

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>06/01/2021</u> and ending <u>05/31/2022</u>	
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 <u>PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</u> 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) <u>TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSI</u> <u>WILSON-MCSHANE CORPORATION</u> <u>3001 METRO DRIVE, SUITE 500</u> <u>BLOOMINGTON, MN 55425-1617</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/2016</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>81-2748532</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>952-854-0795</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>238300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/2016</u>		2b Employer Identification Number (EIN) <u>81-2748532</u>		2c Plan Sponsor's telephone number <u>952-854-0795</u>		2d Business code (see instructions) <u>238300</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2c Plan Sponsor's telephone number <u>952-854-0795</u>											
2d Business code (see instructions) <u>238300</u>											

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.	03/03/2023	KYLE HORSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/06/2023	JEFF STARK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3478
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)	2856
a(2) Total number of active participants at the end of the plan year		6a(2)	2798
b Retired or separated participants receiving benefits.....		6b	6
c Other retired or separated participants entitled to future benefits		6c	684
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3488
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	3489
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3487
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	371
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2T			
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSI	D Employer Identification Number (EIN) 81-2748532	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERIPRISE TRUST COMPANY
41-6219335

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAIRD ADVISORS
39-6037917

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIMENSIONAL FUND ADVISORS LP
22-2370029

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

HAND BENEFITS & TRUST CO.

74-1977743

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

MAIRS & POWER

41-0844499

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

AIM INVESTMENT FUNDS

11 GREENWAY PLAZA, SUITE 100
HOUSTON, TX 77046

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

PACIFIC INVESTMENT MANAGEMENT

95-2632339

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

THE VANGUARD GROUP, INC.

23-1945930

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

ZIEGLER CAPITAL MANAGEMENT, LLC

70 W. MADISON ST., 2400
CHICAGO, IL 60602

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

NEWTOWER TRUST COMPANY

30-0872552

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

DODGE & COX

94-1441976

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

FIDELITY INVESTMENTS

04-2647786

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

DELAWARE GROUP EQUITY FUNDS

23-2450217

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

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

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

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

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

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

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	NONE	250862	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIENT ADVISORS

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	116743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEARBORN PARTNERS LLC

36-4145621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	73671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WILSON-MCSHANE CORPORATION

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 13	NONE	43934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGRANN SHEA CARNIVAL STRAUGHN

41-1654544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	16947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 59 60 61 62 63 71	NONE	16246	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	15500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan <u>PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</u>	D Employer Identification Number (EIN) <u>81-2748532</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO HOUSING INVESTMENT TRUST DV</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-2008758-184</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40883195</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA TRUST STABLE INCOME I-0 FU</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>87-2323648-060</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7113526</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BGO DAILY VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>83-6177544-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9166525</u>
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)
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)**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)**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
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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)**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)

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**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN	D Employer Identification Number (EIN) 81-2748532	

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	2482876	2515582
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1406069	1526617
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3816	4870
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	501850	160963
(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)	6901518	5983920
(5) Partnership/joint venture interests	1c(5)		
(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)	58059879	57163246
(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)	178176168	154947261
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(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	
f	Total assets (add all amounts in lines 1a through 1e)	1f	247532176 222302459
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	114120 131194
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	114120 131194
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	247418056 222171265

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	16223023
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	14044
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	16237067
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)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	493761
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	493761
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	41179515
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	42133040
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-953525
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-22797331
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-22797331

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		41695
(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)		-1338193
c Other income.....	2c		2100
d Total income. Add all income amounts in column (b) and enter total.....	2d		-8314426
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16366139	
(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)		16366139
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)	32447	
(2) Contract administrator fees.....	2i(2)	269048	
(3) Investment advisory and management fees.....	2i(3)	229874	
(4) Other.....	2i(4)	34857	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		566226
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		16932365
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-25246791
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN		D Employer Identification Number (EIN) 81-2748532
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): 75-3182674		
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		3 380
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

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

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

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

15a

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

15b

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

**PAINTERS AND ALLIED TRADES DC 82
DEFINED CONTRIBUTION PENSION PLAN**

AUDITED FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

MAY 31, 2022 AND 2021

CONTENTS

	PAGE
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplementary Information	SCHEDULE
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Painters and Allied Trades DC 82
Defined Contribution Pension Plan

Opinion

We have audited the financial statements of Painters and Allied Trades DC 82 Defined Contribution Pension Plan (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 May 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 Painters and Allied Trades DC 82 Defined Contribution Pension Plan as of May 31, 2022 and 2021, and the changes in its net assets available for benefits 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan 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 Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' 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 auditors' 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; and
- 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.

