

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                              |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023 |                                                                                                                                                                                                                                                                                                                                                                                              |
| A                                                                                          | This return/report is for:<br><div><input checked="" type="checkbox"/> a multiemployer plan<br/><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/><input type="checkbox"/> a single-employer plan<br/><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report<br/><input type="checkbox"/> the final return/report<br/><input type="checkbox"/> an amended return/report<br/><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558<br/><input type="checkbox"/> automatic extension<br/><input type="checkbox"/> the DFVC program<br/><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                                                                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                 |
| 1a      | Name of plan<br>POINTERS, CLEANERS, & CAULKERS PENSION FUND                                                                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                                     |
| 1c      | Effective date of plan<br>07/01/1958                                                                                                                                                                                                                                                                                                                                                   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES OF POINTERS,<br>CLEANERS & CAULKERS PENSION FUND<br><br>66-05 WOODHAVEN BOULEVARD<br>REGO PARK, NY 11374-5227 |
| 2b      | Employer Identification Number (EIN)<br>13-3208565                                                                                                                                                                                                                                                                                                                                     |
| 2c      | Plan Sponsor's telephone number<br>718-896-6266                                                                                                                                                                                                                                                                                                                                        |
| 2d      | Business code (see instructions)<br>525100                                                                                                                                                                                                                                                                                                                                             |

**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. | 04/12/2024 | STEVEN T. SCHLAPP                                            |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | 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                      |

|                                                                                                                                                                                                                                                                                        |  |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               |  | <b>3b</b> Administrator's EIN                                                                                   |
|                                                                                                                                                                                                                                                                                        |  | <b>3c</b> Administrator's telephone number                                                                      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>2561</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |  |                                                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>1509</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>1515</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>490</span> </div>     |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                      |  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>509</span> </div>     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            |  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>2514</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             |  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>91</span> </div>      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>2605</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                         |  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span></span> </div>        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                              |  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span></span> </div>        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   |  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span>288</span> </div>      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><div style="margin-left: 20px;">1B</div>                                                                               |  |                                                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |  |                                                                                                                 |

  

|                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div> | <b>9b</b> Plan benefit arrangement (check all that apply)<br><div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div> |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br><div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br/><br/> <b>(2)</b> <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br/><br/> <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary         </div> | <b>b General Schedules</b><br><div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br/> <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br/> <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br/> <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br/> <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br/> <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         </div> |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

|                                                                                                                 |                                                                  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND</div>                                   | <div>B Three-digit plan number (PN) ► 001</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>BOARD OF TRUSTEES OF POINTERS,</div> | <div>D Employer Identification Number (EIN)<br/>13-3208565</div> |

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

|                                                                                                               |                    |
|---------------------------------------------------------------------------------------------------------------|--------------------|
| 1a Enter the valuation date: Month 07 Day 01 Year 2022                                                        |                    |
| b Assets                                                                                                      |                    |
| (1) Current value of assets .....                                                                             | 1b(1) 285263750    |
| (2) Actuarial value of assets for funding standard account .....                                              | 1b(2) 304049880    |
| c (1) Accrued liability for plan using immediate gain methods .....                                           | 1c(1) 282142493    |
| (2) Information for plans using spread gain methods:                                                          |                    |
| (a) Unfunded liability for methods with bases .....                                                           | 1c(2)(a)           |
| (b) Accrued liability under entry age normal method .....                                                     | 1c(2)(b)           |
| (c) Normal cost under entry age normal method .....                                                           | 1c(2)(c)           |
| (3) Accrued liability under unit credit cost method .....                                                     | 1c(3) 282142493    |
| d Information on current liabilities of the plan:                                                             |                    |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | 1d(1)              |
| (2) "RPA '94" information:                                                                                    |                    |
| (a) Current liability .....                                                                                   | 1d(2)(a) 614190901 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | 1d(2)(b) 34851655  |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | 1d(2)(c) 14243684  |
| (3) Expected plan disbursements for the plan year .....                                                       | 1d(3) 14863684     |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                               |                                                                  |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div>                                                      | <div>04/09/2024</div>                                            |
| <div>Signature of actuary</div> <div>FRANK SANTASIERO, FSA, FCA, MAAA</div>   | <div>Date</div> <div>20-06798</div>                              |
| <div>Type or print name of actuary</div> <div>THE SEGAL COMPANY</div>         | <div>Most recent enrollment number</div> <div>212-251-5000</div> |
| <div>Firm name</div> <div>333 WEST 34TH STREET, NEW YORK, NY 10001-2402</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                |                                                                  |

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

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 285263750                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment.....                                                        | 533                               | 219998833                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 512                               | 79051614                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 50437512                     |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 264702942                    |
| <b>(c)</b> Total active .....                                                                                                       | 1507                              | 315140454                    |
| <b>(4)</b> Total .....                                                                                                              | 2552                              | 614190901                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 46.45 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/15/2023               | 23942178                          |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 23942178                          | <b>3(c)</b>                     |

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0**4** Information on plan status:

|                                                                                                                                                                        |           |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                       | <b>4a</b> | 107.8 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 ..... | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                              |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                       |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....  | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                   | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                 |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here .....                                           |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                 |           |                                                          |

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

- a** ☐ Attained age normal     
**b** ☐ Entry age normal     
**c** ☒ Accrued benefit (unit credit)     
**d** ☐ Aggregate  
**e** ☐ Frozen initial liability     
**f** ☐ Individual level premium     
**g** ☐ Individual aggregate     
**h** ☐ Shortfall  
**i** ☐ Other (specify):

|                                                                                                                                                                         |           |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method.....                                                                                              | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                             |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>m</b> If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class)<br>approving the change in funding method ..... | <b>5m</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   | <b>6a</b>                                                                                        | 2.27 %                                                                                                                                          |
|                                                                                                                                | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | A                                                                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 7.00 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     | 7.00 %                                                                                                                                          |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        | 6.9 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | -9.3 %                                                                                                                                          |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     | 597803                                                                                                                                          |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 2119799             | 217516                         |
| 4                | -543374             | -55757                         |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval .....                                                                                             | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                               | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....                                                                                                | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) ..... | <b>8e</b>                                                           |  |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                          |           |          |
|--------------------------------------------------------------------------|-----------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> |          |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 12881709 |

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended .....

|              | Outstanding balance |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 47932522            | 6894234 |
| <b>9c(2)</b> |                     |         |
| <b>9c(3)</b> |                     |         |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1384316**e** Total charges. Add lines 9a through 9d.....**9e** 21160259**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f** 43347529**g** Employer contributions. Total from column (b) of line 3.....**9g** 23942178**h** Amortization credits as of valuation date.....

|           | Outstanding balance |         |
|-----------|---------------------|---------|
| <b>9h</b> | 26492380            | 3495003 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 4047122**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL) .....
- (3) FFL credit.....

|              |           |  |
|--------------|-----------|--|
| <b>9j(1)</b> | 56825540  |  |
| <b>9j(2)</b> | 274511335 |  |
| <b>9j(3)</b> |           |  |

**k (1)** Waived funding deficiency.....**9k(1)****(2)** Other credits.....**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 74831832**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 53671573**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2022 plan year .....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date.....**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....**9o(2)(b)****(3)** Total as of valuation date .....**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023 |                                                      |     |
| A Name of plan<br>POINTERS, CLEANERS, & CAULKERS PENSION FUND                              | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES OF POINTERS,   | D Employer Identification Number (EIN)<br>13-3208565 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| NEW TOWER TRUST COMPANY                                                                                    |
| 30-0872552                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| LAZARD ASSET MANAGEMENT, LLC                                                                               |
| 05-0530199                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| SEI TRUST CO MACKAY SHIELDS CCT                                                                            |
| 06-1271230                                                                                                 |

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

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

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

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

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

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

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

HOLM & OHARA

13-3591118

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | UNION ATTORNEY                                                                                    | 237926                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ROTHBERG, STRAUS & CONTRUBIS LLP

11-2621686

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | EMPL ASSOC. ATTY                                                                                  | 85868                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GOULD, KOBRICK, & SCHLAPP, P.C.

13-3082707

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | UNION AUDITOR                                                                                     | 118850                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

THE SEGAL COMPANY

13-1835864

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 55795                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

QUANVEST CONSULTANT

11-2559669

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 78438                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NINA FIRRINCILI

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 51289                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

JAMES TIERNEY

13-3208565

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30                            | NONE                                                                                                     | 150539                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SYNTONIC SYSTEMS INC

13-2925049

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15                            | NONE                                                                                                     | 33000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

KOBGO ASSOCIATES, INC.

13-2751089

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 165449                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

JULIET MONGE

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 56161                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAROLE PESIRI

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 135158                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LYNN CERINO

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 54614                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

INVESCO NATIONAL TRUST COMPANY

46-3793325

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 63579                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

SEI TRUST COMPANY INTECH ENH PLUS

06-1271230

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 157567                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

OLENA SIDENKO

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 61871                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ATLANTA SOSNOFF

20-0461050

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 158472                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

CYRIL WATKINS

13-3473497

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30                            | NONE                                                                                                     | 27186                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

THERESA GRILLO

13-3208565

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30                            | NONE                                                                                                     | 57743                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

AFL-CIO HOUSING INVESTMENT TRUST

2401 PENNSYLVANIA AVENUE NW SUITE  
WASHINGTON, DC 20037

52-6220193

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 31479                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ASB CAPITAL MANAGEMENT

80-0618452

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 195854                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HERMINIA GONZALEZ

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 40859                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

COMERICA BANK

42-1741646

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19                     | NONE                                                                                              | 20852                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 4206                                                                                                                                                                            | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BJ DEONARAIN

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 113225                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANGELA TORRES

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 37465                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SABRINA ARTEAGA

13-3208565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 39655                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INTERGRATED TECHNOLOGY SYSTEMS NYC

20-3986719

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 30066                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANTHONY LACAVAL

13-3473497

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 10190                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ANDREW BREW

13-3473497

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 137656                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PHILIP OCONNELL

13-3473497

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 44134                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

URAN REXHEPI

13-3473497

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | NONE                                                                                              | 8000                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 SOUTH LENOLA ROAD  
MAPLE SHADE, NJ 08052

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 55908                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HOMAYER CONSULTING SERVICES, INC.

36 HILLMAN STREET  
SUITE 8  
TEWKSBURY, MA 01876

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | NONE                                                                                              | 5605                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ATALANTA SOSNOFF 20-0461050                                                       | 68 68 68                                                                                                                                                           | 15314                                     |
| (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. |                                           |
| CONVERGEX<br>1633 BROADWAY<br>48TH FLR<br>NEW YORK, NY 10019<br>20-5150276        | SOFT DOLLAR.                                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| INVESCO NATIONAL TRUST COMPANY 46-3                                               | 68 68 68                                                                                                                                                           | 1676                                      |
| (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. |                                           |
| INVESCO ADVISERS, INC.<br>1555 PEACHTREE ST NE<br>ATLANTA, GA 30309<br>58-1707262 | SOFT DOLLAR.                                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ATALANTA SOSNOFF 20-0461050                                                       | 68 68 68                                                                                                                                                           | 276                                       |
| (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. |                                           |
| STONEX GROUP<br>530 FIFTH AVENUE<br>15TH FLR<br>NEW YORK, NY 10017<br>59-3514167  | SOFT DOLLAR.                                                                                                                                                       |                                           |

**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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                               |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>07/01/2022</b> and ending <b>06/30/2023</b>      |                                                                    |            |
| <b>A</b> Name of plan<br><b>POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND</b>                               | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                               |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES OF POINTERS,</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-3208565</b> |            |

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

|                                                                                           |                               |                                                                                                                     |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTECH INSTL ENHANCED PLUS EQ FUND</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>INTECH INVESTMENT MANAGMENT, LLC</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>01-6217141-001</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>46329700</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO CORE FIXED INCOME TRUST</b>     |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>INVESCO NATIONAL TRUST COMPANY</b>   |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>84-1126600-001</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>38938427</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MULTI-EMPLOYER PROPERTY TRUST-MEPT</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>NEW TOWER TRUST COMPANY</b>          |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>52-6218800-001</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>13229499</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO BALANCED-RISK ALLOCATION TR</b> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>INVESCO NATIONAL TRUST COMPANY</b>   |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>26-6399613-001</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14121513</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ASB ALLEGIANCE REAL ESTATE FUND</b>     |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>CHEVY CHASE TRUST COMPANY</b>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>52-6257033-006</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>19322808</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MACKEY SHIELDS CORE PLUS BOND CIT</b>   |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MACKEY SHIELDS</b>                   |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>47-1847338-001</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>39885506</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> 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  
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)

**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  
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  
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  
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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <b>07/01/2022</b> and ending <b>06/30/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND</b>                                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES OF POINTERS,</b>                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><b>13-3208565</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|--------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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    |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                    |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                    |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 50173675750259     |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                    |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 36395322232486     |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                    |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 124103199221684    |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                    |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                    |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                    |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                    |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                    |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                    |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       | 88363634108715364  |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                    |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          | 42000024200002     |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                    |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                    |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          | 165120525171827453 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         | 0                  |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                    |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                    |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 1758733518563170   |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                    |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                    |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 301049                | 192988          |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 296639763             | 320703406       |

**Liabilities**

|                                                                           |           |          |         |
|---------------------------------------------------------------------------|-----------|----------|---------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |          |         |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 642203   | 461255  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |          |         |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 10733810 | 6942382 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 11376013 | 7403637 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 285263750 | 313299769 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 23942178   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 23942178  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 103599     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 103599    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 616712     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 399815     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1016527   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 167972    |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 58292389   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 58396546   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -104157   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | -50207     |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 17438277   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 17388070  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 2434212   |
| (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) |            | 607500    |
| c Other income .....                                                                            | 2c     |            | 35816     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 45591717  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 15375793   |           |
| (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)  |            | 15375793  |
| 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)  | 671029     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 706241     |           |
| (4) Other .....                                                                                 | 2i(4)  | 802635     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 2179905   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 17555698  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 28036019  |
| 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: GOULD, KOBRICK, & SCHLAPP, P.C.

