	355,000	-	5.50	12/01/2028	363,141	293,120
INTL GAME TECH PLC	600,000	-	5.25	01/15/2029	566,322	559,116
IQVIA INC	350,000	-	5.00	10/15/2026	347,368	334,198
IRON MTN INC NEW	700,000	-	5.25	07/15/2030	611,396	608,300
JEFFERIES FINANCE LL	220,000	-	5.00	08/15/2028	222,291	179,461
KENNEDY WILSON INC	485,000	-	5.00	03/01/2031	485,000	365,079
KINETIK HLDGS LP	65,000	-	5.88	06/15/2030	64,732	60,956
KONTOOR BRANDS INC	500,000	-	4.13	11/15/2029	500,000	408,055
KOPPERS INC PA	800,000	-	6.00	02/15/2025	738,931	760,000
KRAFT HEINZ FOODS CO	350,000	-	4.38	06/01/2046	335,816	284,410
LABL ESCROW ISSUER L	370,000	-	6.75	07/15/2026	375,971	348,758
LABL INC	500,000	-	8.25	11/01/2029	500,000	398,235
LAMB WESTON HLDGS IN	340,000	-	4.88	05/15/2028	337,450	322,150
LAREDO PETROLEUM INC	500,000	-	7.75	07/31/2029	500,000	450,040
LEVEL 3 FING INC	225,000	-	3.88	11/15/2029	197,226	177,557
LFS TOPCO LLC	480,000	-	5.88	10/15/2026	491,677	386,760
LIFE TIME FITNESS	450,000	-	5.75	01/15/2026	427,048	418,725
LPL HLDGS INC	775,000	-	4.38	05/15/2031	726,080	658,866
LSB INDS INC	502,000	-	6.25	10/15/2028	513,298	459,305
LSF9 ATLANTIS HLDGS	895,000	-	7.75	02/15/2026	863,173	792,129
MARRIOTT OWNERSHIP R	400,000	-	6.13	09/15/2025	401,612	412,252
MATCH GROUP HOLDINGS	190,000	-	3.63	10/01/2031	160,263	145,703
MAUSER PACKAGING SOL	680,000	-	8.50	04/15/2024	683,996	666,373
MAV ACQUISITION CORP	500,000	-	5.75	08/01/2028	449,189	420,185
METIS MERGER SUB LLC	475,000	-	6.50	05/15/2029	387,950	398,753
MIDCAP FINANCIAL ISS	605,000	-	6.50	05/01/2028	624,851	520,300
MPT OPER PTSHP LP/MP	350,000	-	5.25	08/01/2026	347,482	318,762
MPT OPER PTSHP LP/MP	375,000	-	3.50	03/15/2031	382,595	257,055
MUELLER WTR PRODS IN	175,000	-	4.00	06/15/2029	175,000	153,781
NCL CORP LTD	400,000	-	5.88	02/15/2027	395,943	346,520
NEON HLDGS INC	573,000	-	10.13	04/01/2026	589,554	488,483
NEW HOME CO INC	820,000	-	7.25	10/15/2025	856,890	701,100
NEW RED FINANCE INC	150,000	-	3.88	01/15/2028	130,755	134,183
NEWELL BRANDS INC	700,000	-	4.45	04/01/2026	678,045	658,560
OCCIDENTAL PETE CORP	450,000	-	7.50	05/01/2031	550,479	480,812
ONEMAIN FINANCIAL CO	355,000	-	6.88	03/15/2025	366,469	341,041
OUTFRONT MEDIA CAP /	350,000	-	5.00	08/15/2027	312,375	315,088
OWENS & MINOR INC	500,000	-	6.63	04/01/2030	500,000	429,700

