SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **Financial Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2023

This Form is Open to Public

Pension Benefit Guaranty Corporation	, , , , , , , , , , , , , , , , , , , ,		Inspection	on	
For calendar plan year 2023 or fiscal pla	n year beginning 01/01/2023	and ending 12/31	1/2023		
A Name of plan CWA/ITU NEGOTIATED PENSION PLA	AN	B Three-oplan nu	digit ımber (PN) ►	001	
C Plan sponsor's name as shown on lin BOARD OF TRUSTEES CWA/ITU NEG		' '	D Employer Identification Number (EIN) 13-6212879		

Part I Asset and Liability Statement

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,

Assets		(a) Beginning of Year	(b) End of Year
Total noninterest-bearing cash	1a		
Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	83124442	79500174
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	60429	3970
General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8789517	9661398
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	64008034	3152137
(5) Partnership/joint venture interests	1c(5)	53312652	4601408
(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)	317500835	34149133
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1609879	79430
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property			
e Buildings and other property used in plan operation	1e	197911	315466
f Total assets (add all amounts in lines 1a through 1e)	1f	528603699	509337843
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	945152	1246626
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	945152	1246626
Net Assets			
l Net assets (subtract line 1k from line 1f)	11	527658547	508091217

Part II Income and Expense Statement

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)	12677230	
(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)		12677230
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3335158	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3335158
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1094428	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		1094428
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	44247991	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31899579	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		12348412
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-7885644	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-7885644

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		43150364
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
Other income	2с		26602
Total income. Add all income amounts in column (b) and enter total	2d		64746550
Expenses			
Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	79623888	
(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)		79623888
Corrective distributions (see instructions)	2f		
Certain deemed distributions of participant loans (see instructions)	2g		
1 Interest expense	2h		
Administrative expenses:			
(1) Salaries and allowances	2i(1)	131680	
(2) Contract administrator fees	2i(2)	608800	
(3) Recordkeeping fees	2i(3)	61363	
(4) IQPA audit fees	2i(4)	55601	
(5) Investment advisory and investment management fees	2i(5)	1919660	
(6) Bank or trust company trustee/custodial fees	2i(6)	41791	
(7) Actuarial fees	2i(7)	397300	
(8) Legal fees	2i(8)	254960	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	66515	
(11) Other expenses	2i(11)	1152322	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4689992
Total expenses. Add all expense amounts in column (b) and enter total			84313880
Net Income and Reconciliation			
Net income (loss). Subtract line 2j from line 2d	2k		-19567330
Transfers of assets:			
(1) To this plan	2I(1)		
(2) From this plan	21(2)		

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Pai	rt 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 performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pur)(C) au	dit. Che	ck both b	poxes (1) and (2) if the audit was	
	1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation				OOL Regulation 2520.103-12(d).	
C	Enter the name and EIN of the accountant (or accounting firm) below:					
	(1) Name: SCHULTHIES & PANETTIERI, LLP (2) E	IN: 13	-1577780)		
d ⁻	The opinion of an independent qualified public accountant is not attached as part of Schedule H b					
	(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next	Form (5500 pur	suant to	29 CFR 2520.104-50.	
Pa	rt IV Compliance Questions					
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (s	t comp	lete line	s 4e, 4f,		
	During the plan year:		Yes	No	Amount	
а	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 un			X		
	fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		^		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans					
	secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		Х		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
_	,		V		500000	
e f	Was this plan covered by a fidelity bond?		^		300000	
'	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		77451989	
h	Did the plan receive any noncash contributions whose value was neither readily					
	determinable on an established market nor set by an independent third party appraiser?	4h		Х		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and	4:		X		
k	were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X		
ı	Has the plan failed to provide any benefit when due under the plan?			X		
' m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	41				
	2520.101-3.)	4m				
_n 	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	Yes	X No			

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)		
i	Nas the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (statistics)	See ERISA section 402 No Not determin	1 and ned		

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