(2) EIN: 13-3082707

**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>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |

**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 499306.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>POINTERS, CLEANERS, & CAULKERS PENSION FUND                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES OF POINTERS,                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>13-3208565                                            |
| 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):<br><br>EIN(s): _____<br><br>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 0                                                                                             |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **ADAMS EUROPEAN CONTRACTING**

**b** EIN **11-3210275**

**c** Dollar amount contributed by employer **2410222**

**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 **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.70**

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

**a** Name of contributing employer **PULLMAN, SST**

**b** EIN **22-3270937**

**c** Dollar amount contributed by employer **1184996**

**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 **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.70**

(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):

|           |                                                                                                                                                                                                                                                                                                                        |              |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>14</b> | 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:                                                                                                             |              |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b>   |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> 0 |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> 0 |
| <b>15</b> | 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:                                                                                                                                           |              |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b>   |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b>   |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |              |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b>   |
| <b>b</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.....                                                                                                                                                           | <b>16b</b>   |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |              |

**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: 49.6 % Investment-Grade Debt: 28.7 % High-Yield Debt: 3.0 % Real Estate: 13.6 % Other: 5.2 %

**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 \_\_\_\_\_

**POINTERS, CLEANERS & CAULKERS PENSION FUND  
& SUBSIDIARY**

**CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2023 AND 2022**

**POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY**

**CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2023 AND 2022**

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**I N D E X**

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| Consolidated Statements of Changes in Net Assets Available for Benefits          | 4 |
| Statements of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits | 5 |
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D. ROBERT GOULD, C.P.A. (1933-2015)  
STUART L. KOBRICK, C.P.A. (RETIRED)  
STEVEN T. SCHLAPP, C.P.A.  
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.  
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WWW.GKSPC.COM

## **INDEPENDENT AUDITORS' REPORT**

Board of Trustees of  
Pointers, Cleaners & Caulkers Pension Fund & Subsidiary

### **Opinion**

We have audited the consolidated financial statements of Pointers, Cleaners & Caulkers Pension Fund & Subsidiary, 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 June 30, 2023 and 2022, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of June 30, 2022, the related statement of changes in accumulated plan benefits for the year 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 Pointers, Cleaners & Caulkers Pension Fund & Subsidiary as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and accumulated plan benefits as of June 30, 2022, and the changes in its accumulated plan benefits for the year 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 Pointers, Cleaner & Caulkers Pension Fund & Subsidiary and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the 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 Pointers, Cleaners & Caulkers Pension Fund & Subsidiary's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **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.

## **INDEPENDENT AUDITORS' REPORT (continued)**

### **Auditors' Responsibilities for the Audit of the Financial Statements (continued)**

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 statement.

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 Pointers, Cleaners & Caulkers Pension Fund & Subsidiary's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pointers, Cleaners & Caulkers Pension Fund & Subsidiary's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matter—Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions attached to Schedule H of Form 5500 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Anders, Kohnke & Adolph, P.C.*

New York, NY  
April 9, 2024

**POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
JUNE 30, 2023 AND 2022**

---

|                                               | <u>2023</u>                  | <u>2022</u>                  |
|-----------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                                 |                              |                              |
| Investments, at fair value                    | \$ 312,527,673               | \$ 287,681,815               |
| Receivables:                                  |                              |                              |
| Employer contributions                        | 5,750,259                    | 5,017,367                    |
| Due from related organizations                | 1,751,144                    | 3,034,232                    |
| Other                                         | 273,071                      | 341,144                      |
| Accrued investment income                     | 41,494                       | 33,932                       |
| Due from broker                               | 0                            | 222,685                      |
| Total Receivables                             | <u>7,815,968</u>             | <u>8,649,360</u>             |
| Other assets:                                 |                              |                              |
| Fixed assets, net of accumulated depreciation | 192,988                      | 188,524                      |
| Prepaid expenses                              | 149,097                      | 112,525                      |
| Withholdings                                  | 17,680                       | 7,539                        |
| Total Other Assets                            | <u>359,765</u>               | <u>308,588</u>               |
| Total Assets                                  | <u>320,703,406</u>           | <u>296,639,763</u>           |
| <b>LIABILITIES</b>                            |                              |                              |
| Employer contribution exchanges               | 6,539,228                    | 10,492,917                   |
| Accrued administrative expenses               | 461,255                      | 642,203                      |
| Cash, operating account overdraft             | 245,104                      | 205,846                      |
| Due to broker                                 | 143,150                      | 0                            |
| Other                                         | 14,900                       | 15,047                       |
| Employer cash surety bonds                    | 0                            | 20,000                       |
| Withholdings                                  | 0                            | 0                            |
| Total Liabilities                             | <u>7,403,637</u>             | <u>11,376,013</u>            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>      | <u><u>\$ 313,299,769</u></u> | <u><u>\$ 285,263,750</u></u> |

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The accompanying notes are an integral part of the financial statements.

**POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED JUNE 30, 2023 AND 2022**

|                                                              | <u>2023</u>           | <u>2022</u>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>ADDITIONS TO NET ASSETS</b>                               |                       |                       |
| Investment income:                                           |                       |                       |
| Net appreciation (depreciation) in fair value of investments | \$ 20,325,625         | \$ (29,460,470)       |
| Interest, dividends, and other                               | 1,088,194             | 1,744,309             |
| Rent, net of expenses                                        | <u>(506,152)</u>      | <u>(346,311)</u>      |
|                                                              | 20,907,667            | (28,062,472)          |
| Less - Investment fees                                       | <u>706,241</u>        | 868,878               |
| Net Investment Income (Loss)                                 | 20,201,426            | (28,931,350)          |
| Employer contributions                                       | 23,942,178            | 20,965,315            |
| Other income                                                 | 5,785                 | 11,620                |
| Employer delinquency interest                                | <u>0</u>              | <u>2,484</u>          |
| Total Additions                                              | <u>44,149,389</u>     | <u>(7,951,931)</u>    |
| <b>DEDUCTIONS FROM NET ASSETS</b>                            |                       |                       |
| Benefits paid                                                | 15,282,793            | 13,070,778            |
| Pre-retirement death benefit                                 | 93,000                | 0                     |
| Administrative expenses                                      | <u>737,577</u>        | 608,952               |
| Total Deductions                                             | <u>16,113,370</u>     | <u>13,679,730</u>     |
| Net increase (decrease) in net assets available for benefits | 28,036,019            | (21,631,661)          |
| Net assets available for benefits:                           |                       |                       |
| Beginning                                                    | 285,263,750           | 306,895,411           |
| Ending                                                       | <u>\$ 313,299,769</u> | <u>\$ 285,263,750</u> |

The accompanying notes are an integral part of the financial statements.

**POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY**

**STATEMENT OF ACCUMULATED PLAN BENEFITS  
JUNE 30, 2022  
AND  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEAR ENDED JUNE 30, 2022**

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**ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

|                                                            |                              |
|------------------------------------------------------------|------------------------------|
| Vested benefits:                                           |                              |
| Pensioners and beneficiaries currently receiving benefits  | \$ 135,312,943               |
| Other vested benefits                                      | <u>127,264,878</u>           |
| Total Vested Benefits                                      | <u>262,577,821</u>           |
| Non-vested benefits                                        | <u>19,564,672</u>            |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 282,142,493</u></u> |

**ACTUARIAL PRESENT VALUE OF CHANGES IN ACCUMULATED  
PLAN BENEFITS**

|                                                                       |                              |
|-----------------------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan benefits - Beginning      | <u>\$ 264,274,458</u>        |
| Increase (decrease) during the period attributable to:                |                              |
| Interest                                                              | 18,003,612                   |
| Benefits accumulated, net experience gain or loss, changes<br>in data | 13,478,575                   |
| Change in actuarial assumptions                                       | (543,374)                    |
| Benefits paid                                                         | <u>(13,070,778)</u>          |
| Net Increase                                                          | <u>17,868,035</u>            |
| Actuarial present value of accumulated plan benefits - Ending         | <u><u>\$ 282,142,493</u></u> |

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The accompanying notes are an integral part of the financial statements.

## POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

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#### NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Pointers, Cleaners & Caulkers Pension Fund & Subsidiary (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document and its’ Summary Plan Description for a more complete description of the Plan provisions.

**General:** The Plan is a collectively bargained multi-employer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). It is financed by negotiated employer contributions typically set for multi-year periods under collectively bargained agreements. The benefits earned depend on the duration of participation in the Plan and the level of the members’ employment and contributions. The Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with the Building Waterproofers Association, the Bricklayers and Allied Crafts Local 1, New York (the “Union”), and individual employers signatory to the agreements.

**Plan Administration:** The administration of the Plan is the responsibility of a board of trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment advisers and maintained by separate Plan custodians.

**Pension Benefits:** Generally, participants with five years of vested service are entitled to pension benefits beginning at age sixty-five and participants with ten years of vested service are entitled to pension benefits beginning at age sixty-two. The Plan permits early retirement at ages fifty-seven through sixty-four with fifteen years of vesting service at reduced rates. The pension benefit amount varies depending on units of pension credits and the benefit rates per unit based on employers’ contribution rates.

Participants may elect to receive benefits under various husband and wife options, which guarantee payments of benefits during the lives of both the participant and the participant’s spouse. Alternatively, a participant may elect other options whereby pension payments are in the form of a 50% joint and survivor benefit, a thirty-six (36) month guaranteed benefit, and a 100% contingent annuitant joint and survivor benefit.

If an active employee dies, and is vested, the employee’s beneficiary is entitled to a pre-retirement death benefit. A pre-retirement spousal survivor benefit consists of 50% of the benefit the employee would have received had he or she retired the day before he or she died and elected the joint survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse’s benefit is deferred to the date the employee would have attained his or her earliest retirement age. If an active employee dies, and is vested at the time of death, and the beneficiary is not eligible for a spousal benefit, the employee’s beneficiary is entitled to a pre-retirement lump-sum death benefit that is based on units of accrued service credit.

Active employees who become totally disabled and have 10 years vesting credits, a minimum of 500 hours in the year preceding their disability and have received a social security disability award from the social security administrator’s office are entitled to a disability retirement benefit determined in the same manner as for normal retirement.

A full description of plan benefit provisions is available in the Rules and Regulations of the Plan as amended and restated.

**Funding:** Employers make contributions for covered members based upon hours worked. The contribution rates are determined by the collective bargaining agreement in effect at the time.

The Plan also accepts contributions for employees of the Plan and Union under separate participation agreements.

Contributions for 2023 and 2022 met the minimum funding requirements of ERISA.

## POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

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#### NOTE 1 – DESCRIPTION OF PLAN (continued)

**Other:** Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan may be completely or partially terminated at any time by the Board of Trustees, subject to the provisions set forth in ERISA.

#### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The financial statements of the Plan are prepared under the accrual method of accounting.

**Payment of Benefits:** Benefit payments to participants are recorded upon distribution.

**Consolidation:** The accompanying consolidated financial statements include the accounts of the Plan, the general operating and clearance accounts, and its wholly owned subsidiary, the 66-05 Woodhaven Blvd. Corporation (the "Corporation") (a not-for-profit title-holding corporation exempt under section 501(c)(2) of the Internal Revenue Code (IRC)). The Corporation was formed on July 21, 1988, with the Plan as its sole shareholder. The Corporation's objective is to own and manage the land and building that is the operating facility of the Plan and other related organizations. All inter-organization transactions have been eliminated in the consolidation.

**Valuation of Investments:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

**Cash in Checking Accounts:** A policy was adopted to maximize interest earnings. To accomplish this, the Plan instructed its bank to maintain its checking accounts at zero balances; therefore, funds are transferred on a daily basis to these accounts in the amount of the cleared checks. Due to this arrangement, the amounts of the checks issued but not cleared are offset against other cash accounts.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Fixed Assets and Depreciation or Amortization:** Fixed assets are stated at cost less depreciation or amortization accumulated since their acquisition and do not purport to represent replacement or realizable value. All assets are depreciated or amortized over their estimated useful lives. Expenditures for normal repairs of equipment are charged to current operations. All other expenditures for fixed assets are capitalized.

**Employer Contributions:** Employer contributions receivable and employer contribution income do not include estimates of amounts due from employers where remittance reports were not received by the Plan office (unless shop steward reports are available) or for amounts due but unpaid as a result of disputed payroll audits, or for any contributions held in the general operating account that have not been identified by the Plan.

# POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

**Net Assets Available for Benefits:** Under the terms of the Trust Agreement, the net assets available for benefits are restricted to the payment of pension and death benefits, administrative fees, and expenses.

**Actuarial Present Value of Accumulated Pension Plan Benefits:** Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees,
- b. Beneficiaries of employees who have died; and
- c. Present employees or their beneficiaries.

Benefits under the Plan are based on employee's years of service in covered employment and on contributions made by employers for the employee's covered employment. Benefits payable under all circumstances – retirement, death, and disability – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from The Segal Company and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2022, were:

#### **Actuarial Present Value of Accumulated Pension Plan Benefits:**

Mortality rates:

Healthy annuitant - RP-2006 Blue Collar Healthy Annuitant Mortality Table with generational projection under Scale MP-2021 (previously, Scale MP-2019 was used).

Disabled annuitant - RP-2006 Disabled Mortality Table with generational projection under Scale MP-2021 (previously, Scale MP-2019 was used).