Legacy Professionals LLP

Edina, Minnesota

February 17, 2023

**PAINTERS AND ALLIED TRADES DC 82
DEFINED CONTRIBUTION PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value		
Mutual funds	\$ 154,947,261	\$ 178,176,168
Common stocks	5,983,920	6,901,518
Common collective trusts	57,163,246	58,059,879
Invested cash	<u>160,963</u>	<u>501,850</u>
Total investments	218,255,390	243,639,415
EMPLOYER CONTRIBUTIONS RECEIVABLE	1,526,617	1,406,069
PREPAID EXPENSES	4,870	3,816
CASH	<u>2,515,582</u>	<u>2,482,876</u>
Total assets	222,302,459	247,532,176
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	<u>131,194</u>	<u>114,120</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 222,171,265</u></u>	<u><u>\$ 247,418,056</u></u>

See accompanying notes to financial statements.

**PAINTERS AND ALLIED TRADES DC 82
DEFINED CONTRIBUTION PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (25,047,354)	\$ 47,095,366
Interest and dividends	493,761	188,567
Less investment expenses	<u>(229,874)</u>	<u>(215,300)</u>
Net investment income (loss)	(24,783,467)	47,068,633
Employer contributions	16,223,023	14,344,560
Rollover contributions	14,044	1,742
Litigation settlement proceeds	<u>2,100</u>	<u>1,736</u>
	<u>(8,544,300)</u>	<u>61,416,671</u>
DEDUCTIONS		
Benefits paid to or for participants	16,366,139	13,790,463
Administrative expenses	<u>336,352</u>	<u>359,781</u>
Total deductions	<u>16,702,491</u>	<u>14,150,244</u>
NET INCREASE (DECREASE)	(25,246,791)	47,266,427
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>247,418,056</u>	<u>200,151,629</u>
End of year	<u>\$ 222,171,265</u>	<u>\$ 247,418,056</u>

See accompanying notes to financial statements.

**PAINTERS AND ALLIED TRADES DC 82
DEFINED CONTRIBUTION PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

MAY 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

Painters and Allied Trades DC 82 Defined Contribution Pension Plan (the Plan) was established June 1, 2016, pursuant to a collective bargaining agreement between International Union of Painters and Allied Trades, AFL-CIO, District Council #82 (the District Council), Minnesota Drywall and Plaster Association, Minnesota Painting and Wallcovering Employers Association and Twin City Glazing Association. The Plan is a multiemployer defined contribution retirement plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by a joint board of trustees consisting of an equal number of union and employer representatives. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

The purpose of the Plan is to provide retirement, death and disability benefits for eligible participants and beneficiaries. An individual becomes eligible to participate in the Plan if working under a collective bargaining agreement that requires the employer to make contributions to the Plan. Hours reported to retirement plans that have merged with the Plan were included in determining if a participant is initially eligible for benefits. Voluntary contributions from participants are not allowed under the Plan.

Contributions to the Plan are invested as directed by the participant in various investment options. In the absence of participant direction, contributions are invested in a default investment fund until changed by the participant. Participants must evaluate their own investment goals and objectives and choose the investments best suited to achieve those goals and objectives. Poor investment performance by the investments selected by participants may cause their balances to be lower than the amounts contributed to the Plan on their behalf.

Participants' accounts are credited with employer contributions made on their behalf, as well as an allocation of Plan earnings or losses, based on account balances or specific participant transactions, as defined. A prorated administrative fee is deducted from each participant's account on a monthly basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

An individual becomes vested if 1,000 or more hours are worked for which contributions are due to the Plan in the 24 consecutive months following the first day of work for a contributing employer. Contributions are forfeited for participants who fail to become vested. Once an individual becomes vested, the participant's account is nonforfeitable at all times. Forfeitures amounted to \$174,422 and \$121,020 for the years ended May 31, 2022 and 2021, respectively. Forfeitures are to be reviewed by the Trustees annually and distributed to participant accounts upon approval.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

As soon as practicable after each valuation date, the Trustees determine the amount in each participant's individual account in accordance with the provisions of the Plan. The amount in each individual account represents the total of the following:

- The amount in the individual account, if any, as of the last valuation date;
- The employer contributions made on behalf of the participant and received by the Plan since the last valuation occurred, less any administrative assessment against those contributions as directed by the Trustees;
- Any rollover contributions into the individual account since the last valuation date;
- The forfeitures added to each eligible account as determined by the Trustees;
- The investment yield obtained since the last valuation occurred for the investments directed by the participant; and
- The prorated cost of administrative expenses of the Plan incurred since the last valuation date.