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
CORPORATE BONDS AND DEBENTURES (continued):						
OWENS BROCKWAY	226,000	-	5.88 %	08/15/2023	\$ 226,738	\$ 224,391
OXFORD FINANCE LLC /	150,000	-	6.38	02/01/2027	150,450	139,500
PARK INTER HLDGS LLC	350,000	-	7.50	06/01/2025	361,643	349,801
PARK OHIO INDS INC-O	340,000	-	6.63	04/15/2027	333,925	230,976
PATRICK INDS INC	715,000	-	4.75	05/01/2029	716,513	593,450
PAYSAFE FIN PLC / PA	500,000	-	4.00	06/15/2029	500,000	386,250
PICASSO FINANCE SUB	400,000	-	6.13	06/15/2025	409,213	396,000
PILGRIMS PRIDE CORP	850,000	-	4.25	04/15/2031	718,415	722,976
PRECISION DRILLING C	415,000	-	6.88	01/15/2029	420,640	386,369
PRIME SEC SVCS BORRO	215,000	-	6.25	01/15/2028	215,000	195,684
RADIOLOGY PARTNERS I	560,000	-	9.25	02/01/2028	557,150	314,356
RAYONIER A.M. PRODS	427,000	-	7.63	01/15/2026	447,399	411,743
SCIL IV LLC / SCIL U	200,000	-	5.38	11/01/2026	200,000	169,500
SEAGATE HDD CAYMAN	350,000	-	4.75	06/01/2023	349,622	348,040
SEALED AIR CORP NEW	250,000	-	5.00	04/15/2029	226,241	235,000
SEALED AIR CORPORATI	650,000	-	5.50	09/15/2025	659,684	640,666
SENSATA TECH BV	500,000	-	5.88	09/01/2030	500,000	473,865
SIRIUS XM RADIO INC	345,000	-	5.50	07/01/2029	341,363	314,909
SIRIUS XM RADIO INC	350,000	-	4.13	07/01/2030	308,035	288,823
SIZZLING PLATTER LLC	340,000	-	8.50	11/28/2025	322,826	312,834
SPRIT IP CAYMAN LTD	590,000	-	8.00	09/20/2025	581,479	593,027
SPRINT CORP	350,000	-	7.88	09/15/2023	356,946	354,896
SPRINT CORPORATION	350,000	-	7.13	06/15/2024	358,128	356,839
SUNCOKE ENERGY INC	570,000	-	4.88	06/30/2029	570,000	489,282
SWF ESCROW ISSUER CO	348,000	-	6.50	10/01/2029	348,000	201,649
TENET HEALTHCARE COR	500,000	-	6.25	02/01/2027	513,072	480,255
TENET HEALTHCARE COR	400,000	-	6.13	06/15/2030	396,669	381,120
THE PROVIDENCE SERVI	360,000	-	5.88	11/15/2025	333,900	338,159
TITAN ACQUISITION LT	430,000	-	7.75	04/15/2026	428,013	387,254
TITAN INTL INC ILL	345,000	-	7.00	04/30/2028	353,728	325,721
TOWNSQUARE MEDIA INC	689,000	-	6.88	02/01/2026	713,124	611,487
TRANSDIGM INC	360,000	-	6.25	03/15/2026	364,598	355,028
TRANSDIGM INC	395,000	-	7.50	03/15/2027	396,542	390,817
TTM TECHNOLOGIES INC	500,000	-	4.00	03/01/2029	500,000	428,775
U S ACUTE CARE SOLUT	960,000	-	6.38	03/01/2026	990,373	851,923
UNITED AIR LINES INC	365,000	-	4.38	04/15/2026	344,686	338,329
UNITED AIR LINES INC	350,000	-	4.63	04/15/2029	295,750	304,745
UNITED RENTALS NORTH	275,000	-	5.50	05/15/2027	274,313	271,480
UNITED RENTALS NORTH	350,000	-	6.00	12/15/2029	350,000	347,812
UNIVISION COMMUNICAT	657,000	-	7.38	06/30/2030	656,948	627,895
VERMILION ENERGY INC	140,000	-	6.88	05/01/2030	138,937	127,761
VICTORIA FINANCE LTD	186,100	-	0.33	02/15/2099	195,062	61,638
VIDEOTRON LTD/ VIDEO	610,000	-	5.38	06/15/2024	614,589	602,375
VIDEOTRON LTD/ VIDEO	300,000	-	5.13	04/15/2027	293,132	283,359
VMED O2 UK FING I PL	400,000	-	4.75	07/15/2031	319,000	324,940
WEATHERFORD INTL LTD	405,000	-	6.50	09/15/2028	405,000	397,022
WESCO DISTR INC	420,000	-	7.25	06/15/2028	428,400	425,447
WYNDHAM DESTINATIONS	400,000	-	6.63	07/31/2026	408,000	391,304
XPO ESCROW SUB LLC	260,000	-	7.50	11/15/2027	257,397	263,099
YUM BRANDS INC	400,000	-	5.35	11/01/2043	340,667	329,000
YUM BRANDS INC	235,000	-	5.38	04/01/2032	235,000	217,669
ZOOMINFO TECHNOLOGIE	450,000	-	3.88	02/01/2029	379,125	378,171
					71,839,926	64,373,474