Non-annuitant - RP-2006 Blue Collar Employee Mortality Table with generational projection under Scale MP-2021 (previously, Scale MP-2019 was used).

|                                     |            |             |               |                   |
|-------------------------------------|------------|-------------|---------------|-------------------|
| Termination rates before retirement | <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Disability</b> |
|                                     | 20         | 0.07%       | 0.02%         | 0.03%             |
|                                     | 25         | 0.07%       | 0.02%         | 0.04%             |
|                                     | 30         | 0.06%       | 0.02%         | 0.06%             |
|                                     | 35         | 0.07%       | 0.03%         | 0.10%             |
|                                     | 40         | 0.10%       | 0.05%         | 0.16%             |
|                                     | 45         | 0.16%       | 0.09%         | 0.26%             |
|                                     | 50         | 0.26%       | 0.13%         | 0.45%             |
|                                     | 55         | 0.38%       | 0.19%         | 0.84%             |
|                                     | 60         | 0.64%       | 0.31%         | 1.20%             |

# POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### Actuarial Present Value of Accumulated Pension Plan Benefits (continued):

| Age | Withdrawal (Years of Service) |       |       |       |
|-----|-------------------------------|-------|-------|-------|
|     | < 2                           | 2 - 4 | 5 - 9 | > 10  |
| 20  | 9.00%                         | 7.10% | 7.50% | 4.38% |
| 25  | 10.87%                        | 8.57% | 6.48% | 4.38% |
| 30  | 9.31%                         | 6.79% | 4.20% | 2.42% |
| 35  | 8.39%                         | 5.51% | 3.58% | 2.51% |
| 40  | 7.96%                         | 5.18% | 3.01% | 2.08% |
| 45  | 7.74%                         | 4.74% | 2.91% | 1.87% |
| 50  | 7.80%                         | 4.45% | 2.66% | 1.75% |
| 55  | 6.76%                         | 3.91% | 1.30% | 4.40% |
| 60  | 6.82%                         | 3.92% | 1.06% | 1.00% |

Retirement rates:

#### Expected incidence of retirement

| Retirement |             |
|------------|-------------|
| Age        | Probability |
| 55         | 50%         |
| 56-61      | 15% *       |
| 62         | 50%         |
| 63         | 30%         |
| 64         | 50%         |
| 65-69      | 25%         |
| 70         | 100%        |

\* 50% for the first year of eligibility  
for the service pension

Future benefit accruals: 1.5 service credits per year.

Active participant: Those with at least 300 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Retirement age: 62 for inactive vested participants.

Percent married: 80%

Age of spouse: Females three years younger than males.

Net investment return: 7.00% (Same in 2021).

Liability for pensioner bonus: The present value of the future working lifetime of active employees hired before August 1, 2005 multiplied by actual bonus checks paid for the year and divided by the count of active employees hired before August 1, 2005.

Administrative expenses: \$620,000 payable monthly, for the year beginning July 1, 2022 (equivalent to \$597,803 payable at the beginning of the year).

Actuarial value of assets: Market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of market value.

## POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

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#### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

##### Actuarial Present Value of Accumulated Pension Plan Benefits (continued):

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method:           | Unit credit actuarial cost method. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated by service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Current liability assumptions:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Interest                         | 2.27% (2.33% in 2021), within the permissible range projected under IRS Section 431(c)(6)(E).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Mortality                        | Mortality prescribed under IRS Regulation 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2020 (previously, Scale MP-2019 was used).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Change in actuarial assumptions: | <p>For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.</p> <p>Based on the past experience and future expectations, the following actuarial assumption was changed:</p> <ul style="list-style-type: none"><li>- Administrative expenses, previously \$610,000.</li><li>- Mortality improvement scale, previously MP-2019 Benefit Election, previously assumed married participants to elect 50% Husband-and-Wife pension with pop-up form and non-married participants to elect the single life annuity with 36 months guarantee.</li></ul> |

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

#### NOTE 3 – PLAN TERMINATION PRIORITIES

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
- All non-vested benefits.

Benefits under the plan are insured by the PBGC. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, whereas other benefits may not be provided for at all.

A full description of the Plan's termination priorities is available in the Plan's rules and regulations, as amended and restated.

## POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

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#### NOTE 4 – TAX STATUS

The Plan is a qualified trust under Section 401(a) of the IRC and is exempt from federal income taxes under provisions of 501(a) of the IRC. The Internal Revenue Service (the “IRS”) has determined and informed the Plan by letter dated July 16, 2015, that the Plan is a tax qualified Plan under applicable sections of the IRC. The Plan’s management believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income taxes has been included in the Plan’s financial statements.

The IRS has determined and informed the 66-05 Woodhaven Blvd. Corporation by letter dated November 13, 1996, that the wholly owned subsidiary is a not-for-profit title-holding corporation exempt under section 501(c)(2) of the IRC.

#### NOTE 5 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

Contributions receivable of \$5,750,259 (2023) and \$5,017,367 (2022) include amounts from employers totaling \$325,024 and \$1,275,894, respectively, which represent 5% or more of the total receivable (6% and 25% of the total receivable at June 30, 2023 and 2022). Of the \$5,750,259 receivable at June 30, 2023, approximately 9% remains uncollected as of the date of the audit report.

#### NOTE 6 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. 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 such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

#### NOTE 7 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three Levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

## POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

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#### NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

- Level 2: Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets.
  - Quoted prices for identical or similar assets or liabilities in inactive markets.
  - Inputs other than quoted prices that are observable for the asset or liability.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets at fair value. There have been changes in the methodologies used at June 30, 2023 and 2022.

*Interest bearing cash and certificates of deposit:* Interest bearing cash and certificates of deposit, which is readily convertible into cash, is carried at cost, which approximates fair value.

*Corporate stocks:* Corporate stocks are valued at the closing price reported on the New York Stock Exchange and other exchanges.

*Registered investment companies:* Certain registered investment companies are valued at the closing price reported in the active market on which they are traded. Others are valued at an estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager takes into consideration information about the net asset value of shares held by the Plan at year end and/or from the audited financial statements of the Plan.

*Real estate:* The land and building at 66-05 Woodhaven Boulevard are carried at fair value as appraised by a licensed appraiser. The last appraisal of the property was completed November 16, 2018.

The preceding methods may produce a fair value calculation 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.

# POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

### NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2023 and 2022:

| June 30, 2023                   |                       |                     |                     |                       |
|---------------------------------|-----------------------|---------------------|---------------------|-----------------------|
| Investment                      | Level 1               | Level 2             | Level 3             | Total                 |
| Interest bearing cash           | \$ 9,221,684          | \$ 0                | \$ 0                | \$ 9,221,684          |
| Corporate stocks                | 108,715,364           | 0                   | 0                   | 108,715,364           |
| Real estate                     | 0                     | 0                   | 4,200,002           | 4,200,002             |
| Registered investment companies | 9,479,569             | 9,083,601           | 0                   | 18,563,170            |
|                                 | <u>\$ 127,416,617</u> | <u>\$ 9,083,601</u> | <u>\$ 4,200,002</u> | <u>140,700,220</u>    |
| Investments measured at NAV     |                       |                     |                     | 171,827,453           |
| Total Investments at Fair Value |                       |                     |                     | <u>\$ 312,527,673</u> |

| June 30, 2022                   |                       |                     |                     |                       |
|---------------------------------|-----------------------|---------------------|---------------------|-----------------------|
| Investment                      | Level 1               | Level 2             | Level 3             | Total                 |
| Interest bearing cash           | \$ 12,410,319         | \$ 0                | \$ 0                | \$ 12,410,319         |
| Corporate stocks                | 88,363,634            | 0                   | 0                   | 88,363,634            |
| Real estate                     | 0                     | 0                   | 4,200,002           | 4,200,002             |
| Registered investment companies | 9,695,771             | 7,891,564           | 0                   | 17,587,335            |
|                                 | <u>\$ 110,469,724</u> | <u>\$ 7,891,564</u> | <u>\$ 4,200,002</u> | <u>122,561,290</u>    |
| Investments measured at NAV     |                       |                     |                     | 165,120,525           |
| Total Investments at Fair Value |                       |                     |                     | <u>\$ 287,681,815</u> |

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended June 30, 2023:

|                            | Real estate         |
|----------------------------|---------------------|
| Balance, beginning of year | \$ 4,200,002        |
| Unrealized (losses)        | (50,207)            |
| Amortization               | 50,207              |
| Balance, end of year       | <u>\$ 4,200,002</u> |

# POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

### NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of June 30, 2023 and 2022, respectively.

| Description                                    | Fair Market Value |                | Unfunded<br>Commitments | Redemption<br>Frequency  | Redemption<br>Notice Period            |
|------------------------------------------------|-------------------|----------------|-------------------------|--------------------------|----------------------------------------|
|                                                | June 30, 2023     | June 30, 2022  |                         |                          |                                        |
| Common/collective trusts:                      |                   |                |                         |                          |                                        |
| Invesco Core Plus Fixed Income Trust           | \$ 38,938,427     | \$ 36,492,132  | N/A                     | Each business day        | No later than 4pm on the trade date ET |
| Invesco Balanced-Risk Allocation Trust         | 14,121,513        | 14,301,160     | N/A                     | Each business day        | No later than 3pm on the trade date ET |
| Intech Institutional Enhanced Plus Equity Fund | 46,329,700        | 39,346,211     | N/A                     | Each business day        | 5 business days prior to request date  |
| Multi-Employer Property Trust                  | 13,229,499        | 14,907,253     | N/A                     | Quarterly valuation date | Immediately after requests are made    |
| Mackay Shields Core Plus Bond Cit              | 39,885,506        | 37,851,012     | N/A                     | Each business day        | At the end of current day              |
| ASB Allegiance Real Estate Fund                | 19,322,808        | 22,222,757     | N/A                     | Quarterly valuation date | 7 business days                        |
| Total Investments measured at NAV              | \$ 171,827,453    | \$ 165,120,525 |                         |                          |                                        |

The common/collective trusts are measured at fair value by using the NAV practical expedient and file U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these entities is not required.

### NOTE 8 – FIXED ASSETS

Fixed assets at June 30, 2023 and 2022 by classification are summarized as follows:

|                                                  | 2023              | 2022              |
|--------------------------------------------------|-------------------|-------------------|
| Furniture and fixtures                           | \$ 394,828        | \$ 195,602        |
| Equipment                                        | 151,374           | 372,812           |
| Other                                            | 68,000            | 68,000            |
| Leasehold improvements                           | 0                 | 73,582            |
|                                                  | <u>614,202</u>    | <u>709,996</u>    |
| Less - Accumulated depreciation and amortization | 421,214           | 521,472           |
| Net Fixed Assets                                 | <u>\$ 192,988</u> | <u>\$ 188,524</u> |

## POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

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#### NOTE 9 – LEASES

The Corporation has entered into a cancelable lease agreement to rent space to the Plans' related organizations (see Note 10) at an annual rent of \$62,250. This lease has not been renewed and is currently being paid on a month-to-month basis.

The Corporation has entered into a cancelable lease agreement to rent space to BAC Local 1, NY Benefit Plan, a related organization (see Note 10) at an annual rent of \$119,400. The term of the lease is October 1, 2013 through September 30, 2023.

The Corporation has entered into a non-cancelable lease agreement to rent space to Chementry Industries. The term of the lease is October 1, 2008 through September 30, 2011 for a rent of \$21,600. This lease has not been renewed and is currently being paid on a month-to-month basis.

The Corporation has entered into a non-cancelable lease agreement to rent space to Fleet Street Properties. The term of the lease is October 1, 2006 through September 30, 2011 for a rent of \$10,800. This lease has not been renewed and is currently being paid on a month-to-month basis. In December 2022, Fleet Street Properties moved out.

The Corporation has entered into a non-cancelable lease agreement to rent space to Professional Pavers. The term of the lease is April 1, 2012 through March 31, 2015 for a rent of \$7,800 for the first year with an increase every year thereafter. This lease has not been renewed and the Corporation was being paid on a month-to-month basis. In May of 2022, Professional Pavers moved out.

The Corporation has entered into a non-cancelable lease agreement to rent space to VIF Corporation. The term of the lease is January 1, 2012 through February 28, 2015 for a rent of \$6,600 for the first year with an increase every year thereafter. This lease has not been renewed and the Corporation was being paid on a month-to-month basis. In May of 2022, VIF Corporation moved out.

The Corporation rents space to VAS CCTV for a rent of \$250 per month effective May 2019. There is no lease and is currently being paid on a month-to-month basis.

The Corporation has entered into a non-cancellable lease agreement to rent space to Clark Whitsett, Esq. The term of the lease is December 1, 2022 through November 30, 2025 for a rent of \$1,850 for the first year with a 3% rent increase thereafter.

The annual minimum lease income under these non-cancelable leases as of June 30, 2023 is:

|                                  |      | Facilities       |
|----------------------------------|------|------------------|
| Periods ending June 30:          | 2024 | \$ 22,589        |
|                                  | 2025 | 23,266           |
|                                  | 2026 | 9,813            |
| Aggregate future minimum rentals |      | <u>\$ 55,668</u> |

#### NOTE 10 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through April 9, 2024, the date the financial statements were available to be issued.

**POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2023 AND 2022**

**NOTE 11 – ADMINISTRATIVE EXPENSES**

|                                                    | 2023                | 2022                |
|----------------------------------------------------|---------------------|---------------------|
| Administrative overhead (see below)                | \$ 466,919          | \$ 389,859          |
| Less: rent expense eliminated in consolidation     | 62,250              | 62,250              |
|                                                    | <u>404,669</u>      | <u>327,609</u>      |
| Professional fees:                                 |                     |                     |
| Auditing                                           | 118,850             | 58,625              |
| Legal                                              | 67,222              | 65,557              |
| Actuary and consultant                             | 55,795              | 56,161              |
| Other                                              | 5,605               | 7,000               |
| Pension Benefit Guaranty Corporation               | 81,952              | 74,121              |
| Other general and administrative                   | 3,484               | 19,879              |
| Total Administrative Expenses - Pension Fund       | <u>\$ 737,577</u>   | <u>\$ 608,952</u>   |
| General operating account administrative expenses: |                     |                     |
| Payroll                                            | \$ 1,076,368        | \$ 1,016,532        |
| Legal and collection fees                          | 258,108             | 156,070             |
| Employer payroll compliance audits                 | 165,449             | 213,878             |
| Equipment rental and maintenance                   | 135,722             | 84,326              |
| Stationery, supplies and postage                   | 66,844              | 45,250              |
| Rent                                               | 62,250              | 62,250              |
| Insurance                                          | 50,174              | 43,123              |
| Telephone                                          | 26,071              | 11,532              |
| Other general and administrative                   | 17,995              | 24,796              |
| Auto expenses                                      | 14,292              | 14,572              |
| Payroll services                                   | 3,879               | 5,808               |
| Depreciation                                       | 3,016               | 17,594              |
| Meetings and educational conferences               | 0                   | 8,937               |
| Loss on obsolete assets                            | 0                   | 4,755               |
|                                                    | <u>1,880,168</u>    | <u>1,709,423</u>    |
| Less:                                              |                     |                     |
| General operating accounts interest income         | 31,932              | 31,136              |
| Other income                                       | 30,030              | 6,592               |
| Net Administrative Expenses                        | <u>\$ 1,818,206</u> | <u>\$ 1,671,695</u> |
| Allocation to Funds:                               |                     |                     |
| Welfare fund                                       | \$ 818,573          | \$ 824,039          |
| Annuity Fund                                       | 480,904             | 410,138             |
| Pension Fund                                       | 466,919             | 389,859             |
| B.A.C. Union Local 1                               | 27,193              | 25,352              |
| I.M.I. Fund                                        | 10,674              | 9,606               |
| International Pension Fund                         | 10,007              | 9,006               |
| Promotion Fund                                     | 3,936               | 3,695               |
| Total Allocation to Organizations                  | <u>\$ 1,818,206</u> | <u>\$ 1,671,695</u> |

# POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2023 AND 2022

### NOTE 12 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plans are administered under the direction of the unpaid administrator of the Bricklayers Insurance and Welfare Fund, Bricklayers and Allied Craftworkers Local Union 1 N.Y., who is also a Trustee of the Plan.

