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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>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></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>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN                                                                                                                                                                                                                                                                                                  |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                              |
| 1c      | Effective date of plan<br>05/01/1965                                                                                                                                                                                                                                                                                                                            |
| 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 TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN<br><br>PO BOX 1330<br>HOLLAND, OH 43528 |
| 2b      | Employer Identification Number (EIN)<br>34-6682353                                                                                                                                                                                                                                                                                                              |
| 2c      | Plan Sponsor's telephone number<br>419-248-2401                                                                                                                                                                                                                                                                                                                 |
| 2d      | Business code (see instructions)<br>238100                                                                                                                                                                                                                                                                                                                      |

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. | 02/17/2025 | JAMES PEPPERS                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/17/2025 | JAMES PEPPERS                                                |
|           | 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<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                   |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 563                                                                                                                                                                                                                                       |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 264<br><b>6a(2)</b> 277<br><b>6b</b> 160<br><b>6c</b> 107<br><b>6d</b> 544<br><b>6e</b> 33<br><b>6f</b> 577<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 28 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 28                                                                                                                                                                                                                                        |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

**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>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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</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>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>2023</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

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</div> <div>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</div>                                                                      | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</div> | <div>D Employer Identification Number (EIN)</div> <div>34-6682353</div> |

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

1a Enter the valuation date: Month 05 Day 01 Year 2023

b Assets

|                                                            |       |          |
|------------------------------------------------------------|-------|----------|
| (1) Current value of assets                                | 1b(1) | 29264540 |
| (2) Actuarial value of assets for funding standard account | 1b(2) | 30932122 |

c

|                                                             |          |          |
|-------------------------------------------------------------|----------|----------|
| (1) Accrued liability for plan using immediate gain methods | 1c(1)    | 35664778 |
| (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)    | 35664778 |

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) | 64059164 |
| (b) Expected increase in current liability due to benefits accruing during the plan year                | 1d(2)(b) | 1237887  |
| (c) Expected release from "RPA '94" current liability for the plan year                                 | 1d(2)(c) | 2718578  |
| (3) Expected plan disbursements for the plan year                                                       | 1d(3)    | 2750114  |

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>11/26/2024</div>                                            |
| <div>Signature of actuary</div> <div>ERIKA L. CREAGER, EA, MAAA</div>                      | <div>Date</div> <div>23-07288</div>                              |
| <div>Type or print name of actuary</div> <div>UNITED ACTUARIAL SERVICES, INC.</div>        | <div>Most recent enrollment number</div> <div>317-371-1530</div> |
| <div>Firm name</div> <div>11590 N. MERIDIAN STREET, SUITE 610, CARMEL, IN 46032-4529</div> | <div>Telephone number (including area code)</div> <div></div>    |
| <div>Address of the firm</div> <div></div>                                                 |                                                                  |

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

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 29264540                     |
| <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 .....                                                       | 194                               | 37230117                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 105                               | 8259402                      |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 1076781                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 17492864                     |
| <b>(c)</b> Total active .....                                                                                                       | 264                               | 18569645                     |
| <b>(4)</b> Total .....                                                                                                              | 563                               | 64059164                     |
| <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>                         | 45.68 %                      |

**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 |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/30/2024                                                                      | 1662423                           | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 1662423                           | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 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> | 86.7 %                                                   |
| <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, does line 1(c) reflect any benefit reductions for the first time<br>(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):

- 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) 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>                               | 2.32 %                                                                                           |
|                                                                                                                                | 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                                               | A                                       |                                                                                                  |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                 | A                                               | A                                       |                                                                                                  |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                    | 7.00 %                                          | 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>                    | 5.7 %                                           |                                         |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                    | 0.1 %                                           |                                         |                                                                                                  |
| <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>                 | 125604                                          |                                         |                                                                                                  |
| <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                | 346025              | 35506                          |
| 4                | -306254             | -31425                         |

**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 type="checkbox"/> Yes            | <input checked="" 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 type="checkbox"/> Yes            | <input checked="" 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> | 0      |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 588375 |

**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> | 11722743            | 1614214 |
| <b>9c(2)</b> | 0                   | 0       |
| <b>9c(3)</b> | 0                   | 0       |

**d** Interest as applicable on lines 9a, 9b, and 9c .....**9d** 154180**e** Total charges. Add lines 9a through 9d .....**9e** 2356769**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f** 4263440**g** Employer contributions. Total from column (b) of line 3 .....**9g** 1662423**h** Amortization credits as of valuation date .....

