SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

LOI	calendar	plan year 2022 or fiscal plan year beginning 01/01/2022 and er	iding	1	2/31	/2022				
A Name of plan LEGACY PLAN OF THE NATIONAL RETIREMENT FUND			В	Three- plan r (PN)	_		0	01		
C	Plan snone	or's name as shown on line 2a of Form 5500	D	Emplo	ver l	dentificat	ion Numb	er (FIN	1	
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES-LEGACY PLAN OF THE NATIONAL RETIREMENT FUND 13-6130178							ion radino	Ci (Liiv	,	
				13-01	3017	0				
F	Part I	Distributions								
All	reference	s to distributions relate only to payments of benefits during the plan year.								
1		ue of distributions paid in property other than in cash or the forms of property specified in the			l					
2		EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during who paid the greatest dollar amounts of benefits):	g the	year (i	f mo	re than t	vo, enter	EINs of	the	
	EIN(s):				_					
	Profit-sl	naring 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	•	;	3				1	05
F	Part II	Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part.)		ction 4	2 of	the Inter	nal Rever	iue Cod	le or	
4	Is the pla	n administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?				Yes	X N	lo		I/A
-		an is a defined benefit plan, go to line 8.							_	
5	plan yea	er of the minimum funding standard for a prior year is being amortized in this r, see instructions and enter the date of the ruling letter granting the waiver. Date: Month				ay		ear		_
6	-	completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re the minimum required contribution for this plan year (include any prior year accumulated fund		ider or	unis	Schedul	е.			
U		, , , , , , , , , , , , , , , , , , , ,	•		6a					
		iency not waived)				_				
	b Ente	iency not waived) r the amount contributed by the employer to the plan for this plan year			6b					
	c Subt	•			6b 6c					
	C Subt	r the amount contributed by the employer to the plan for this plan yearract the amount in line 6b from the amount in line 6a. Enter the result								
7	C Subt (ente	r the amount contributed by the employer to the plan for this plan year ract the amount in line 6b from the amount in line 6a. Enter the result rr a minus sign to the left of a negative amount)				Yes		lo		N/A
7	C Subt (enter fixed fixe	r the amount contributed by the employer to the plan for this plan year	her			Yes		lo lo		N/A N/A
8	C Subt (enter fixed fixe	rethe amount contributed by the employer to the plan for this plan year	her			1				
8	C Subt (enter If you come Will the note that authority administed and the subsection of the subsection	rethe amount contributed by the employer to the plan for this plan year	her		6c	1		lo		N/A
8 P 9	C Subt (enter If you come Will the note that authority administed and the subsection of the subsection	rethe amount contributed by the employer to the plan for this plan year	her		6c	Yes	Both	lo 1		N/A
8 P 9	C Subt (enter If you continued with the number of the subsection o	rethe amount contributed by the employer to the plan for this plan year	her blan sse		Decr	Yes rease Revenue	Both	lo 1	No Part.	N/A
8 P 9	C Subt (enter If you continued with the result of the subsection o	rethe amount contributed by the employer to the plan for this plan year	her blan see	the Intelligence of the second	Decr	Yes rease Revenue	Both	n p this F	No Part.	N/A 0
8 9 P	C Subt (enter street)	rethe amount contributed by the employer to the plan for this plan year	her blan ise i) of t	the Inte	Decrinal I	Yes rease Revenue an?	Both Code, ski	n p this F Yes	No Part.	N/A