Most common general and administrative expenses (rent, payroll, equipment, stationery, printing, utilities, and some general professional fees) of the Plan and of the Pointers, Cleaners and Caulkers Welfare and Annuity Funds (together the “Plans”) are paid by the Plan’s General Operating Account. The amounts are then allocated based on usage and estimated time and space formulas. The General Operating Account also collects and remits certain contribution income on behalf of the Plans (See contribution exchanges below). The Plan’s subsidiary also leases facilities to related parties (see Note 9).

The Plan’s 2023 related party transactions are summarized as follows:

|                          | Totals       | Welfare Fund | Annuity Fund | Promotion Fund | Others     |
|--------------------------|--------------|--------------|--------------|----------------|------------|
| Beginning balances       | \$ 3,034,232 | \$ 2,868,235 | \$ (93,717)  | \$ 3,659       | \$ 256,055 |
| Current period activity: |              |              |              |                |            |
| Payments                 | (2,673,967)  | (2,575,944)  | 0            | (3,659)        | (94,364)   |
| Expense allocations      | 1,351,287    | 818,573      | 480,904      | 3,936          | 47,874     |
| Quarterly reimbursements | (1,070,000)  | (620,000)    | (450,000)    | 0              | 0          |
| Custodian fees           | (7,357)      | (7,357)      | 0            | 0              | 0          |
| Contribution exchanges   | 1,116,950    | 1,071,843    | 45,107       | 0              | 0          |
| Total Current Activity   | (1,283,087)  | (1,312,885)  | 76,011       | 277            | (46,490)   |
| Ending balances          | \$ 1,751,144 | \$ 1,555,350 | \$ (17,706)  | \$ 3,936       | \$ 209,565 |

### NOTE 13 – RETIREMENT PLANS

The Plan’s eligible employees are covered under various defined benefit retirement plans. Contributions to these retirement plans for the years ended June 30, 2023 and 2022 were \$204,258 and \$235,143, respectively. Information about these plans is as follows:

| Retirement Income Plan                                 |            |          | Pension Protection Act Zone Status |        | FIP/RP Status Pending / Implemented | Contributions |            |            | Surcharge Imposed | Expiration Date Of Collective Bargaining Agreement |
|--------------------------------------------------------|------------|----------|------------------------------------|--------|-------------------------------------|---------------|------------|------------|-------------------|----------------------------------------------------|
| Name                                                   | E.I.N.     | Plan No. | 2023                               | 2022   |                                     | 2023          | 2022       | 2021       |                   |                                                    |
| Pointers, Cleaners & Caulkers Pension Fund             | 13-3208565 | 001      | Green                              | Green  | N/A                                 | \$ 151,364    | \$ 157,181 | \$ 137,373 | No                | 6/30/2023                                          |
| Bricklayers & Trowel Trades International Pension Fund | 52-6127746 | 001      | Yellow                             | Yellow | N/A                                 | 34,212        | 65,955     | 49,212     | No                | 6/30/2023                                          |
| Bricklayers Pension Plan                               | 51-6135291 | 001      | Green                              | Green  | N/A                                 | 18,682        | 12,007     | 0          | No                | 6/30/2023                                          |
|                                                        |            |          |                                    |        |                                     | \$ 204,258    | \$ 235,143 | \$ 186,585 |                   |                                                    |

Non-contributory defined contribution plans cover the Plan’s eligible employees. Contributions to these plans for the years ended June 30, 2023 and 2022 were \$48,557 and \$51,202, respectively.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| For calendar plan year 2022 or fiscal plan year beginning <u>07/01/2022</u> and ending <u>06/30/2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>A</b> This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan<br><br><input type="checkbox"/> a single-employer plan<br><br><b>B</b> This return/report is: <input type="checkbox"/> the first return/report<br><input type="checkbox"/> an amended return/report<br><br><b>C</b> If the plan is a collectively-bargained plan, check here ..... <input checked="" type="checkbox"/><br><b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)<br><br><b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... <input type="checkbox"/> | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a DFE (specify) _____<br><br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months)<br><br><input type="checkbox"/> the DFVC program |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information — enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1 a</b> Name of plan<br>POINTERS, CLEANERS, & CAULKERS PENSION FUND<br><br><b>2 a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>BOARD OF TRUSTEES OF POINTERS,<br>CLEANERS & CAULKERS PENSION FUND<br>66-05 WOODHAVEN BOULEVARD<br>REGO PARK, NY 11374-5227 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ... ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>07/01/1958</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>13-3208565</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>718-896-6266</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>525100</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ... ► | 001 | <b>1c</b> Effective date of plan<br>07/01/1958 |  | <b>2b</b> Employer Identification Number (EIN)<br>13-3208565 |  | <b>2c</b> Plan Sponsor's telephone number<br>718-896-6266 |  | <b>2d</b> Business code (see instructions)<br>525100 |  |
| <b>1b</b> Three-digit plan number (PN) ... ►                                                                                                                                                                                                                                                                                                                                                                                                                                    | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>07/01/1958                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>13-3208565                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>718-896-6266                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>525100                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |

**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.

|                  |                                        |                  |                                                                                  |
|------------------|----------------------------------------|------------------|----------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of plan administrator    | 4/9/2024<br>Date | Jack Argila<br>Enter name of individual signing as plan administrator            |
| <b>SIGN HERE</b> | <br>Signature of employer/plan sponsor | 4/9/2024<br>Date | Robert Delmonico<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | <br>Signature of DFE                   | <br>Date         | <br>Enter name of individual signing as DFE                                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2022)  
v. 220413

# Comerica

POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings  
For the Period May 01, 2023 - June 30, 2023

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| Description                                  | Shares/<br>Par | Current<br>Price | Total<br>Market<br>Value | Total<br>Cost       | Unrealized<br>Gain/(Loss) | Accrued/<br>Est. Annual<br>Income | Yield to<br>Market |
|----------------------------------------------|----------------|------------------|--------------------------|---------------------|---------------------------|-----------------------------------|--------------------|
| <b>Equity Securities</b>                     |                |                  |                          |                     |                           |                                   |                    |
| <b>Communication Services</b>                |                |                  |                          |                     |                           |                                   |                    |
| ALPHABET INC CL A<br>Cusip: 02079K305        | 18,100.0000    | 119.70           | 2,166,570.00             | 1,465,231.49        | 701,338.51                | 0.00                              | 0.00               |
| FACEBOOK INC<br>Cusip: 30303M102             | 4,200.0000     | 286.98           | 1,205,316.00             | 794,167.90          | 411,148.10                | 0.00                              | 0.00               |
| NETFLIX.COM INC<br>Cusip: 64110L106          | 2,100.0000     | 440.49           | 925,029.00               | 529,689.86          | 395,339.14                | 0.00                              | 0.00               |
| T-MOBILE US INC<br>Cusip: 872590104          | 4,200.0000     | 138.90           | 583,380.00               | 522,079.37          | 61,300.63                 | 0.00                              | 0.00               |
| WALT DISNEY CO<br>Cusip: 254687106           | 5,000.0000     | 89.28            | 446,400.00               | 686,786.12          | (240,386.12)              | 0.00                              | 0.00               |
| <b>Total Communication Services</b>          |                |                  | <b>5,326,695.00</b>      | <b>3,997,954.74</b> | <b>1,328,740.26</b>       | <b>0.00</b>                       | <b>0.00</b>        |
| <b>Consumer Discretionary</b>                |                |                  |                          |                     |                           |                                   |                    |
| AMAZON.COM INC<br>Cusip: 023135106           | 18,760.0000    | 130.36           | 2,445,553.60             | 2,137,974.68        | 307,578.92                | 0.00                              | 0.00               |
| DICKS SPORTING GOODS INC<br>Cusip: 253393102 | 3,900.0000     | 132.19           | 515,541.00               | 449,381.69          | 66,159.31                 | 0.00                              | 0.00               |
| HOME DEPOT INC<br>Cusip: 437076102           | 1,700.0000     | 310.64           | 528,088.00               | 553,445.56          | (25,357.56)               | 15,600.00                         | 0.00               |
| LULULEMON ATHLETICA INC<br>Cusip: 553021109  | 1,710.0000     | 378.50           | 647,235.00               | 605,185.35          | 42,049.65                 | 14,212.00                         | 0.00               |
| MCDONALDS CORP<br>Cusip: 583135101           | 3,500.0000     | 298.41           | 1,044,435.00             | 878,755.55          | 165,679.45                | 0.00                              | 0.00               |
| STARBUCKS CORP<br>Cusip: 855244109           | 6,400.0000     | 99.06            | 633,984.00               | 676,924.50          | (42,940.50)               | 21,280.00                         | 0.00               |
| TESLA MTRS INC<br>Cusip: 88160R101           | 1,300.0000     | 261.77           | 340,301.00               | 173,290.66          | 167,010.34                | 13,568.00                         | 0.00               |
| <b>Total Consumer Discretionary</b>          |                |                  | <b>6,155,137.60</b>      | <b>5,474,957.99</b> | <b>680,179.61</b>         | <b>0.00</b>                       | <b>0.00</b>        |
| <b>Consumer Staples</b>                      |                |                  |                          |                     |                           |                                   |                    |
| COCA COLA CO<br>Cusip: 191216100             | 16,800.0000    | 60.22            | 1,011,696.00             | 1,035,386.96        | (23,690.96)               | 7,728.00                          | 0.00               |
| COSTCO WHOLESALE CORP<br>Cusip: 22160K105    | 1,468.0000     | 538.38           | 790,341.84               | 478,042.26          | 312,299.58                | 30,912.00                         | 0.00               |
|                                              |                |                  |                          |                     |                           | 5,989.44                          |                    |



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings  
For the Period May 01, 2023 - June 30, 2023

Page 5 of 31

| Description                                   | Shares/<br>Par | Current<br>Price | Total<br>Market<br>Value | Total<br>Cost | Unrealized<br>Gain/(Loss) | Accrued/<br>Est. Annual<br>Income | Yield to<br>Market |
|-----------------------------------------------|----------------|------------------|--------------------------|---------------|---------------------------|-----------------------------------|--------------------|
| <b>Consumer Staples</b>                       |                |                  |                          |               |                           |                                   |                    |
| <b>Total Consumer Staples</b>                 |                |                  | 1,802,037.84             | 1,518,429.22  | 288,608.62                | 7,728.00<br>36,901.44             |                    |
| <b>Energy</b>                                 |                |                  |                          |               |                           |                                   |                    |
| CONOCOPHILLIPS<br>Cusip: 20825C104            | 4,400,0000     | 103.61           | 455,884.00               | 339,939.45    | 245,944.55                | 2,640.00<br>8,976.00              |                    |
| EXXON MOBIL CORPORATION<br>Cusip: 30231G102   | 12,700,0000    | 107.25           | 1,362,075.00             | 1,111,576.61  | 350,498.39                | 0.00                              |                    |
| SCHLUMBERGER LTD<br>Cusip: 806857106          | 3,800,0000     | 49.12            | 186,656.00               | 213,766.34    | (27,110.34)               | 46,228.00<br>3,800.00             |                    |
| <b>Total Energy</b>                           |                |                  | 2,004,615.00             | 1,435,282.40  | 569,332.60                | 2,640.00<br>59,004.00             |                    |
| <b>Financials</b>                             |                |                  |                          |               |                           |                                   |                    |
| AMERICAN EXPRESS CO<br>Cusip: 025816109       | 5,700,0000     | 174.20           | 992,940.00               | 981,743.57    | 11,196.43                 | 0.00                              |                    |
| BANK NEW YORK MELLON CORP<br>Cusip: 054058100 | 13,000,0000    | 44.52            | 578,760.00               | 586,382.60    | (7,622.60)                | 13,680.00<br>0.00                 |                    |
| GOLDMAN SACHS GROUP INC<br>Cusip: 38141G104   | 2,200,0000     | 322.54           | 709,588.00               | 689,703.16    | 19,884.84                 | 19,240.00<br>0.00                 |                    |
| JPMORGAN CHASE & CO<br>Cusip: 45625H100       | 7,100,0000     | 145.44           | 1,032,624.00             | 885,019.66    | 147,604.34                | 22,000.00<br>0.00                 |                    |
| MORGAN STANLEY<br>Cusip: 617446448            | 4,800,0000     | 85.40            | 409,920.00               | 346,065.46    | 63,854.54                 | 28,400.00<br>0.00                 |                    |
| SCHWAB CHARLES CORP<br>Cusip: 808513105       | 10,600,0000    | 56.68            | 600,808.00               | 741,039.62    | (140,231.62)              | 14,880.00<br>0.00                 |                    |
| VISA INC CLA<br>Cusip: 92826C839              | 3,300,0000     | 237.48           | 783,684.00               | 439,763.75    | 343,920.25                | 10,600.00<br>0.00                 |                    |
| <b>Total Financials</b>                       |                |                  | 5,108,324.00             | 4,669,717.82  | 438,606.18                | 5,940.00<br>114,740.00            |                    |
| <b>Health Care</b>                            |                |                  |                          |               |                           |                                   |                    |
| BOSTON SCIENTIFIC CORP<br>Cusip: 101137107    | 10,500,0000    | 54.09            | 567,945.00               | 405,819.56    | 162,125.44                | 0.00                              |                    |
| ELEVANCE HEALTH INC<br>Cusip: 036752103       | 1,518,0000     | 444.29           | 674,432.22               | 619,531.30    | 54,900.92                 | 0.00<br>8,986.56                  |                    |