Outstanding balance

**9h** 2726647 492199**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 391080**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> | 12039850 |  |
| <b>9j(2)</b> | 27510482 |  |
| <b>9j(3)</b> | 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** 6809142**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 4452373**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 current 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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <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                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

|                                                                                                                                                          |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</div>                                                           | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>34-6682353</div> |

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).....

No

Yes

☒
- 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

(b)

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

(b)

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

(b)

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

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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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**(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)

NORTHWESTERN OHIO ADMINISTRATOR

34-1337680

| (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 13                  | NONE                                                                                              | 69017                                                                  | 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)

THE TRUST COMPANY OF TOLEDO

34-1661757

| (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                                                                                              | 34457                                                                  | 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)

UNITED ACTUARIAL SERVICES

35-2156428

| (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                                                                                              | 30525                                                                  | 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)

ANDCO CONSULTING

59-3676225

| (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                                                                                              | 22000                                                                  | 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)

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

| (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                     | NONE                                                                                              | 14399                                                                  | 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)

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

| (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                                                                                              | 11000                                                                  | 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)

HUNTINGTON INSURANCE

37 W. BROAD STREET  
COLUMBUS, OH 43215

| (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                                                                                              | 9651                                                                   | 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"/>                                     |

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                                                         |                     |              |
|--------------------|---------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | KATHRYN A. GARRITY, FSA, EA, MAAA                       | <b>b</b> EIN:       | 35-2156428   |
| <b>c</b> Position: | ACTUARY                                                 |                     |              |
| <b>d</b> Address:  | 11590 N. MERIDIAN STREET, SUITE 610<br>CARMEL, IN 46032 | <b>e</b> Telephone: | 317-280-8688 |
|                    |                                                         |                     |              |

Explanation: REASSIGNMENT OF DUTIES WITHIN FIRM.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <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 H</b><br><b>(Form 5500)</b><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 | <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                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                                          |                                         |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>05/01/2023</b> and ending <b>04/30/2024</b>                                 |                                         |                                                                    |
| <b>A</b> Name of plan<br><b>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</b>                                                           | <b>B</b> Three-digit plan number (PN) ▶ | <b>001</b>                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</b> |                                         |                                                                    |
|                                                                                                                                          |                                         | <b>D</b> Employer Identification Number (EIN)<br><b>34-6682353</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <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>    | 311810                | 269213          |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 18274                 | 616             |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 833158                | 199463          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 2002450               | 0               |
| <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> | 390122                | 0               |
| <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> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 5207948               | 4712980         |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <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>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <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>   | 20517548              | 26120584        |
| <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>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 29281310              | 31302856        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 16770                 | 11703           |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 16770                 | 11703           |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 29264540              | 31291153        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 1662423    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) 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>    |            | 1662423   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 16811      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 32098      |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 41178      |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 90087     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 554995     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 554995    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 14191119   |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 14099786   |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 91333     |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 2254992    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (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) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 4653830   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 2421885 |         |
| (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)  |         | 2421885 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 64644   |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 14750   |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 45185   |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 30525   |         |
| (8) Legal fees .....                                                                 | 2i(8)  | 13707   |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) | 36521   |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 205332  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 2627217 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 2026613 |
| 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: **CLARK, SCHAEFER, HACKETT**

(2) EIN: **31-0800053**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |        |
| <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.) |                                     | <input checked="" type="checkbox"/> |        |
| <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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 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?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <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.)                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <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?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <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.                                                                                                                        |                                     |                                     |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 531356.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <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>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>34-6682353                                            |
| 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 0                                                                                             |
| 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) 2023 v. 230707                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 **LAKESIDE INTERIOR CONTRA**

**b** EIN **34-1613523**

**c** Dollar amount contributed by employer **447639**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **ADVANCED INDUSTRIAL SVCS**

**b** EIN **26-3755447**

**c** Dollar amount contributed by employer **431849**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **B WILLIAM BUCHER INC.**

**b** EIN **34-1400954**

**c** Dollar amount contributed by employer **159191**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **P & W PAINTING CONTRACTORS**

**b** EIN **35-1290765**

**c** Dollar amount contributed by employer **90406**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **OCP CONTRACTORS**