HEDGE FUND OF FUNDS:

ENTRUST CAP CLASS X SERIES 06302017	-	16,597	-	-	1,659,729	120,570
ENTRUST CAP CLASS X SERIES 09302017	-	16,651	-	-	1,665,097	124,670
ENTRUST CAPITAL DIVERSIFIED FUND CLASS X	-	42,140	-	-	4,214,016	296,505
ENTRUST CAPITAL SPECIAL OPP FD TRANCHE D	-	2,173,681	-	-	-	2,173,681
ENTRUST PARTNERS OFFSHORE LLC	-	3,077,000	-	-	-	3,077,000
ENTRUST SPECIAL OPPORTUNITIES FUND II	-	689,713	-	-	-	689,713
ENTRUST SPECIAL OPPORTUNITIES FUND III	-	19,496,483	-	-	20,575,420	19,496,483
					28,114,262	25,978,622

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
MUTUAL FUNDS:						
LAZARD EMERGING MARKET TRUST	-	2,037,722	-	%	\$ 37,382,889	\$ 29,689,606
PIMCO INCOME INST	-	2,624,669	-	-	<u>30,782,833</u>	<u>27,165,320</u>
					<u>68,165,722</u>	<u>56,854,926</u>
103-12 INVESTMENT ENTITIES:						
DIMENSIONAL MICRO CAP MASTER TRUST	-	2,553	-	-	8,186,815	29,087,845
JOHNSTON I.E. GROUP MASTER TRUST MF	-	3,046,659	-	-	<u>53,612,502</u>	<u>106,640,070</u>
					<u>61,799,317</u>	<u>135,727,915</u>
COMMON TRUST FUNDS:						
AFL BUILDERS INVESTMENT TRUST	-	1,765	-	-	8,175,027	14,569,129
* LONGVIEW 600 SMALL CAP COLLECTIVE FD	-	49,858	-	-	17,902,335	82,806,778
* LONGVIEW CORE PLUS FIXED INCOME FUND	-	336,387	-	-	47,233,397	55,285,334
* LONGVIEW LARGE CAP PLUS FUND	-	1,145,136	-	-	124,414,448	186,461,401
* LONGVIEW ULTRA 1 CONSTRUCTION	-	889	-	-	1,670,085	709,487
* LONGVIEW LARGE CAP 500	-	239,473	-	-	256,864,730	337,522,697
* LONGVIEW MID CAP 400	-	38,985	-	-	80,163,754	102,688,017
LORD ABBETT SMALL CAP GROWTH	-	1,579,779	-	-	10,000,000	9,699,842
WILLIAM BLAIR COLLECTIVE INVESTMENT FUND	-	1,746,268	-	-	<u>21,088,682</u>	<u>32,674,241</u>
					<u>567,512,458</u>	<u>822,416,926</u>
COMMON STOCKS:						
ABB LTD	-	52,575	-	-	1,023,783	1,595,193
ACCENTURE PLC	-	6,564	-	-	897,072	1,751,538
ADVANTEST CORP	-	13,300	-	-	920,249	854,780