A completed application for benefits must be submitted before benefits will be approved for payment. A participant is eligible to receive a benefit distribution subject to the payment provisions of the Plan after the earliest of the following events:

- The participant reaches age 55 and retires from employment with a contributing employer;
- The participant becomes totally and permanently disabled;
- The participant severs employment with an employer for a period of at least 12 consecutive months, provided that at the time of the receipt of a distribution, the participant has not then, and for the previous 12 consecutive months, been employed by or own an interest in, a corporation, partnership or other entity which is within the jurisdiction of the District Council and is engaged in any craft within the jurisdiction of any District Council collective bargaining agreement;
- The participant is a 5% owner of an entity that is a contributing employer (as defined by Internal Revenue Code Section 416) and attains age 70½; or
- The participant dies, including a death incurred while performing military service under Internal Revenue Code Section 414(u).

Participants should refer to the summary plan description for more complete information.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex dividend date.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Employer Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Deficiencies established through payroll compliance audits are recognized if determined to be collectible. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rate currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. Covered employment is primarily derived in the painting, taping and glazing industries within a jurisdiction primarily located in the metropolitan areas of Minneapolis and St. Paul, Minnesota.

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other retirement plans for its participants performing work outside the geographical jurisdiction of the District Council. Participants who are normally employed within the territory of one local union (home local union) may be temporarily employed within the territory of another local union (reciprocating local union). When a participant of the home local union works in the territory of a reciprocating local union, the latter is to make contributions to the former's benefit funds on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local union benefit trust funds. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan remitted a total of \$18,957 and \$50,411 in reciprocal contributions to various other retirement plans under the terms of reciprocity agreements for the years ended May 31, 2022 and 2021, respectively. No material amounts were owed to other plans at May 31, 2022 and 2021.

Payment of Benefits - Benefits paid to participants are recorded upon distribution. There were no participants who elected to withdraw from the Plan but were not yet paid at either May 31, 2022 or 2021.

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments. Participant accounts are charged a monthly fee of \$4 plus 1.25 basis points of total assets, in order to cover administrative costs incurred by the Plan. Included in net assets available for benefits at May 31, 2022 and 2021 are unallocated amounts of \$749,348 and \$1,209,069 respectively, which are available to pay administrative expenses.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles 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.

Subsequent Events - Subsequent events have been evaluated through February 17, 2023, which is the date the financial statements were available to be issued.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of participants and their beneficiaries except that provision may be used for the payment of necessary expenses resulting from termination of the Plan.

NOTE 4. TAX STATUS

The Plan's determination letter is dated September 8, 2017, in which the Internal Revenue Service stated that the Plan and related trust were designed in accordance with Section 401(a) of the Internal Revenue Code and were therefore exempt from federal income taxes under the provisions of Section 501(a). Although the Plan has been amended since receiving the determination letter, the Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and recognize a tax liability if the Plan has taken uncertain tax positions that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board Accounting Standards Codification established 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of May 31, 2022 and 2021. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, 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 the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		<u>Fair Value Measurements at 5/31/22 Using</u>		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
Mutual funds	\$ 154,947,261	\$ 154,947,261	\$ -	\$ -
Common stocks	5,983,920	5,983,920	-	-
Invested cash	160,963	-	160,963	-
	<u>161,092,144</u>	<u>\$ 160,931,181</u>	<u>\$ 160,963</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	<u>57,163,246</u>			
Total	<u>\$ 218,255,390</u>			

		<u>Fair Value Measurements at 5/31/21 Using</u>		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
Mutual funds	\$ 178,176,168	\$ 178,176,168	\$ -	\$ -
Common stocks	6,901,518	6,901,518	-	-
Invested cash	501,850	-	501,850	-
	<u>185,579,536</u>	<u>\$ 185,077,686</u>	<u>\$ 501,850</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	<u>58,059,879</u>			
Total	<u>\$ 243,639,415</u>			

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Common stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Level 2 Measurements

Invested cash is valued at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common collective trusts are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. For one of the common collective trusts with a fair value of \$9,166,526 and \$8,756,989 at May 31, 2022 and 2021, respectively, redemptions are available quarterly, with a seven-day notice requirement for regular withdrawals and a 90-day notice for withdrawals in excess of 10%. For the remaining common collective trusts, redemptions are available daily without notice.