**b** EIN **34-1025556**

**c** Dollar amount contributed by employer **133408**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **OHIO BLDG RESTORATION**

**b** EIN **38-1913227**

**c** Dollar amount contributed by employer **31400**

**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 **2027**

**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) **4.26**

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

**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 **COMTE CONSTRUCTION CO.**

**b** EIN **34-4479240**

**c** Dollar amount contributed by employer **50230**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **BRAND ENERGY SERVICES OF**

**b** EIN **25-0566830**

**c** Dollar amount contributed by employer **71581**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **VALLEY INTERIOR SYSTEM**

**b** EIN **31-1000882**

**c** Dollar amount contributed by employer **58543**

**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 **2027**

**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) **4.26**

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

**a** Name of contributing employer **EDCO CONTRACTING LLC**

**b** EIN **27-3573752**

**c** Dollar amount contributed by employer **120509**

**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 **2027**

**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) **4.26**

(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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> | 0 |
| <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**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                             |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation. _____ |  |

**Part VII IRS Compliance Questions**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                              |  |
| <b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                                                                                                                                                                                                                                        |  |

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Plan Participants  
Toledo Painters and Allied Trades Pension Plan  
Holland, Ohio

### Opinion

We have audited the accompanying financial statements of Toledo Painters and Allied Trades Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Toledo Painters and Allied Trades Pension Plan as of April 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Toledo Painters and Allied Trades Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Toledo Painters and Allied Trades Pension Plan'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. 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Toledo Painters and Allied Trades Pension Plan 's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Toledo Painters and Allied Trades Pension Plan 's ability to continue as a going concern for a reasonable period of time.

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

## **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 schedule of assets (held at end of year) as of April 30, 2024, and the schedule of reportable transactions for the year then ended 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 generally accepted auditing standards generally accepted in the United States of America.

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

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

*Clark, Schaefer, Hackett & Co.*

Maumee, Ohio  
January 7, 2025

***TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN***

***EIN: 34-6682353/PN: 001***

***ATTACHMENT TO 2023 SCHEDULE MB: LINE 8B***

***STATEMENT BY ENROLLED ACTUARY***

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

*Schedule MB, Line 8b(2) - Schedule of Active Participant Data*  
*Toledo Painters' and Allied Trades Pension Plan EIN: 34-6682353/PN: 001*  
*May 1, 2023*

| Attained age | Years of Service |        |        |          |          |          |          |          |          |         |
|--------------|------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
|              | Under 1          | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25     | 7                | 19     | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 25 to 29     | 4                | 15     | 4      | 0        | 0        | 0        | 0        | 0        | 0        | 0       |
| 30 to 34     | 7                | 16     | 12     | 2        | 1        | 0        | 0        | 0        | 0        | 0       |
| 35 to 39     | 4                | 9      | 7      | 3        | 3        | 0        | 0        | 0        | 0        | 0       |
| 40 to 44     | 5                | 13     | 6      | 7        | 7        | 5        | 1        | 0        | 0        | 0       |
| 45 to 49     | 2                | 7      | 4      | 3        | 4        | 6        | 2        | 0        | 0        | 0       |
| 50 to 54     | 4                | 4      | 8      | 3        | 7        | 4        | 5        | 3        | 0        | 0       |
| 55 to 59     | 1                | 3      | 7      | 2        | 1        | 6        | 1        | 3        | 0        | 0       |
| 60 to 64     | 2                | 2      | 5      | 2        | 0        | 0        | 4        | 1        | 0        | 0       |
| 65 to 69     | 0                | 0      | 0      | 1        | 0        | 0        | 0        | 0        | 0        | 0       |
| 70 & up      | 0                | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       |