AIA GROUP LTD	-	177,200	-	-	1,548,381	1,971,993
AIRBUS GROUP NV	-	16,760	-	-	2,068,150	1,984,618
AKZO NOBEL NV	-	22,437	-	-	2,432,171	1,497,142
AON PLC	-	13,686	-	-	1,754,540	4,107,716
ARISTON HOLDING NV	-	36,708	-	-	421,276	376,879
BAYCURRENT CONSULTING INC	-	29,600	-	-	728,361	923,396
BERKELEY GROUP HOLDINGS	-	15,899	-	-	734,084	722,633
BRP INC	-	11,569	-	-	887,720	882,206
BUREAU VERITAS SA	-	57,199	-	-	1,596,110	1,501,418
CAE INC	-	101,293	-	-	1,875,312	1,959,671
CANADIAN PACIFIC RAILWAY LTD	-	18,494	-	-	1,479,830	1,379,130
CARLSBERG AS	-	17,147	-	-	1,988,532	2,268,455
COCA-COLA EUROPEAN	-	49,575	-	-	2,033,539	2,720,506
COGECO COMMUNICATION	-	11,865	-	-	952,311	673,040
COMPASS GROUP	-	84,533	-	-	1,402,894	1,952,642
CONTINENTAL AG	-	18,163	-	-	2,046,145	1,091,843
CRH	-	41,815	-	-	1,253,152	1,650,642
CTS EVENTIM AG & C	-	14,666	-	-	997,574	933,873
DAIKIN INDUSTRIES LTD	-	8,700	-	-	1,691,374	1,332,285
DBS GROUP	-	60,000	-	-	1,394,595	1,517,242
DIGITAL GARAGE INC T	-	25,776	-	-	737,476	893,991
EDP ENERGIAS PORTU	-	310,760	-	-	1,428,991	1,543,262
ESR CAYMAN LIMITED	-	476,400	-	-	1,150,678	1,000,478
GAZ DE FRANCE	-	163,122	-	-	2,408,629	2,329,324
GENMAB AS	-	3,239	-	-	604,372	1,365,061
HENSOLDT AG	-	53,283	-	-	753,233	1,261,663
HEXAGON AB	-	94,583	-	-	709,630	984,562
HSBC CAPITAL FUNDING	-	44,727	-	-	280,649	277,861
ICON PLC	-	8,333	-	-	1,795,192	1,618,685
IDORSIA LTD	-	25,996	-	-	344,892	377,229
INFINEON TECHNOLOG	-	45,422	-	-	1,282,637	1,380,258
INFORMA PLC	-	136,346	-	-	960,775	1,017,688
ISRAEL DISCOUNT BANK A	-	372,900	-	-	899,705	1,957,030
KINDER MORGAN FRACT SHS	-	3	-	-	0	54
KOBE BUSSAN	-	29,200	-	-	912,416	838,974
MERCK KGAA	-	9,096	-	-	1,651,459	1,763,786
NATIONAL BK CDA	-	33,254	-	-	1,431,281	2,241,040
NOKIA OYJ	-	25	-	-	290	116
OLYMPUS CORP (JSD)	-	75,000	-	-	1,605,140	1,337,289
PERNOD-RICARD	-	9,633	-	-	1,695,713	1,887,950