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Detailed Holdings  
For the Period May 01, 2023 - June 30, 2023POINTERS CLEAN & CAULK PEN ATALANTA  
Account Number: 1-106817

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| Description                                         | Shares/<br>Par | Current<br>Price | Total<br>Market<br>Value | Total<br>Cost | Unrealized<br>Gain/(Loss) | Accrued/<br>Est. Annual<br>Income | Yield to<br>Market |
|-----------------------------------------------------|----------------|------------------|--------------------------|---------------|---------------------------|-----------------------------------|--------------------|
| Health Care                                         |                |                  |                          |               |                           |                                   |                    |
| HCA HLDGS INC COM<br>Cusip: 40412C101               | 1,900,0000     | 303.48           | 576,612.00               | 474,218.90    | 102,393.10                | 0.00                              |                    |
| LILLY ELI & CO<br>Cusip: 532457108                  | 3,400,0000     | 488.98           | 1,594,532.00             | 845,256.73    | 749,275.27                | 4,590.00                          |                    |
| MERCK & CO INC<br>Cusip: 58533Y105                  | 11,300,0000    | 115.39           | 1,303,907.00             | 861,244.87    | 442,662.13                | 15,368.00                         |                    |
| THERMO FISHER SCIENTIFIC INC SR<br>Cusip: 883556102 | 1,732,0000     | 521.75           | 903,671.00               | 956,534.29    | (52,863.29)               | 8,249.00                          |                    |
| UNITEDHEALTH GROUP INC<br>Cusip: 91324P102          | 1,371,0000     | 480.64           | 658,957.44               | 385,895.81    | 273,061.63                | 32,996.00                         |                    |
| VERTEX PHARMACEUTICALS INC<br>Cusip: 92532F100      | 2,000,0000     | 351.91           | 703,820.00               | 593,928.76    | 109,891.24                | 606.20                            |                    |
| Total Health Care                                   |                |                  | 6,983,876.66             | 5,142,430.22  | 1,841,446.44              | 2,424.80                          |                    |
|                                                     |                |                  |                          |               |                           | 10,309.92                         |                    |
|                                                     |                |                  |                          |               |                           | 0.00                              |                    |
|                                                     |                |                  |                          |               |                           | 0.00                              |                    |
|                                                     |                |                  |                          |               |                           | 8,855.20                          |                    |
|                                                     |                |                  |                          |               |                           | 74,645.28                         |                    |
| Industrials                                         |                |                  |                          |               |                           |                                   |                    |
| BOEING CO<br>Cusip: 097023105                       | 5,800,0000     | 211.16           | 1,224,728.00             | 1,080,640.13  | 144,087.87                | 0.00                              |                    |
| CATERPILLAR INC<br>Cusip: 149123101                 | 2,100,0000     | 246.05           | 516,705.00               | 494,211.27    | 22,493.73                 | 0.00                              |                    |
| HONEYWELL INTERNATIONAL INC<br>Cusip: 435516106     | 2,900,0000     | 207.50           | 601,750.00               | 485,714.45    | 116,035.55                | 10,920.00                         |                    |
| JOHNSON CONTROLS INTERNATIONAL<br>Cusip: G51502105  | 6,900,0000     | 68.14            | 470,166.00               | 450,932.35    | 19,233.65                 | 0.00                              |                    |
| UNITED RENTALS INC<br>Cusip: 911363109              | 700,0000       | 445.37           | 311,759.00               | 271,539.87    | 40,219.13                 | 10,212.00                         |                    |
| Total Industrials                                   |                |                  | 3,125,108.00             | 2,783,038.07  | 342,069.93                | 4,144.00                          |                    |
|                                                     |                |                  |                          |               |                           | 0.00                              |                    |
|                                                     |                |                  |                          |               |                           | 37,224.00                         |                    |
| Information Technology                              |                |                  |                          |               |                           |                                   |                    |
| ADOBE SYS INC<br>Cusip: 00724F101                   | 557,0000       | 488.99           | 272,367.43               | 244,229.57    | 28,137.86                 | 0.00                              |                    |
| ADVANCED MICRO DEVICES INC<br>Cusip: 007903107      | 3,900,0000     | 113.91           | 444,249.00               | 341,093.38    | 103,155.62                | 0.00                              |                    |
| APPLE INC<br>Cusip: 037833100                       | 15,218,0000    | 193.97           | 2,951,835.46             | 1,765,265.06  | 1,186,570.40              | 0.00                              |                    |
| BROADCOM INC<br>Cusip: 11135F101                    | 1,348,0000     | 867.43           | 1,169,295.64             | 566,852.98    | 602,442.66                | 14,609.28                         |                    |
|                                                     |                |                  |                          |               |                           | 0.00                              |                    |
|                                                     |                |                  |                          |               |                           | 24,803.20                         |                    |

**Detailed Holdings**  
**For the Period May 01, 2023 - June 30, 2023**

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| Description                                       | Shares/<br>Par | Current<br>Price | Total<br>Market<br>Value | Total<br>Cost       | Unrealized<br>Gain/(Loss) | Accrued/<br>Est. Annual<br>Income | Yield to<br>Market |
|---------------------------------------------------|----------------|------------------|--------------------------|---------------------|---------------------------|-----------------------------------|--------------------|
| <b>Information Technology</b>                     |                |                  |                          |                     |                           |                                   |                    |
| CISCO SYS INC<br>Cusip: 17275R102                 | 9,900,000      | 51.74            | 512,226.00               | 452,506.55          | 29,719.45                 | 0.00                              |                    |
| IBM CORP<br>Cusip: 459200101                      | 4,200,000      | 133.81           | 562,002.00               | 546,423.87          | 15,578.13                 | 15,444.00                         |                    |
| INTUIT INC<br>Cusip: 461202103                    | 1,500,000      | 458.19           | 687,285.00               | 618,165.81          | 69,119.19                 | 27,883.00                         |                    |
| LAM RESH CORP<br>Cusip: 512807108                 | 981,000        | 642.86           | 630,845.66               | 495,035.77          | 175,609.89                | 4,680.00                          |                    |
| MICRON TECHNOLOGY INC<br>Cusip: 565112103         | 10,200,000     | 63.11            | 643,722.00               | 582,569.15          | 51,152.85                 | 1,692.23                          |                    |
| MICROSOFT CORP<br>Cusip: 594918104                | 8,465,000      | 340.54           | 2,882,671.10             | 1,775,453.57        | 1,107,217.53              | 6,768.90                          |                    |
| NVIDIA CORP<br>Cusip: 67066G104                   | 5,053,000      | 423.02           | 2,137,520.06             | 839,193.79          | 1,308,326.27              | 4,592.00                          |                    |
| ORACLE CORPORATION<br>Cusip: 68389X105            | 6,200,000      | 119.09           | 738,358.00               | 515,420.16          | 222,937.84                | 23,024.80                         |                    |
| PALO ALTO NETWORKS INC<br>Cusip: 697435105        | 3,272,000      | 255.51           | 836,028.72               | 343,374.87          | 492,653.85                | 808.48                            |                    |
| SALESFORCE INC<br>Cusip: 79456L302                | 2,300,000      | 211.26           | 485,898.00               | 441,435.78          | 44,462.22                 | 9,920.00                          |                    |
| SERVICENOW INC<br>Cusip: 81762P102                | 700,000        | 581.97           | 393,379.00               | 313,587.41          | 79,791.59                 | 0.00                              |                    |
| <b>Total Information Technology</b>               |                |                  | <b>15,347,483.07</b>     | <b>9,830,607.72</b> | <b>5,516,875.35</b>       | <b>1,692.23</b>                   |                    |
|                                                   |                |                  |                          |                     |                           | <b>132,638.66</b>                 |                    |
| <b>Materials</b>                                  |                |                  |                          |                     |                           |                                   |                    |
| MARTIN MARIETTA MATERIALS INC<br>Cusip: 573284106 | 671,000        | 461.69           | 309,793.99               | 244,055.42          | 85,738.57                 | 0.00                              |                    |
| <b>Total Materials</b>                            |                |                  | <b>309,793.99</b>        | <b>224,055.42</b>   | <b>85,738.57</b>          | <b>0.00</b>                       |                    |
|                                                   |                |                  |                          |                     |                           | <b>1,771.44</b>                   |                    |
| <b>Utilities</b>                                  |                |                  |                          |                     |                           |                                   |                    |
| NEXTERA ENERGY INC<br>Cusip: 65339F101            | 9,100,000      | 74.20            | 675,220.00               | 740,208.59          | (84,988.59)               | 0.00                              |                    |
| <b>Total Utilities</b>                            |                |                  | <b>675,220.00</b>        | <b>740,208.59</b>   | <b>(84,988.59)</b>        | <b>0.00</b>                       |                    |
|                                                   |                |                  |                          |                     |                           | <b>17,017.00</b>                  |                    |



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**POINTERS CLEAN & CAULK PEN ATALANTA**  
Account Number: 1-106817

**Detailed Holdings**  
**For the Period May 01, 2023 - June 30, 2023**

| Description                                                                                                   | Shares/<br>Par | Current<br>Price | Total<br>Market<br>Value | Total<br>Cost        | Unrealized<br>Gain/(Loss) | Accrued/<br>Est. Annual<br>Income | Yield to<br>Market |
|---------------------------------------------------------------------------------------------------------------|----------------|------------------|--------------------------|----------------------|---------------------------|-----------------------------------|--------------------|
| <b>Foreign Stock</b>                                                                                          |                |                  |                          |                      |                           |                                   |                    |
| CHUBB LTD<br>Cusip: H1467J104                                                                                 | 2,800.0000     | 182.56           | 539,168.00               | 634,894.66           | (95,726.66)               | 2,408.00                          |                    |
| EATON CORP PLC<br>Cusip: G29183103                                                                            | 1,300.0000     | 201.10           | 261,430.00               | 239,327.14           | 22,102.86                 | 9,632.00                          |                    |
| MEDTRONIC PLC<br>Cusip: G5960L103                                                                             | 8,300.0000     | 88.10            | 731,230.00               | 885,370.52           | (154,140.52)              | 4,472.00                          |                    |
| SHOPIFY INC<br>Cusip: 82509L107                                                                               | 6,040.0000     | 64.60            | 390,184.00               | 289,707.24           | 100,476.76                | 8,300.00                          |                    |
|                                                                                                               |                |                  |                          |                      |                           | 22,908.00                         |                    |
|                                                                                                               |                |                  |                          |                      |                           | 0.00                              |                    |
|                                                                                                               |                |                  |                          |                      |                           | 0.00                              |                    |
| <b>Total Foreign Stock</b>                                                                                    |                |                  | <b>1,922,012.00</b>      | <b>2,049,299.56</b>  | <b>(127,287.56)</b>       | <b>10,708.00</b>                  |                    |
|                                                                                                               |                |                  |                          |                      |                           | <b>37,012.00</b>                  |                    |
| <b>Mutual Funds - Closed End</b>                                                                              |                |                  |                          |                      |                           |                                   |                    |
| INVESCO QQQ TR SERIES 1<br>Cusip: 46090E103                                                                   | 2,830.0000     | 369.42           | 1,045,458.60             | 916,831.92           | 128,626.68                | 0.00                              |                    |
|                                                                                                               |                |                  |                          |                      |                           | 6,084.50                          |                    |
| <b>Total Mutual Funds - Closed End</b>                                                                        |                |                  | <b>1,045,458.60</b>      | <b>916,831.92</b>    | <b>128,626.68</b>         | <b>0.00</b>                       |                    |
|                                                                                                               |                |                  |                          |                      |                           | 6,084.50                          |                    |
| <b>Total Equity Securities</b>                                                                                |                |                  | <b>49,805,761.76</b>     | <b>38,797,813.67</b> | <b>11,007,948.09</b>      | <b>31,623.43</b>                  |                    |
|                                                                                                               |                |                  |                          |                      |                           | <b>581,698.32</b>                 |                    |
| <b>Short Term Investments</b>                                                                                 |                |                  |                          |                      |                           |                                   |                    |
| <b>Short Term Investments</b>                                                                                 |                |                  |                          |                      |                           |                                   |                    |
| GOLDMAN SACHS FINANCIAL SQUARE: PRINCIPA<br>FUNDS-TREASURY INSTRUMENTS-IN<br>Cusip: SWFTXX01, Bank: 381428500 | 2,272,858.4300 | 1.00             | 2,272,858.43             | 2,272,858.43         | 0.00                      | 9,870.21                          |                    |
|                                                                                                               |                |                  |                          |                      |                           | 113,575.47                        |                    |
| <b>Total Short Term Investments</b>                                                                           |                |                  | <b>2,272,858.43</b>      | <b>2,272,858.43</b>  | <b>0.00</b>               | <b>9,870.21</b>                   |                    |
|                                                                                                               |                |                  |                          |                      |                           | <b>113,575.47</b>                 |                    |
| <b>Cash</b>                                                                                                   |                |                  |                          |                      |                           |                                   |                    |
| U.S. DOLLAR PAYABLE - PRINCIPAL<br>Bank: USD                                                                  | -143,150.0000  | 1.00             | (143,150.00)             | (143,150.00)         | 0.00                      | 0.00                              |                    |
|                                                                                                               |                |                  |                          |                      |                           | 0.00                              |                    |
| <b>Total Cash</b>                                                                                             |                |                  | <b>(143,150.00)</b>      | <b>(143,150.00)</b>  | <b>0.00</b>               | <b>0.00</b>                       |                    |
|                                                                                                               |                |                  |                          |                      |                           | <b>0.00</b>                       |                    |



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings  
For the Period May 01, 2023 - June 30, 2023

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| Description                  | Shares/<br>Par | Current<br>Price | Total<br>Market<br>Value | Total<br>Cost | Unrealized<br>Gain/(Loss) | Accrued/<br>Est. Annual<br>Income | Yield to<br>Market |
|------------------------------|----------------|------------------|--------------------------|---------------|---------------------------|-----------------------------------|--------------------|
| Cash                         |                |                  |                          |               |                           |                                   |                    |
| Total Short Term Investments |                |                  | 2,129,708.43             | 2,129,708.43  | 0.00                      | 9,870.21<br>113,575.47            |                    |
| Total Market Value           |                |                  | 51,935,470.19            | 40,927,522.10 | 11,007,948.09             | 41,493.64<br>695,273.79           |                    |