Risks and Uncertainties

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

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The Plan holds alternative investments which utilize various investment strategies as part of the Plan's interest rate risk management strategy. These types of investments are consistent with the investment guidelines established by the Board of Trustees. The general partner or investment manager of alternative investments is generally required to value the underlying investments at estimated fair values using various subjective techniques.

NOTE 6. FUNDING POLICY

Participating employers contribute amounts as specified in the collective bargaining agreements. The hourly contribution rate ranged from \$.25 to \$12.11 for the years ended May 31, 2022 and 2021.

NOTE 7. RELATED ORGANIZATIONS

The Plan is related to a district council, a welfare plan, a defined benefit pension plan, an apprentice training fund and a safety training promotion fund, all of which are tax-exempt.

NOTE 8. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which may negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, which among other things contain numerous tax, emergency funding and other regulatory provisions that affect retirement plans. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.



REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

To the Participants and Trustees of
Painters and Allied Trades DC 82
Defined Contribution Pension Plan

We have audited the financial statements of Painters and Allied Trades DC 82 Defined Contribution Pension Plan (the Plan) as of and for the years ended May 31, 2022 and 2021, and our report thereon dated February 17, 2023, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

Legacy Professionals LLP

Edina, Minnesota

February 17, 2023

Painters and Allied Trades DC 82 Defined Contribution Pension Plan
EIN 81-2748532, Plan 001

Schedule H, line 4i - Schedule of Assets (Held At End of Year)
Supplemental Schedule #1, Page 1 of 5

May 31, 2022

		<u>Cost</u>	<u>Fair Value</u>
Schedule H, Line 1c(1) - Interest-Bearing Cash			
	<u>Interest rate</u>		
Ziegler money fund	Variable	100,021	100,021
Broadridge cash fund	Variable	60,942	60,942
		<u>160,963</u>	<u>160,963</u>
Schedule H, Line 1c(4)(B) - Common Stocks			
From page 5 of 5		<u>5,252,951</u>	<u>5,983,920</u>
Schedule H, Line 1c(9) - Common Collective Trusts			
	<u>No. of units</u>		
AFL-CIO Housing Investment Trust Fund DVF R	3,871,514.681	44,000,110	40,883,195
Columbia Trust Stable Income I-O Fund	601,312.384	7,046,637	7,113,526
Bentall Green Oak DVF - Class F	599,813.215	7,195,711	9,166,525
		<u>58,242,458</u>	<u>57,163,246</u>
Schedule H, Line 1c(13) - Mutual Funds			
American Funds EuroPacific Growth Fund	536,375.484	30,023,096	28,529,812
Baird Core Plus Bond Fund	4,045,947.821	47,561,852	42,361,075
Delaware Small Cap Value R6	98,827.069	5,646,302	7,522,717
Dodge & Cox Stock	54,602.564	9,526,978	12,946,814
Fidelity Real Estate Index Fund	6,732.022	110,880	116,733
Invesco Developing Markets Fund	418,767.739	18,437,848	15,653,537
Mairs & Power Growth Fund	3,113.667	472,161	427,413
PIMCO High Yield Fund	1,062,136.374	9,362,838	8,688,274
PIMCO International Bond	681,149.647	7,538,639	6,791,061
T.Rowe Price Large Cap Core Growth Fund	223,338.053	11,731,028	11,307,606
Vanguard Inflation Protected Securities Fund	191,890.675	5,249,526	5,087,023
Vanguard Institutional Index I	44,212.913	12,987,373	15,515,196
		<u>158,648,521</u>	<u>154,947,261</u>