May contain values based on estimated data

## ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

|                                                       |                                                                                                                                                                                                                          |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>                                 | May 1, 2023                                                                                                                                                                                                              |
| <b>Interest rates</b>                                 |                                                                                                                                                                                                                          |
| <i>ERISA rate of return used to value liabilities</i> | 7.00% per year net of investment expenses                                                                                                                                                                                |
| <i>Current liability</i>                              | 2.32% (in accordance with Section 431(c)(6) of the Internal Revenue Code)                                                                                                                                                |
| <b>Operational expenses</b>                           |                                                                                                                                                                                                                          |
| <i>Funding</i>                                        | \$130,000 in the 2023-24 plan year excluding investment expenses, increasing 3% per year.                                                                                                                                |
| <i>ASC 960</i>                                        | A 5.25% load was applied to the accrued liabilities for 2023 (5.50% for 2022).                                                                                                                                           |
| <b>Loading</b>                                        |                                                                                                                                                                                                                          |
| <i>Inactive vested pre-retirement death benefit</i>   | Liabilities for inactive vested participants are increased by 0.7%.                                                                                                                                                      |
| <b>Mortality</b>                                      |                                                                                                                                                                                                                          |
| <i>Assumed plan mortality</i>                         | PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. A 105% adjustment was applied for males, and a 115% adjustment was applied for females. |
| <i>Current liability</i>                              | Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.                                 |

**ACTUARIAL ASSUMPTIONS (CONT.)**

**Withdrawal**

Ultimate rates follow the T-5 table (less GAM 51 mortality) from the Actuary's Pension Handbook - specimen rates shown below. Assumed rate during second year of employment is 35%\* and during the third year is 30%:

| <u>Age</u> | <u>Withdrawal Rate</u> | <u>Age</u> | <u>Withdrawal Rate</u> |
|------------|------------------------|------------|------------------------|
| 25         | .0772                  | 50         | .0256                  |
| 30         | .0722                  | 55         | .0094                  |
| 35         | .0628                  | 60         | .0009                  |
| 40         | .0515                  | 62         | .0001                  |
| 45         | .0398                  |            |                        |

No withdrawal assumed after participant reaches early retirement age.

\* All newly reported participants are considered to have already worked their first year of employment.

**Disability**

Specimen rates shown below:

| <u>Age</u> | <u>Disability Rate</u> | <u>Age</u> | <u>Disability Rate</u> |
|------------|------------------------|------------|------------------------|
| 25         | .0006                  | 50         | .0045                  |
| 30         | .0008                  | 55         | .0076                  |
| 35         | .0011                  | 60         | .0122                  |
| 40         | .0017                  | 64         | .0174                  |
| 45         | .0027                  |            |                        |

### ACTUARIAL ASSUMPTIONS (CONT.)

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--|------------|-----------------------------|--------------------------|----|------|------|----|------|------|----|------|------|----|------|------|----|------|------|----|------|------|-------|------|------|-------|------|------|-----|------|------|
| <b>Retirement</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <i>Active lives</i>                                    | According to the following schedule with the exception of the first year eligible for 30+ years of service, which has a minimum retirement rate of 0.45:<br><br><table><tr><td></td><td colspan="2"><u>Retirement Rates:</u></td></tr><tr><td><u>Age</u></td><td><u>&lt;25 years service</u></td><td><u>25+ years service</u></td></tr><tr><td>55</td><td>0.02</td><td>0.35</td></tr><tr><td>56</td><td>0.02</td><td>0.40</td></tr><tr><td>57</td><td>0.02</td><td>0.65</td></tr><tr><td>58</td><td>0.15</td><td>0.15</td></tr><tr><td>59</td><td>0.02</td><td>0.15</td></tr><tr><td>60</td><td>0.10</td><td>0.15</td></tr><tr><td>61-62</td><td>0.40</td><td>0.50</td></tr><tr><td>63-64</td><td>0.50</td><td>0.50</td></tr><tr><td>65+</td><td>1.00</td><td>1.00</td></tr></table><br>Resulting in an average expected retirement age of 59.5. |                          | <u>Retirement Rates:</u> |  | <u>Age</u> | <u>&lt;25 years service</u> | <u>25+ years service</u> | 55 | 0.02 | 0.35 | 56 | 0.02 | 0.40 | 57 | 0.02 | 0.65 | 58 | 0.15 | 0.15 | 59 | 0.02 | 0.15 | 60 | 0.10 | 0.15 | 61-62 | 0.40 | 0.50 | 63-64 | 0.50 | 0.50 | 65+ | 1.00 | 1.00 |
|                                                        | <u>Retirement Rates:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <u>Age</u>                                             | <u>&lt;25 years service</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>25+ years service</u> |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 55                                                     | 0.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.35                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 56                                                     | 0.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.40                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 57                                                     | 0.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.65                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 58                                                     | 0.15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.15                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 59                                                     | 0.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.15                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 60                                                     | 0.10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.15                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 61-62                                                  | 0.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.50                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 63-64                                                  | 0.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.50                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| 65+                                                    | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.00                     |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <i>Inactive vested lives</i>                           | Earliest eligible retirement age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <b>Timing of decrements</b>                            | Beginning of the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <b>Future hours worked</b>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <i>Vested lives</i>                                    | 1,650 hours per year, 0 after assumed retirement age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <i>Non-vested lives</i>                                | 1,000 hours per year, 0 after assumed retirement age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <b>Future hourly contribution rate</b>                 | \$4.26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <b>Age of participants with unrecorded birth dates</b> | Based on average entry age of participants with recorded birth dates and same vesting status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <b>Marriage assumptions</b>                            | 80% assumed married with the male spouse 3 years older than his wife.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |
| <b>Optional form assumption</b>                        | All non-retired participants assumed to elect the life only form of benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |  |            |                             |                          |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |       |      |      |       |      |      |     |      |      |