Add: Due from broker 143,150.00 143,150.00  
52,078,620.19 41,070,672.10

2022

## FEDERAL STATEMENTS

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13-3208565

CLIENT PCC-PF

BOARD OF TRUSTEES OF POINTERS,

PLAN NO. 001

4/11/24

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## STATEMENT 1

## SCHEDULE H, PAGE 1, LINE 1B(3)

## OTHER RECEIVABLES

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

|                                     | BEGINNING     | ENDING        |
|-------------------------------------|---------------|---------------|
| DUE FROM MEMBER.....                | \$ 24,912.    | \$ 15,191.    |
| DUE FROM RELATED ORGANIZATIONS..... | 3,034,232.    | 1,751,144.    |
| INVESTMENT INCOME RECEIVABLE.....   | 33,932.       | 41,494.       |
| OTHER RECEIVABLE.....               | 538,917.      | 257,880.      |
| PREPAID EXPENSES.....               | 0.            | 149,097.      |
| WITHHOLDINGS.....                   | 7,539.        | 17,680.       |
| TOTAL                               | \$ 3,639,532. | \$ 2,232,486. |

## STATEMENT 2

## SCHEDULE H, PAGE 2, LINE 1J

## OTHER LIABILITIES

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

|                                        | BEGINNING      | ENDING        |
|----------------------------------------|----------------|---------------|
| CASH, OPERATING ACCOUNT OVERDRAFT..... | \$ 205,846.    | \$ 245,104.   |
| CONTRIBUTION EXCHANGE.....             | 10,492,917.    | 6,539,228.    |
| DUE TO BROKER.....                     | 0.             | 143,150.      |
| ESCROW BONDS.....                      | 20,000.        | 0.            |
| SECURITY DEPOSIT.....                  | 15,047.        | 14,900.       |
| TOTAL                                  | \$ 10,733,810. | \$ 6,942,382. |

## STATEMENT 3

## SCHEDULE H, PAGE 2, LINE 2B(5)(B)

## OTHER UNREALIZED APPRECIATION

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

|                                 |                |
|---------------------------------|----------------|
| PUBLICLY TRADED SECURITIES..... | \$ 17,438,277. |
| TOTAL                           | \$ 17,438,277. |

## STATEMENT 4

## SCHEDULE H, PAGE 3, LINE 2C

## OTHER INCOME

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

|                    |            |
|--------------------|------------|
| MISCELLANEOUS..... | \$ 35,816. |
| TOTAL              | \$ 35,816. |

## STATEMENT 5

## SCHEDULE H, PAGE 3, LINE 2I(4)

## OTHER ADMINISTRATIVE EXPENSES

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

|                                |             |
|--------------------------------|-------------|
| BUILDING OPERATIONS.....       | \$ 649,147. |
| COMPUTER SERVICES.....         | 120,904.    |
| DEPRECIATION.....              | 28,827.     |
| EMPLOYEE BENEFITS & TAXES..... | 264,176.    |

4/11/24

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**STATEMENT 5 (CONTINUED)****SCHEDULE H, PAGE 3, LINE 2I(4)****OTHER ADMINISTRATIVE EXPENSES**

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

|                                      |    |                 |
|--------------------------------------|----|-----------------|
| EQUIPMENT RENTAL & MAINTENANCE.....  | \$ | 14,818.         |
| INSURANCE.....                       |    | 132,126.        |
| INVESTIGATOR.....                    |    | 14,292.         |
| O/H ADMIN EXPENSE REIMBURSEMENT..... |    | -1,351,287.     |
| OTHER GENERAL & ADMINISTRATIVE.....  |    | 13,286.         |
| PAYROLL SERVICES.....                |    | 3,879.          |
| SALARIES.....                        |    | 812,192.        |
| STATIONERY & POSTAGE.....            |    | 74,204.         |
| TELEPHONE.....                       |    | 26,071.         |
| TOTAL                                | \$ | <u>802,635.</u> |

**STATEMENT 6****SCHEDULE H, PAGE 4, LINE 4I****SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

| <u>PARTY IN</u><br><u>INTEREST</u> | <u>IDENTIFICATION</u> | <u>DESCRIPTION</u>   | <u>COST</u> | <u>CURRENT</u><br><u>AMOUNT</u> |
|------------------------------------|-----------------------|----------------------|-------------|---------------------------------|
| ASB ALLEGIANCE REF                 |                       | CASH EQUIVALENTS     | \$ 12.      | \$ 12.                          |
| NEW TOWER-MEPT                     |                       | CASH EQUIVALENTS     | 1.          | 1.                              |
| ASB ALLEGIANCE REF                 |                       | COMMON COLLECT TRUST | 10,000,000. | 19,322,808.                     |
| INVESCO TRUST CO.                  |                       | COMMON COLLECT TRUST | 11,936,447. | 14,121,513.                     |
| INVESCO TRUST CO.                  |                       | COMMON COLLECT TRUST | 39,372,912. | 38,938,427.                     |
| NEW TOWER-MEPT                     |                       | COMMON COLLECT TRUST | 6,507,360.  | 13,229,499.                     |
| SEI TRUST COMPANY                  |                       | COMMON COLLECT TRUST | 9,575,574.  | 46,329,700.                     |
| TROWEL TRADES                      |                       | DOMESTIC EQUITIES    | 44,300,884. | 58,909,602.                     |
| LENDING CLUB BANK                  |                       | ESCROW MMA           | 36,024.     | 36,024.                         |
| ABNY                               |                       | INTEREST BEAR CASH   | 303,949.    | 303,949.                        |
| LENDING CLUB BANK                  |                       | INTEREST BEAR CASH   | 3,869,761.  | 3,869,761.                      |
| MACKAY SHEILDS                     |                       | LIMITED PARTNERSHIP  | 40,205,088. | 39,885,506.                     |
| LENDING CLUB BANK                  |                       | MONEY MARKET A/C     | 2,584,226.  | 2,584,226.                      |
| AFL-CIO HOUSING TRST               |                       | MUTUAL FUND          | 10,795,660. | 9,479,569.                      |
| LAZARD ASSET MGMT                  |                       | MUTUAL FUND          | 8,294,554.  | 9,083,601.                      |
| LENDING CLUB BANK                  |                       | SECURITY ESCROW      | 154,853.    | 154,853.                        |
| COMERICA-A/C106817                 |                       | SEE ATTACHED         | 41,070,672. | 52,078,620.                     |
| 66-05 WDVN BLVD CORP               |                       | TITLE HLDNG COMPANY  | 730,539.    | 4,200,002.                      |

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## FEDERAL STATEMENTS

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CLIENT PCC-PF

BOARD OF TRUSTEES OF POINTERS,

PLAN NO. 001

4/11/24

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## STATEMENT 6

## SCHEDULE H, PAGE 4, LINE 4I

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

POINTERS, CLEANERS, &amp; CAULKERS PENSION FUND 13-3208565 001

| PARTY IN<br>INTEREST | IDENTIFICATION       | DESCRIPTION          | COST        | CURRENT<br>AMOUNT |
|----------------------|----------------------|----------------------|-------------|-------------------|
|                      | ASB ALLEGIANCE REF   | CASH EQUIVALENTS     | \$ 12.      | \$ 12.            |
|                      | NEW TOWER-MEPT       | CASH EQUIVALENTS     | 1.          | 1.                |
|                      | ASB ALLEGIANCE REF   | COMMON COLLECT TRUST | 10,000,000. | 19,322,808.       |
|                      | INVESCO TRUST CO.    | COMMON COLLECT TRUST | 11,936,447. | 14,121,513.       |
|                      | INVESCO TRUST CO.    | COMMON COLLECT TRUST | 39,372,912. | 38,938,427.       |
|                      | NEW TOWER-MEPT       | COMMON COLLECT TRUST | 6,507,360.  | 13,229,499.       |
|                      | SEI TRUST COMPANY    | COMMON COLLECT TRUST | 9,575,574.  | 46,329,700.       |
|                      | TROWEL TRADES        | DOMESTIC EQUITIES    | 44,300,884. | 58,909,602.       |
|                      | LENDING CLUB BANK    | ESCROW MMA           | 36,024.     | 36,024.           |
|                      | ABNY                 | INTEREST BEAR CASH   | 303,949.    | 303,949.          |
|                      | LENDING CLUB BANK    | INTEREST BEAR CASH   | 3,869,761.  | 3,869,761.        |
|                      | MACKAY SHEILDS       | LIMITED PARTNERSHIP  | 40,205,088. | 39,885,506.       |
|                      | LENDING CLUB BANK    | MONEY MARKET A/C     | 2,584,226.  | 2,584,226.        |
|                      | AFL-CIO HOUSING TRST | MUTUAL FUND          | 10,795,660. | 9,479,569.        |
|                      | LAZARD ASSET MGMT    | MUTUAL FUND          | 8,294,554.  | 9,083,601.        |
|                      | LENDING CLUB BANK    | SECURITY ESCROW      | 154,853.    | 154,853.          |
|                      | COMERICA-A/C106817   | SEE ATTACHED         | 41,070,672. | 52,078,620.       |
|                      | 66-05 WDVN BLVD CORP | TITLE HLDNG COMPANY  | 730,539.    | 4,200,002.        |

## Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended June 30, 2022

| Age          | Total          | Pension Credits |              |                |                |                |                |                |                |                |          |
|--------------|----------------|-----------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------|
|              |                | Less than 5     | 5 - 9        | 10 -14         | 15 - 19        | 20 - 24        | 25 - 29        | 30 - 34        | 35 - 39        | 40 & over      | Unknown  |
| Under 20     | 1              | 1               | -            | -              | -              | -              | -              | -              | -              | -              | -        |
|              | -              | -               | -            | -              | -              | -              | -              | -              | -              | -              | -        |
| 20 - 24      | 24             | 23              | 1            | -              | -              | -              | -              | -              | -              | -              | -        |
|              | \$272          | \$257           | -            | -              | -              | -              | -              | -              | -              | -              | -        |
| 25 - 29      | 80             | 51              | 23           | 6              | -              | -              | -              | -              | -              | -              | -        |
|              | \$457          | \$261           | \$718        | -              | -              | -              | -              | -              | -              | -              | -        |
| 30 - 34      | 168            | 86              | 56           | 19             | 4              | 3              | -              | -              | -              | -              | -        |
|              | \$618          | \$301           | \$735        | -              | -              | -              | -              | -              | -              | -              | -        |
| 35 - 39      | 211            | 76              | 70           | 36             | 13             | 10             | 6              | -              | -              | -              | -        |
|              | \$843          | \$281           | \$737        | \$1,228        | -              | -              | -              | -              | -              | -              | -        |
| 40 - 44      | 258            | 77              | 55           | 42             | 36             | 25             | 13             | 7              | 2              | 1              | -        |
|              | \$1,165        | \$290           | \$734        | \$1,212        | \$1,744        | \$2,234        | -              | -              | -              | -              | -        |
| 45 - 49      | 258            | 49              | 55           | 37             | 33             | 27             | 29             | 13             | 10             | 5              | -        |
|              | \$1,547        | \$301           | \$730        | \$1,249        | \$1,722        | \$2,250        | \$2,702        | -              | -              | -              | -        |
| 50 - 54      | 215            | 37              | 41           | 33             | 30             | 33             | 11             | 13             | 5              | 12             | -        |
|              | \$1,644        | \$326           | \$727        | \$1,241        | \$1,713        | \$2,252        | -              | -              | -              | -              | -        |
| 55 - 59      | 172            | 30              | 32           | 33             | 21             | 16             | 14             | 14             | 7              | 5              | -        |
|              | \$1,608        | \$290           | \$740        | \$1,236        | \$1,728        | -              | -              | -              | -              | -              | -        |
| 60 - 64      | 94             | 20              | 12           | 17             | 14             | 14             | 7              | 6              | 2              | 2              | -        |
|              | \$1,589        | \$307           | -            | -              | -              | -              | -              | -              | -              | -              | -        |
| 65 - 69      | 14             | 5               | 4            | -              | 3              | -              | 1              | 1              | -              | -              | -        |
|              | -              | -               | -            | -              | -              | -              | -              | -              | -              | -              | -        |
| 70 & over    | 3              | 2               | 1            | -              | -              | -              | -              | -              | -              | -              | -        |
|              | -              | -               | -            | -              | -              | -              | -              | -              | -              | -              | -        |
| Unknown      | 9              | 7               | 2            | -              | -              | -              | -              | -              | -              | -              | -        |
|              | -              | -               | -            | -              | -              | -              | -              | -              | -              | -              | -        |
| <b>Total</b> | <b>1,507</b>   | <b>464</b>      | <b>352</b>   | <b>223</b>     | <b>154</b>     | <b>128</b>     | <b>81</b>      | <b>54</b>      | <b>26</b>      | <b>25</b>      | <b>-</b> |
|              | <b>\$1,210</b> | <b>\$290</b>    | <b>\$733</b> | <b>\$1,227</b> | <b>\$1,730</b> | <b>\$2,238</b> | <b>\$2,704</b> | <b>\$3,229</b> | <b>\$3,701</b> | <b>\$4,620</b> | <b>-</b> |

## Section 3: Certificate of Actuarial Valuation

### Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

#### Mortality Rates

*Non-annuitant:* RP-2006 Blue Collar Employee Mortality Table with generational projection under Scale MP-2021

*Healthy annuitant:* RP-2006 Blue Collar Healthy Annuitant Mortality Table with generational projection under Scale MP-2021

*Disabled annuitant:* RP-2006 Disabled Mortality Table with generational projection under Scale MP-2021

The above tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. The resulting mortality tables were then adjusted to future years using generational projection to reflect future mortality improvement.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior years' assumption over the last several years.

#### Annuitant Mortality Rates

| Age | Rate (%) <sup>1</sup> |        |          |        |
|-----|-----------------------|--------|----------|--------|
|     | Healthy               |        | Disabled |        |
|     | Male                  | Female | Male     | Female |
| 55  | 0.64                  | 0.42   | 2.45     | 1.50   |
| 60  | 0.89                  | 0.66   | 2.81     | 1.95   |
| 65  | 1.45                  | 1.06   | 3.63     | 2.53   |
| 70  | 2.38                  | 1.70   | 4.88     | 3.43   |
| 75  | 3.89                  | 2.75   | 6.70     | 4.91   |
| 80  | 6.38                  | 4.54   | 9.43     | 7.26   |
| 85  | 10.51                 | 7.80   | 13.71    | 10.85  |
| 90  | 17.31                 | 13.38  | 20.46    | 15.86  |

<sup>1</sup> Mortality rates shown for base table.