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
COMMON STOCKS (continued):						
PETERSHILL PARTNER	-	30,154	-	%	\$ 142,589	\$ 61,389
RELX PLC	-	103,428	-	-	2,400,132	2,850,723
RIO TINTO PLC	-	25,666	-	-	1,279,671	1,792,657
ROCHE HOLDINGS	-	8,027	-	-	2,618,389	2,521,422
RYANAIR HLDGS PLC	-	17,850	-	-	1,618,207	1,334,466
SAMPO LEONIA	-	37,660	-	-	1,538,792	1,961,009
SHIMANO INC	-	5,000	-	-	1,132,969	792,973
SUNCOR ENERGY INC	-	56,488	-	-	1,333,067	1,792,204
SUZUKI MOTOR CORP	-	24,800	-	-	1,119,566	802,986
TECHNOGYM S P A	-	69,060	-	-	491,768	526,665
TOKYO ELECTRON	-	3,300	-	-	1,518,803	972,673
TOROMONT IND S LTD	-	24,103	-	-	1,046,236	1,739,716
UNIVERSAL MUSIC GR	-	82,524	-	-	1,887,683	1,981,333
USF LIQUIDATING CORP	-	1,481	-	-	5,245	185
VESTAS WIND SYSTEMS A/S	-	29,838	-	-	695,265	864,136
VOLVO CAR AB-B	-	32,716	-	-	228,049	148,033
VONOVIA SE	-	28,199	-	-	1,509,074	661,395
YAMAHA CORP	-	27,000	-	-	1,200,104	1,007,060
					<u>74,545,922</u>	<u>81,536,167</u>

PARTNERSHIPS:

AEA INVESTORS FUND VI	-	-	-	-	167,529	6,148,460
ARES CORPORATE OPPORTUNITIES FD V	-	-	-	-	6,081,040	10,046,774
ARES PE EXTENDED VALUE FUND	-	-	-	-	3,842,952	5,594,461
AUDAX PRIVATE EQUITY FUND 1	-	-	-	-	0	9,018,518
BLACKROCK	-	-	-	-	0	2,381,563
BROOKFIELD REAL ESTATE FINANCIAL PTN	-	-	-	-	0	727,644
BROOKFIELD SUPER-CORE INFRA PARTNERS	-	-	-	-	30,328,604	31,391,685
BUILDING FOR AMERICA FUND III LP	-	-	-	-	0	2,334,475
CABOT INDUSTRIAL VALUE FUND VI, LP	-	-	-	-	7,316,594	9,473,685
CERBERUS INSTITUTIONAL PARTNERS SERIES 5	-	-	-	-	0	4,435,170
CERBERUS INSTITUTIONAL PARTNERS SERIES 6	-	-	-	-	5,228,739	11,570,073
CERBERUS LTD PART LP SERIES 4	-	-	-	-	0	1,977,436
CROW HOLDINGS REALTY PARTNERS VII	-	-	-	-	0	298,014
CVC CAPITAL PARTNERS VIII	-	-	-	-	5,239,574	5,871,617
GENSTAR CAPITAL PARTNERS 7	-	-	-	-	86,752	7,757,096
GREEN EQUITY INVESTORS VII	-	-	-	-	3,175,391	20,018,191
GS INST INFRASTRUCTURE PARTNERS I LP	-	-	-	-	0	163,473
GSCP VI LP	-	-	-	-	0	202,076
HAMILTON LANE SECONDARY FEEDER FUND V	-	-	-	-	11,216,496	16,766,533
HAMILTON LANE VENTURE CAPITAL OFFSHORE	-	-	-	-	561,801	497,453
HARRISON STREET REAL ESTATE PARTNERS VII	-	-	-	-	5,853,246	9,273,535
HARVEST PARTNERS VII	-	-	-	-	1,516,249	16,037,524
* HC SPECIAL OPP SPC CLOSED END PORT 2	-	-	-	-	0	439,252
* HC SPECIAL OPP SPC CLOSED END PORT 3	-	-	-	-	748,165	1,132,781
HGGC FUND IV-A LP	-	-	-	-	3,634,301	4,134,837
* HIRTLE CALLAGHAN PRIV EQTY OS FD X	-	-	-	-	1,470	6,170,863
INSIGHT EQUITY TE 3 LP	-	-	-	-	9,063,045	13,233,395
KELSO GP X, L.P.	-	-	-	-	6,732,786	14,715,193
KPS SPECIAL SITUATIONS FD III LP	-	-	-	-	2	44,508
KPS SPECIAL SITUATIONS FUND IV	-	-	-	-	94,568	13,844,490
KPS SPECIAL SITUATIONS FUND V	-	-	-	-	12,824,271	19,825,956
KPS SPECIAL SITUATIONS MID CAP FUND	-	-	-	-	4,665,651	7,125,507
LANDMARK EQUITY PARTNERS XIV LP	-	-	-	-	0	1,587,131
LANDMARK EQUITY PARTNERS XV LP	-	-	-	-	0	2,138,181
LANDMARK PARTNERS	-	-	-	-	0	33,486
* LV PRIVATE EQUITY FUND OF FUNDS	-	-	-	-	1	7,732,071
OAKTREE GLOBAL CREDIT FUND, L.P.	-	-	-	-	25,000,000	26,489,877
OAKTREE GLOBAL CREDIT PLUS FUND	-	-	-	-	10,000,000	10,079,480
OAKTREE REAL ESTATE FUND VII	-	-	-	-	2,046,490	4,361,325
OAKTREE SPECIAL SITUATIONS FUND II LP	-	-	-	-	5,415,915	10,581,918
PIMCO TACTICAL OPP OFFSHORE	-	-	-	-	20,000,000	24,315,438
PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	-	-	-	-	8,530,250	13,284,774
PLATINUM EQUITY CAPITAL PARTNERS VI	-	-	-	-	435,280	342,750
PROVIDENCE EQUITY PARTNERS VIII LP	-	-	-	-	7,038,042	9,857,786