Portfolio Appraisal

Painters and Allied Trades District Council 82
Defined Contribution Plan

Quantity	CUSIP/ Ticker	Description	Du ra tion	Yield on Cost (%)	Yield to Mat/Call (%)	Adjusted Total Cost/ Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Accrued	Estimated Annual Income	Moodys Rating	S & P Rating
CASH AND EQUIV.													
CASH AND EQUIVALENTS													
	DIVACC	DIVIDEND ACCRUAL				906.77 0.00	906.77 0.00	0.0			0		
	CASH	MONEY FUND				113,364.33 0.00	113,364.33 0.00	1.9			0		
					0.00	114,271.10	114,271.10	1.9		0.00	0		
EQUITY													
COMMON STOCK (USD)													
872	ADUS	ADDUS HOMECARE CORP				73,045.04 83.77	72,812.00 83.50	1.2	-233.04		0		
1,556	ALTR	ALTAIR ENGINEERING INC - A				99,947.55 64.23	85,517.76 54.96	1.4	-14,429.79				
2,098	AIMC	ALTRA INDUSTRIAL MOTION CORP				130,325.30 62.12	82,262.58 39.21	1.3	-48,062.72		671		
2,003	AMRC	AMERESCO INC - CL A				68,513.91 34.21	117,616.16 58.72	1.9	49,102.25		0		
1,354	AIT	APPLIED INDUSTRIAL TECH INC				130,065.70 96.06	140,017.14 103.41	2.3	9,951.44		1,787		
976	ASGN	ASGN INC				57,920.80 59.35	92,944.48 95.23	1.5	35,023.68		0		
1,573	ATKR	ATKORE INTERNATIONAL GRO				60,984.14 38.77	171,331.16 108.92	2.8	110,347.02		0		
2,538	AVNT	AVIENT CORP				61,748.04 24.33	124,869.60 49.20	2.0	63,121.56		2,157		
1,991	AXNX	AXONICS INC				105,988.07 53.23	99,550.00 50.00	1.6	-6,438.07		0		
1,512	AX	AXOS FINANCIAL, INC.				84,273.29 55.74	58,438.80 38.65	1.0	-25,834.49				
1,577	OZK	BANK OZK				59,735.17 37.88	65,398.19 41.47	1.1	5,663.02		1,829		
3,454	BRBR	BELLRING BRANDS INC				83,037.28 24.04	90,322.10 26.15	1.5	7,284.82		0		
1,363	BOOT	BOOT BARN HOLDINGS INC				46,120.89 33.84	109,994.10 80.70	1.8	63,873.21		0		
1,536	BLDR	BUILDERS FIRSTSOURCE INC CO				38,345.53 24.96	99,978.24 65.09	1.6	61,632.71		0		
1,833	CDNA	CAREDX INC				58,828.15 32.09	46,099.95 25.15	0.8	-12,728.20		0		
1,277	CWST	CASELLA WASTE SYSTEMS INC - A				63,876.01 50.02	91,407.66 71.58	1.5	27,531.65		0		
3,866	CHX	CHAMPIONX CORP				91,312.99 23.62	89,961.82 23.27	1.5	-1,351.17				
679	GTLS	CHART INDS INC COM PAR \$0.01				33,343.49 49.11	119,422.52 175.88	2.0	86,079.03		0		