## Section 3: Certificate of Actuarial Valuation

| Termination Rates | Rate (%) |                        |        |            |                                |           |              |                     |
|-------------------|----------|------------------------|--------|------------|--------------------------------|-----------|--------------|---------------------|
|                   |          | Mortality <sup>1</sup> |        | Disability | Withdrawal<br>Years of Service |           |              |                     |
|                   | Age      | Male                   | Female |            | Less than<br>2 Years           | 2-4 years | 5-9<br>Years | 10 Years or<br>more |
|                   | 20       | 0.07                   | 0.02   | 0.03       | 9.00                           | 7.10      | 7.50         | 4.38                |
|                   | 25       | 0.07                   | 0.02   | 0.04       | 10.87                          | 8.57      | 6.48         | 4.38                |
|                   | 30       | 0.06                   | 0.02   | 0.06       | 9.31                           | 6.79      | 4.20         | 2.42                |
|                   | 35       | 0.07                   | 0.03   | 0.10       | 8.39                           | 5.51      | 3.58         | 2.51                |
|                   | 40       | 0.10                   | 0.05   | 0.16       | 7.96                           | 5.18      | 3.01         | 2.08                |
|                   | 45       | 0.16                   | 0.09   | 0.26       | 7.74                           | 4.74      | 2.91         | 1.87                |
|                   | 50       | 0.26                   | 0.13   | 0.45       | 7.80                           | 4.45      | 2.66         | 1.75                |
| 55                | 0.38     | 0.19                   | 0.84   | 6.76       | 3.91                           | 1.30      | 4.40         |                     |
| 60                | 0.64     | 0.31                   | 1.20   | 6.82       | 3.92                           | 1.06      | 1.00         |                     |

<sup>1</sup> Mortality rates shown for base table.

The termination rates and disability rates were based on historical and current demographic data, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the most recent several years.

### Retirement Rates

| Age     | Annual Retirement Rates |
|---------|-------------------------|
| 55      | 50%                     |
| 56 – 61 | 15% <sup>1</sup>        |
| 62      | 50%                     |
| 63      | 30%                     |
| 64      | 50%                     |
| 65 – 69 | 25%                     |
| 70      | 100%                    |

<sup>1</sup> 50% for the first year of eligibility for the service pension

The retirement rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the last several years.

### Description of Weighted Average Retirement Age

Age 61, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2022 actuarial valuation.

## Section 3: Certificate of Actuarial Valuation

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>Retirement Rates for Inactive Vested Participants</b>                                                                                                                                                                                                                                                                                                   | <b>Age</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Annual Retirement Rates</b> |
|                                                                                                                                                                                                                                                                                                                                                            | 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 75%                            |
|                                                                                                                                                                                                                                                                                                                                                            | 63-64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 40%                            |
|                                                                                                                                                                                                                                                                                                                                                            | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 75%                            |
|                                                                                                                                                                                                                                                                                                                                                            | 66-69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25%                            |
|                                                                                                                                                                                                                                                                                                                                                            | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100%                           |
| The retirement rates for inactive vested participants were based on historical and current demographic data, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the last several years. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
| <b>Future Benefit Accruals</b>                                                                                                                                                                                                                                                                                                                             | 1.5 service credits per year<br>The future benefit accruals were based on historical and current demographic data, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the last several years.                                                                                                                                                                                     |                                |
| <b>Unknown Data for Participants</b>                                                                                                                                                                                                                                                                                                                       | Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.                                                                                                                                                                                                                                                                                                                                                                |                                |
| <b>Definition of Active Participants</b>                                                                                                                                                                                                                                                                                                                   | Active participants are defined as those with at least 300 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.                                                                                                                                                                                                                                                                                    |                                |
| <b>Liability for Pensioner Bonus</b>                                                                                                                                                                                                                                                                                                                       | The present value of the future working lifetime of active employees hired before August 1, 2005 multiplied by the actual bonus checks paid for the year and divided by the count of active employees hired before August 1, 2005.                                                                                                                                                                                                                                                                |                                |
| <b>Percent Married</b>                                                                                                                                                                                                                                                                                                                                     | 80%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| <b>Age of Spouse</b>                                                                                                                                                                                                                                                                                                                                       | Females three years younger than males                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |
| <b>Benefit Election</b>                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Twenty percent of participants are assumed to elect the 50% Husband-and-Wife pension with pop-up form</li> <li>Ten percent of participants are assumed to elect the 75% Husband-and-Wife pension with pop-up form</li> <li>Thirty percent of participants are assumed to elect the 100% Husband-and-Wife pension with pop-up form</li> <li>Forty percent of participants are assumed to elect the single life annuity with 36 months guarantee.</li> </ul> |                                |
| <b>Eligibility for Delayed Retirement Factors</b>                                                                                                                                                                                                                                                                                                          | Inactive vested participants after attaining normal retirement age.                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |

## Section 3: Certificate of Actuarial Valuation

|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Net Investment Return</b>                                                                                        | 7.00%<br>The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation. |
| <b>Annual Administrative Expenses</b>                                                                               | \$620,000, payable monthly, for the year beginning July 1, 2022 (equivalent to \$597,803 payable at the beginning of the year)<br>The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.                                                                                                                                          |
| <b>Actuarial Value of Assets</b>                                                                                    | The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.                                                                           |
| <b>Actuarial Cost Method</b>                                                                                        | Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.                                                                                                                                                                                                                                                                                  |
| <b>Benefits Valued</b>                                                                                              | Unless otherwise indicated, includes all benefits summarized in <i>Exhibit L</i> .                                                                                                                                                                                                                                                                                                                                                  |
| <b>Elections under the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010</b> | <i>Extended Amortization of Net Investment Losses (IRC Section 431(b)(8)(A))</i> : Effective July 1, 2014, the Trustees elected to discontinue the special amortization rule in accordance with IRS Notice 2010-83.                                                                                                                                                                                                                 |
| <b>Current Liability Assumptions</b>                                                                                | <i>Interest</i> : 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E)<br><i>Mortality</i> : Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).                                                                             |
| <b>Estimated Rate of Investment Return</b>                                                                          | <i>On actuarial value of assets (Schedule MB, line 6g)</i> : 6.9%, for the Plan Year ending June 30, 2022<br><i>On current (market) value of assets (Schedule MB, line 6h)</i> : -9.3%, for the Plan Year ending June 30, 2022                                                                                                                                                                                                      |
| <b>FSA Contribution Timing (Schedule MB, line 3a)</b>                                                               | Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.                                                                                                                                                                                             |

## Section 3: Certificate of Actuarial Valuation

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Actuarial Models</b>                                                         | Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.                                                                         |
| <b>Justification for Change in Actuarial Assumptions (Schedule MB, line 11)</b> | <p>For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.</p> <p>Based on past experience and future expectations, the following actuarial assumptions were changed:</p> <ul style="list-style-type: none"><li>– Administrative expenses, previously \$610,000.</li><li>– Mortality improvement scale, previously MP-2019</li></ul> <p>Benefit Election, previously assumed married participants to elect 50% Husband-and-Wife pension with pop-up form and non-married participants to elect the single life annuity with 36 months guarantee.</p> |

## Section 3: Certificate of Actuarial Valuation

### Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

| Type of Base                              | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-------------------------------------------|------------------|---------------------|-----------------|---------------------|
| Plan amendment                            | 07/01/1993       | \$60,410            | 2               | \$31,226            |
| Plan amendment                            | 07/01/1997       | 8,959               | 6               | 1,757               |
| Plan amendment                            | 07/01/1998       | 157,158             | 7               | 27,253              |
| Assumption change                         | 07/01/2001       | 924,730             | 10              | 123,047             |
| Plan amendment                            | 07/01/2001       | 968,683             | 10              | 128,896             |
| Plan amendment                            | 07/01/2002       | 75,851              | 11              | 9,454               |
| Plan amendment                            | 07/01/2003       | 550,175             | 12              | 64,737              |
| Assumption change                         | 07/01/2004       | 1,605,117           | 13              | 179,489             |
| Assumption change                         | 07/01/2006       | 259,838             | 15              | 26,662              |
| Actuarial loss                            | 07/01/2007       | 152,329             | 1               | 152,329             |
| Actuarial loss                            | 07/01/2008       | 533,649             | 2               | 275,848             |
| Actuarial loss                            | 07/01/2009       | 524,969             | 3               | 186,954             |
| Investment loss subject to funding relief | 07/01/2009       | 3,803,184           | 17              | 364,058             |
| Investment loss subject to funding relief | 07/01/2011       | 2,186,387           | 17              | 209,291             |
| Assumption change                         | 07/01/2011       | 4,784,891           | 5               | 1,090,645           |
| Actuarial loss                            | 07/01/2012       | 19,052              | 6               | 3,736               |
| Investment loss subject to funding relief | 07/01/2012       | 2,291,920           | 17              | 219,393             |
| Investment loss subject to funding relief | 07/01/2013       | 2,408,564           | 17              | 230,559             |
| Actuarial loss                            | 07/01/2014       | 1,688,760           | 8               | 264,311             |
| Assumption change                         | 07/01/2014       | 2,420,339           | 8               | 378,812             |
| Actuarial loss                            | 07/01/2015       | 3,024,269           | 9               | 433,817             |
| Actuarial loss                            | 07/01/2016       | 1,944,107           | 10              | 258,689             |
| Plan amendment                            | 07/01/2017       | 3,707,803           | 11              | 462,113             |
| Actuarial loss                            | 07/01/2018       | 1,961,814           | 12              | 230,838             |

## Section 3: Certificate of Actuarial Valuation

| Type of Base      | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-------------------|------------------|---------------------|-----------------|---------------------|
| Assumption change | 07/01/2018       | 2,154,952           | 12              | 253,563             |
| Actuarial loss    | 07/01/2019       | 92,595              | 13              | 10,354              |
| Assumption change | 07/01/2020       | 11,334,176          | 14              | 1,211,220           |
| <b>Total</b>      |                  | <b>\$49,644,681</b> |                 | <b>\$6,829,051</b>  |

## Section 3: Certificate of Actuarial Valuation

### Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

| Type of Base                              | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-------------------------------------------|------------------|---------------------|-----------------|---------------------|
| Assumption change                         | 07/01/1993       | \$136,195           | 2               | \$70,400            |
| Assumption change                         | 07/01/1994       | 205,091             | 3               | 73,038              |
| Investment loss subject to funding relief | 07/01/2010       | 571,674             | 17              | 54,723              |
| Actuarial gain                            | 07/01/2010       | 915,939             | 4               | 252,721             |
| Actuarial gain                            | 07/01/2011       | 365,838             | 5               | 83,387              |
| Actuarial gain                            | 07/01/2013       | 2,710,777           | 7               | 470,087             |
| Actuarial gain                            | 07/01/2017       | 868,148             | 11              | 108,200             |
| Assumption change                         | 07/01/2019       | 8,251,394           | 13              | 922,697             |
| Actuarial gain                            | 07/01/2020       | 409,362             | 14              | 43,746              |
| Actuarial gain                            | 07/01/2021       | 13,256,235          | 15              | 1,360,246           |
| <b>Total</b>                              |                  | <b>\$27,690,653</b> |                 | <b>\$3,439,245</b>  |

## Section 3: Certificate of Actuarial Valuation

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Current Liability Assumptions</b>                                            | <p><i>Interest:</i> 2.33%, within the permissible range prescribed under IRC Section 431(c)(6)(E)</p> <p><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2019 (previously, the MP-2018 scale was used).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Estimated Rate of Investment Return</b>                                      | <p><i>On actuarial value of assets (Schedule MB, line 6g):</i> 10.4%, for the Plan Year ending June 30, 2021</p> <p><i>On current (market) value of assets (Schedule MB, line 6h):</i> 22.2%, for the Plan Year ending June 30, 2021</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>FSA Contribution Timing (Schedule MB, line 3a)</b>                           | <p>Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Actuarial Models</b>                                                         | <p>Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.</p> |
| <b>Justification for Change in Actuarial Assumptions (Schedule MB, line 11)</b> | <p>For purposes of determining current liability, the current liability interest rate was changed from 2.68% to 2.33% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.</p> <p>Based on past experience and future expectations, the following actuarial assumption was changed:</p> <ul style="list-style-type: none"> <li>– Administrative expenses, previously \$600,000.</li> </ul>                                                                                                                                                                                                          |

## Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2022      | \$735,612           | \$246,689                      | \$13,246,919                           | \$14,229,220 |
| 2023      | 1,508,938           | 478,384                        | 13,047,212                             | 15,034,534   |
| 2024      | 2,371,499           | 745,400                        | 12,830,819                             | 15,947,718   |
| 2025      | 3,170,060           | 965,142                        | 12,604,957                             | 16,740,159   |
| 2026      | 3,980,096           | 1,159,829                      | 12,375,002                             | 17,514,927   |
| 2027      | 4,801,315           | 1,338,794                      | 12,135,752                             | 18,275,861   |
| 2028      | 5,643,901           | 1,554,982                      | 11,886,866                             | 19,085,749   |
| 2029      | 6,503,764           | 1,765,079                      | 11,627,913                             | 19,896,756   |
| 2030      | 7,446,727           | 1,994,453                      | 11,358,400                             | 20,799,580   |
| 2031      | 8,147,530           | 2,127,900                      | 11,077,810                             | 21,353,240   |
| 2032      | 8,963,507           | 2,272,968                      | 10,785,616                             | 22,022,091   |
| 2033      | 9,770,257           | 2,500,060                      | 10,481,275                             | 22,751,592   |
| 2034      | 10,503,982          | 2,612,364                      | 10,164,286                             | 23,280,632   |
| 2035      | 11,164,701          | 2,749,501                      | 9,834,222                              | 23,748,424   |
| 2036      | 11,847,693          | 2,861,305                      | 9,490,798                              | 24,199,796   |
| 2037      | 12,432,413          | 2,995,056                      | 9,133,947                              | 24,561,416   |
| 2038      | 12,947,897          | 3,129,828                      | 8,763,837                              | 24,841,562   |
| 2039      | 13,432,976          | 3,255,163                      | 8,380,897                              | 25,069,036   |