Lessor or Similar Party	Amount	Shares	Rate	Date	Cost	Value
PARTNERSHIPS (continued):						
ROCKWOOD CAPITAL REAL ESTATE PARTNERS X	-	-	-	-	\$ 3,725,530	\$ 6,121,186
THOMA BRAVO FUND XIV-A LP	-	-	-	-	9,444,326	8,920,330
VISTA EQUITY PARTNERS FUND VI	-	-	-	-	3,215,332	22,667,106
WLR RECOVERY FUND	-	-	-	-	0	32,217
YUCAIPA AMERICAN ALLIANCE FD II	-	-	-	-	0	16,649,115
					<u>213,230,392</u>	<u>417,846,409</u>
<u>SHORT-TERM INVESTMENTS:</u>						
CASH COLLATERAL	-	1,020,000	-	-	1,020,000	1,020,000
* DREYFUS GOVERNMENT CASH MGMT MMKT INT	-	2,398	-	-	2,398	2,398
*/** ENHANCED MONEY MARKET	-	13,288,409	-	-	13,288,410	13,288,410
GOLDMAN SACHS TREAS OBLIG INS MMKT DIV	-	6,478,074	-	-	6,478,074	6,478,074
JP MORGAN 100% US TREASURY MONEY MKT	-	1,600,163	-	-	1,600,163	1,600,163
* JP MORGAN PRIME MONEY MKT FD MMKT INT	-	3,870,058	-	-	3,870,058	3,870,058
TRANSAMERICA CASH MGMT FUND	-	80,104	-	-	80,104	80,104
					<u>26,339,207</u>	<u>26,339,207</u>
<u>INVESTMENT IN ALICO SERVICES CORPORATION</u>						
Total investments					<u>\$ 1,139,647,206</u>	<u>\$ 1,678,273,646</u>

* Indicates party-in-interest

** Includes \$5,270,129 of net assets held in 401(h) account

See accompanying independent auditors' report.