Portfolio Appraisal

Painters and Allied Trades District Council 82
Defined Contribution Plan

Quantity	CUSIP/ Ticker	Description	Du ra tion	Yield on Cost (%)	Yield to Mat/Call (%)	Adjusted Total Cost/ Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Accrued	Estimated Annual Income	Moodys Rating	S & P Rating
3,163	COHU	COHU INC				97,287.46 30.76	96,250.09 30.43	1.6	-1,037.37		0		
706	FIX	COMFORT SYS USA INC COM				59,310.57 84.01	63,342.32 89.72	1.0	4,031.75		282		
1,401	DOMO	DOMO INC - CLASS B				69,939.32 49.92	44,663.88 31.88	0.7	-25,275.44		0		
1,574	ENSG	ENSIGN GROUP INC				87,837.88 55.81	127,761.58 81.17	2.1	39,923.70		331		
6,770	EVRI	EVERI HOLDINGS INC				153,900.13 22.73	121,183.00 17.90	2.0	-32,717.13		0		
1,599	FOCS	FOCUS FINANCIAL PARTNERS - A				84,186.39 52.65	60,282.30 37.70	1.0	-23,904.09		0		
3,449	FORM	FORMFACTOR INC COM				95,967.97 27.82	141,615.94 41.06	2.3	45,647.97		0		
3,633	HCAT	HEALTH CATALYST INC				117,437.08 32.33	53,223.45 14.65	0.9	-64,213.63		0		
1,354	NSIT	INSIGHT ENTERPRISES INC				81,535.76 60.22	133,802.28 98.82	2.2	52,266.52		0		
690	INSP	INSPIRE MEDICAL SYSTEMS INC				58,952.12 85.44	122,012.70 176.83	2.0	63,060.58		0		
1,241	IPAR	INTER PARFUMS INC COM				75,658.98 60.97	91,585.80 73.80	1.5	15,926.82		1,241		
2,741	KTOS	KRATOS DEFENSE & SECURITY				51,077.10 18.63	39,525.22 14.42	0.6	-11,551.88		0		
573	LHCG	LHC GROUP, INC.				75,889.73 132.44	95,496.18 166.66	1.6	19,606.45		0		
2,595	MTSI	MACOM TECHNOLOGY SOLUT				91,422.06 35.23	141,453.45 54.51	2.3	50,031.39		0		
2,619	SHOO	MADDEN STEVEN LTD COM				80,377.08 30.69	97,374.42 37.18	1.6	16,997.34		1,571		
5,485	MGY	MAGNOLIA OIL & GAS CORP - A				92,648.38 16.89	151,440.85 27.61	2.5	58,792.47		878		
884	MTDR	MATADOR RES CO COM				45,116.97 51.04	53,835.60 60.90	0.9	8,718.63		88		
1,503	MTRN	MATERION CORP				112,617.72 74.93	123,215.94 81.98	2.0	10,598.22		721		
1,577	MMSI	MERIT MEDICAL SYSTEMS INC				93,951.87 59.58	96,812.03 61.39	1.6	2,860.16		0		
1,568	MGPI	MGP INGREDIENTS INC				107,595.69 68.62	151,876.48 96.86	2.5	44,280.79		753		
2,354	MODN	MODEL N INC				71,947.76 30.56	59,226.64 25.16	1.0	-12,721.12		0		
5,785	MNTV	MOMENTIVE GLOBAL INC				120,910.48 20.90	70,461.30 12.18	1.2	-50,449.18		0		
1,631	MCRI	MONARCH CASINO & RESORT INC				104,659.92 64.17	110,663.35 67.85	1.8	6,003.43		0		
676	NXST	NEXSTAR MEDIA GROUP INC - CL A				60,467.75 89.45	118,448.72 175.22	1.9	57,980.97		1,893		