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

## Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2040      | \$13,838,264        | \$3,380,804                    | \$7,985,915                            | \$25,204,983 |
| 2041      | 14,211,103          | 3,504,327                      | 7,580,062                              | 25,295,492   |
| 2042      | 14,464,022          | 3,585,431                      | 7,164,823                              | 25,214,276   |
| 2043      | 14,679,089          | 3,681,409                      | 6,741,961                              | 25,102,459   |
| 2044      | 14,838,803          | 3,740,423                      | 6,313,571                              | 24,892,797   |
| 2045      | 14,980,884          | 3,843,447                      | 5,882,079                              | 24,706,410   |
| 2046      | 15,009,455          | 3,930,909                      | 5,450,239                              | 24,390,603   |
| 2047      | 15,021,422          | 3,976,699                      | 5,021,134                              | 24,019,255   |
| 2048      | 14,982,650          | 3,995,538                      | 4,598,087                              | 23,576,275   |
| 2049      | 14,872,491          | 3,949,429                      | 4,184,611                              | 23,006,531   |
| 2050      | 14,723,722          | 3,893,137                      | 3,784,252                              | 22,401,111   |
| 2051      | 14,527,771          | 3,816,838                      | 3,400,369                              | 21,744,978   |
| 2052      | 14,271,798          | 3,736,800                      | 3,036,006                              | 21,044,604   |
| 2053      | 13,963,775          | 3,640,498                      | 2,693,775                              | 20,298,048   |
| 2054      | 13,634,183          | 3,536,407                      | 2,375,716                              | 19,546,306   |
| 2055      | 13,279,029          | 3,418,414                      | 2,083,323                              | 18,780,766   |
| 2056      | 12,864,388          | 3,279,125                      | 1,817,538                              | 17,961,051   |
| 2057      | 12,430,049          | 3,133,738                      | 1,578,640                              | 17,142,427   |

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

## Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2058      | \$11,968,807        | \$2,994,717                    | \$1,366,322                            | \$16,329,846 |
| 2059      | 11,475,610          | 2,844,633                      | 1,179,748                              | 15,499,991   |
| 2060      | 10,965,410          | 2,692,319                      | 1,017,604                              | 14,675,333   |
| 2061      | 10,440,272          | 2,543,948                      | 878,224                                | 13,862,444   |
| 2062      | 9,904,974           | 2,391,638                      | 759,685                                | 13,056,297   |
| 2063      | 9,360,648           | 2,242,577                      | 659,909                                | 12,263,134   |
| 2064      | 8,812,810           | 2,094,662                      | 576,756                                | 11,484,228   |
| 2065      | 8,264,490           | 1,949,945                      | 508,136                                | 10,722,571   |
| 2066      | 7,717,901           | 1,809,291                      | 452,048                                | 9,979,240    |
| 2067      | 7,176,691           | 1,671,652                      | 406,635                                | 9,254,978    |
| 2068      | 6,644,345           | 1,538,050                      | 370,197                                | 8,552,592    |
| 2069      | 6,124,477           | 1,408,679                      | 341,183                                | 7,874,339    |
| 2070      | 5,619,604           | 1,283,782                      | 318,237                                | 7,221,623    |
| 2071      | 5,132,362           | 1,163,589                      | 300,200                                | 6,596,151    |

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

## Section 3: Certificate of Actuarial Valuation

### Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>           | July 1 through June 30                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Pension Credit Year</b> | July 1 through June 30                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Plan Status</b>         | Ongoing plan                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Normal Pension</b>      | <ul style="list-style-type: none"><li>• <i>Age and Service Requirement:</i> 62 with 10 years of vesting service or 65 with 5 years of vesting service</li><li>• <i>Amount:</i> \$100 for each service credit</li></ul>                                                                                                                                                                                                          |
| <b>Service Pension</b>     | <ul style="list-style-type: none"><li>• <i>Requirement:</i> Age plus years of vesting service equals at least 85</li><li>• <i>Amount:</i> Normal pension accrued</li></ul>                                                                                                                                                                                                                                                      |
| <b>Early Retirement</b>    | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> 57</li><li>• <i>Service Requirement:</i> 15 years of vesting service</li><li>• <i>Amount:</i> Regular Normal pension accrued, reduced by 3% for each year of age less than 62</li></ul>                                                                                                                                                                         |
| <b>Disability</b>          | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> None</li><li>• <i>Service Requirement:</i> 10 years of vesting service</li><li>• <i>Amount:</i> Normal pension accrued</li></ul>                                                                                                                                                                                                                                |
| <b>Vesting</b>             | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> None</li><li>• <i>Service Requirement:</i> 5 years of vesting service</li><li>• <i>Amount:</i> Normal or early pension accrued, based on plan in effect when last active</li><li>• <i>Normal Retirement Age:</i> Earlier of age 62 with 10 years of vesting service; or later of the date attaining age 65 or the fifth anniversary of participation.</li></ul> |

## Section 3: Certificate of Actuarial Valuation

| <b>Spouse's Pre-Retirement Death Benefit</b> | <ul style="list-style-type: none"> <li>• <i>Requirement:</i> Vested status</li> <li>• <i>Amount:</i> 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have attained his or her earliest retirement age.</li> <li>• <i>Charge for Coverage:</i> None</li> </ul>                                                                                                                                                                                                                                                                                                                   |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------|-------------------|---------|-------------------|-------|-------------------|-------|-------------------|-------|--------------------|--------|
| <b>Pre-Retirement Lump-sum Death Benefit</b> | <ul style="list-style-type: none"> <li>• <i>Requirement:</i> Vested status, actively engaged in covered employment, and not eligible for the Spouse's benefit</li> <li>• <i>Amount:</i> <table border="1"> <thead> <tr> <th>Units of Accrued Service Credit</th><th>Death Benefits</th></tr> </thead> <tbody> <tr> <td>5 but less than 6</td><td>\$5,000</td></tr> <tr> <td>6 but less than 7</td><td>6,000</td></tr> <tr> <td>7 but less than 8</td><td>7,000</td></tr> <tr> <td>8 but less than 9</td><td>8,000</td></tr> <tr> <td>9 but less than 10</td><td>10,000</td></tr> </tbody> </table> <p><i>The death benefit amount is increased by an additional \$1,000 for each additional whole unit of service credit, up to a maximum of 50 whole units of service credit.</i></p> </li> </ul>                    | Units of Accrued Service Credit | Death Benefits | 5 but less than 6 | \$5,000 | 6 but less than 7 | 6,000 | 7 but less than 8 | 7,000 | 8 but less than 9 | 8,000 | 9 but less than 10 | 10,000 |
| Units of Accrued Service Credit              | Death Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| 5 but less than 6                            | \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| 6 but less than 7                            | 6,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| 7 but less than 8                            | 7,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| 8 but less than 9                            | 8,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| 9 but less than 10                           | 10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| <b>Post-Retirement Death Benefit</b>         | <p><i>Husband and Wife:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, and the participant retired January 1, 1994 or later, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the participant with 36 monthly payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.</p> |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| <b>Optional Forms of Benefits</b>            | <ul style="list-style-type: none"> <li>– 50% Joint and Survivor Annuity (Husband-and-Wife Pension Form)</li> <li>– 100% Joint and Survivor Annuity</li> <li>– 50%, 75% and 100% Joint and Survivor Annuity with pop-up</li> <li>– Single Life Annuity with 36 months guarantee</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |
| <b>Post-Retirement Bonus Check</b>           | <p>An annual bonus check payable to pensioners. The total bonus payable is based on \$0.30 of total actual hours worked by participants hired prior to August 1, 2005 in the prior plan year and is allocated to pensioners based on their monthly benefit amount.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                |                   |         |                   |       |                   |       |                   |       |                    |        |

## Section 3: Certificate of Actuarial Valuation

|                                   |                                                                                                                                                                |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participation</b>              | After completion of 1,000 hours of work in Covered Employment within the 12-month period following date of initial employment.                                 |
| <b>Service Credit</b>             | One-half of one credit for 500 hours worked, increasing by one-tenth of a credit for each additional 100 hours worked in a Plan Year.                          |
| <b>Vesting Credit</b>             | Three-tenths of one credit for 300 hours worked increasing by one-tenth of a credit for each additional 100 hours with a maximum of one credit in a Plan year. |
| <b>Contribution Rate</b>          | \$8.70 per hour effective July 1, 2016                                                                                                                         |
| <b>Changes in Plan Provisions</b> | There were no changes in plan provisions reflected in this actuarial valuation.                                                                                |

9646951v1/04372.001

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

▶ Round off amounts to nearest dollar.  
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                          |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>POINTERS, CLEANERS & CAULKERS PENSION FUND                                                                      | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BOARD OF TRUSTEES POINTERS, CLEANERS & CAULKERS PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>13-3208565 |

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

|                                                                                                              |                             |
|--------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1a</b> Enter the valuation date: Month 07 Day 01 Year 2022                                                |                             |
| <b>b</b> Assets                                                                                              |                             |
| (1) Current value of assets .....                                                                            | <b>1b(1)</b> 285,263,750    |
| (2) Actuarial value of assets for funding standard account.....                                              | <b>1b(2)</b> 304,049,880    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                   | <b>1c(1)</b> 282,142,493    |
| (2) Information for plans using spread gain methods:                                                         |                             |
| (a) Unfunded liability for methods with bases .....                                                          | <b>1c(2)(a)</b>             |
| (b) Accrued liability under entry age normal method.....                                                     | <b>1c(2)(b)</b>             |
| (c) Normal cost under entry age normal method .....                                                          | <b>1c(2)(c)</b>             |
| (3) Accrued liability under unit credit cost method.....                                                     | <b>1c(3)</b> 282,142,493    |
| <b>d</b> Information on current liabilities of the plan:                                                     |                             |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions)..... | <b>1d(1)</b>                |
| (2) "RPA '94" information:                                                                                   |                             |
| (a) Current liability .....                                                                                  | <b>1d(2)(a)</b> 614,190,901 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....               | <b>1d(2)(b)</b> 34,851,655  |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                | <b>1d(2)(c)</b> 14,243,684  |
| (3) Expected plan disbursements for the plan year .....                                                      | <b>1d(3)</b> 14,863,684     |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div>FRANK SANTASIERO</div> <div>Signature of actuary</div> <div>FRANK SANTASIERO, FSA, FCA, MAAA</div> <div>Type or print name of actuary</div> <div>SEGAL</div> <div>Firm name</div> <div>333 WEST 34TH STREET<br/>NEW YORK NY 10001-2402</div> <div>Address of the firm</div> | <div>FS</div> <div>04/09/2024</div> <div>Date</div> <div>2306798</div> <div>Most recent enrollment number</div> <div>212-251-5000</div> <div>Telephone number (including area code)</div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 285,263,750                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 533                               | 219,998,833                  |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 512                               | 79,051,614                   |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 50,437,512                   |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 264,702,942                  |
| <b>(c)</b> Total active .....                                                                                                       | 1,507                             | 315,140,454                  |
| <b>(4)</b> Total .....                                                                                                              | 2,552                             | 614,190,901                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 46.44 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/15/2023               | 23,942,178                        |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 23,942,178                        | <b>3(c)</b> 0                   |

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

**4** Information on plan status:

|                                                                                                                                                                        |           |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                       | <b>4a</b> | 107.8 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 ..... | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                              |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                       |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....  | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                   | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;                                                    |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here .....                                              |           | <input type="checkbox"/>                                 |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                 |           |                                                          |

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

|                                                                             |                                                            |                                                                            |                                             |
|-----------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal                       | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability                  | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):                          |                                                            |                                                                            |                                             |
| <b>j</b> If box h is checked, enter period of use of shortfall method ..... |                                                            |                                                                            | <b>5j</b>                                   |



**e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) .....

**8e****9** Funding standard account statement for this plan year:**Charges to funding standard account:**

**a** Prior year funding deficiency, if any .....

**9a**

0

**b** Employer's normal cost for plan year as of valuation date .....

**9b**

12,881,709

**c** Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....

**9c(1)**

47,932,522

6,894,234

(2) Funding waivers .....

**9c(2)**

0

0

(3) Certain bases for which the amortization period has been extended .....

**9c(3)**

0

0

**d** Interest as applicable on lines 9a, 9b, and 9c .....

**9d**

1,384,316

**e** Total charges. Add lines 9a through 9d .....

**9e**

21,160,259

**Credits to funding standard account:**

**f** Prior year credit balance, if any .....

**9f**

43,347,529

**g** Employer contributions. Total from column (b) of line 3 .....

**9g**

23,942,178

Outstanding balance

**h** Amortization credits as of valuation date .....

**9h**

26,492,380

3,495,003

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....

**9i**

4,047,122

**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL) .....

**9j(1)**

56,825,540

(2) "RPA '94" override (90% current liability FFL) .....

**9j(2)**

274,511,335

(3) FFL credit .....

**9j(3)**

0

**k** (1) Waived funding deficiency .....

**9k(1)**

0

(2) Other credits .....

**9k(2)**

0

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

**9l**

74,831,832

**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

**9m**

53,671,573

**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year .....

**9o(1)**

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date .....

**9o(2)(a)**

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....

**9o(2)(b)**

0

(3) Total as of valuation date .....

**9o(3)**

0

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....

**10**

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....



Yes



No

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

| Plan Year | Employer Contributions | Withdrawal Liability Payments | Total        |
|-----------|------------------------|-------------------------------|--------------|
| 2022      | \$17,878,500           |                               | \$17,878,500 |
| 2023      | \$17,878,500           |                               | \$17,878,500 |
| 2024      | \$17,878,500           |                               | \$17,878,500 |
| 2025      | \$17,878,500           |                               | \$17,878,500 |
| 2026      | \$17,878,500           |                               | \$17,878,500 |
| 2027      | \$17,878,500           |                               | \$17,878,500 |
| 2028      | \$17,878,500           |                               | \$17,878,500 |
| 2029      | \$17,878,500           |                               | \$17,878,500 |
| 2030      | \$17,878,500           |                               | \$17,878,500 |
| 2031      | \$17,878,500           |                               | \$17,878,500 |