Portfolio Appraisal

Painters and Allied Trades District Council 82
Defined Contribution Plan

Quantity	CUSIP/ Ticker	Description	Du ra tion	Yield on Cost (%)	Yield to Mat/Call (%)	Adjusted Total Cost/ Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Accrued	Estimated Annual Income	Moodys Rating	S & P Rating
771	NOVT	NOVANTA INC				76,775.13	94,802.16	1.6	18,027.03		0		
						99.58	122.96						
1,550	NUVA	NUVASIVE INC COM				88,253.11	88,985.50	1.5	732.39		0		
						56.94	57.41						
985	OLLI	OLLIE'S BARGAIN OUTLET HOLDING				46,684.57	46,265.45	0.8	-419.12		0		
						47.40	46.97						
836	OMCL	OMNICELL INC COM				65,584.62	92,929.76	1.5	27,345.14		0		
						78.45	111.16						
2,708	PD	PAGERDUTY INC				119,682.78	66,752.20	1.1	-52,930.58		0		
						44.20	24.65						
1,646	PLMR	PALOMAR HOLDINGS INC				127,263.79	102,298.90	1.7	-24,964.89		0		
						77.32	62.15						
877	PATK	PATRICK INDS INC COM				47,033.99	52,716.47	0.9	5,682.48		982		
						53.63	60.11						
1,025	PRFT	PERFICIENT INC COM				139,849.55	100,357.75	1.6	-39,491.80				
						136.44	97.91						
1,749	PGNY	PROGYNY INC				86,765.92	55,285.89	0.9	-31,480.03		0		
						49.61	31.61						
393	SAIA	SAIA INC COM				43,218.93	77,652.87	1.3	34,433.94		0		
						109.97	197.59						
1,848	SAIL	SAILPOINT TECHNOLOGIES HOL				90,288.24	117,237.12	1.9	26,948.88		0		
						48.86	63.44						
760	SFBS	SERVISFIRST BANCSHARES INC				39,633.98	63,353.60	1.0	23,719.62		608		
						52.15	83.36						
795	SWAV	SHOCKWAVE MEDICAL INC				66,751.64	130,546.95	2.1	63,795.31		0		
						83.96	164.21						
2,875	SHYF	SHYFT GROUP INC/THE				94,472.80	63,796.25	1.0	-30,676.55		288		
						32.86	22.19						
584	SITM	SITIME CORP				63,698.91	124,392.00	2.0	60,693.09		0		
						109.07	213.00						
1,339	SPT	SPROUT SOCIAL INC - CLASS A				120,054.50	68,195.27	1.1	-51,859.23		0		
						89.66	50.93						
890	SPSC	SPS COMM INC COM				53,184.92	95,265.60	1.6	42,080.68		0		
						59.76	107.04						
1,562	STAA	STAAR SURGICAL COMPANY				80,606.25	102,998.28	1.7	22,392.03		0		
						51.60	65.94						
1,331	TTGT	TECHTARGET				110,548.22	94,620.79	1.6	-15,927.43		0		
						83.06	71.09						
536	BLD	TOPBUILD CORP COM				58,378.82	105,731.36	1.7	47,352.54		0		
						108.92	197.26						
574	WING	WINGSTOP INC				93,803.84	45,724.84	0.7	-48,079.00		390		
						163.42	79.66						
1,366	XPEL	XPEL INC				102,308.84	70,512.92	1.2	-31,795.92		0		
						74.90	51.62						

Portfolio Appraisal

Painters and Allied Trades District Council 82
Defined Contribution Plan

Quantity	CUSIP/ Ticker	Description	Du ra tion	Yield on Cost (%)	Yield to Mat/Call (%)	Adjusted Total Cost/ Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Accrued	Estimated Annual Income	Moody's Rating	S & P Rating
					0.00	5,252,950.87	5,983,919.71	98.1	730,968.84	0.00	16,472		
EQUITY TOTAL				0.00	0.00	5,252,950.87	5,983,919.71	98.1	730,968.84	0.00	16,472		
TOTAL PORTFOLIO				0.00	0.00	5,367,221.97	6,098,190.81	100.0	730,968.84	0.00	16,472		
						Less Invested Cash	(114,271.10)		(114,271.10)				
						To Pg 1 of 5 - Common Stock	5,252,950.87		5,983,919.71				

Plan Name Painters and Allied Trades DC 82 Defined Contribution Pension Plan
Plan Sponsor Board of Trustees of Painters and Allied Trades DC 82
Defined Contribution Pension Plan

EIN: 81-2748532
Plan No. 001
Y/E 5/31/22

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)

* Not applicable for purchases or sales of marketable securities.
** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
Painters and Allied Trades DC 82 Def Contrib Plan Moderately Conservative	Numerous	Numerous	13,768,193	9,195,228	(136,338)
Painters and Allied Trades DC 82 Def Contrib Plan Conservative	Numerous	Numerous	10,913,017	16,062,211	(456,543)

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT	1
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NAME	SERVICE CODES
MATRIX TRUST COMPANY	19
MATRIX TRUST COMPANY	59
MATRIX TRUST COMPANY	60
MATRIX TRUST COMPANY	61
MATRIX TRUST COMPANY	62
MATRIX TRUST COMPANY	63
MATRIX TRUST COMPANY	71

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	2
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DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	3,816.	4,870.
TOTAL TO SCHEDULE H, LINE 1B(3)	3,816.	4,870.

SCHEDULE H	OTHER CONTRIBUTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
ROLLOVER CONTRIBUTIONS	14,044.
TOTAL TO SCHEDULE H, LINE 2A(1)(C)	14,044.

SCHEDULE H	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
LITIGATION SETTLEMENT PROCEEDS	2,100.
TOTAL TO SCHEDULE H, LINE 2C	2,100.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	5
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DESCRIPTION

AMOUNT

CONFERENCES AND MEETINGS

3,532.

INSURANCE

28,469.

POSTAGE AND PRINTING

2,856.

TOTAL TO SCHEDULE H, LINE 2I(4)

34,857.