**ACTUARIAL ASSUMPTIONS (CONT.)**

|                                                                 |                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Post-retirement single sum death benefit</b>                 | For inactive vested and retirees, valued as certain period (in months) equal to the value of total contributions divided by the monthly benefit amount. For active participants, valued as a five-year certain period.                                                   |
| <b>Inactive vested lives over age 74</b>                        | Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to May 1, 2020 are still assumed to be deceased.                                                              |
| <b>Disability benefits</b>                                      | 100% of future disabilities will be eligible for a Social Security Disability benefit and payable until normal retirement age.                                                                                                                                           |
| <b>Section 415 limit assumptions</b>                            |                                                                                                                                                                                                                                                                          |
| <i>Dollar limit</i>                                             | \$265,000 per year.                                                                                                                                                                                                                                                      |
| <i>Assumed form of payment for those limited by Section 415</i> | Qualified joint and 100% survivor annuity.                                                                                                                                                                                                                               |
| <b>Benefits not valued</b>                                      | Pre-retirement death benefits following disability for active participants.                                                                                                                                                                                              |
| <b>Benefits vested</b>                                          | <p>No death benefits are vested.</p> <p>Disability benefits are considered vested only in relation to corresponding retirement benefit.</p> <p>Early retirement subsidies are considered vested when participant reaches age 55 and has 10 years of vesting service.</p> |

### ***RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS***

---

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used  
to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2023 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

**Mortality**

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population. The blue collar table was chosen based on the industry of plan participants.

Finally, a 105% multiplier for males and 115% multiplier for females was applied in order to more closely match projected deaths to actual post-retirement death experience. The period of actual data studied to develop this multiplier was from May 1, 2018 to April 30, 2023 for this plan, blended with a study of data from larger plans in similar industries. Based on information from the CDC on COVID-19 deaths through June 7, 2023, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

**RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)**

|                            |                                                                                                                                                                                                          |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Retirement</b>          | Actual rates of retirement by age were last studied for this plan for the period May 1, 2018 to April 30, 2023. The assumed future rates of retirement were selected based on the results of this study. |
| <b>Withdrawal</b>          | Actual rates of withdrawal by age were last studied for this plan for the period May 1, 2018 to April 30, 2023. The assumed future rates of withdrawal were selected based on the results of this study. |
| <b>Future hours worked</b> | Based on review of recent plan experience.                                                                                                                                                               |

## ACTUARIAL METHODS

|                                  |                                                                                                                                                                                                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding method</b>            |                                                                                                                                                                                                                                            |
| <i>ERISA Funding</i>             | Traditional unit credit cost method, effective May 1, 2009.                                                                                                                                                                                |
| <i>Funding Period</i>            | Individual Entry Age Normal with costs spread as a level dollar amount over service.                                                                                                                                                       |
| <b>Population valued</b>         |                                                                                                                                                                                                                                            |
| <i>Actives</i>                   | Eligible employees with at least one hour during the preceding plan year.                                                                                                                                                                  |
| <i>Inactive vested</i>           | Vested participants with no hours during the preceding plan year.                                                                                                                                                                          |
| <i>Retirees</i>                  | Participants and beneficiaries in pay status as of the valuation date.                                                                                                                                                                     |
| <i>Participants not reported</i> | Inactive non-vested participants with less than 87 hours worked are not reported in the data.                                                                                                                                              |
| <b>Asset valuation method</b>    |                                                                                                                                                                                                                                            |
| <i>Actuarial value</i>           | Smoothed market value with phase-in effective May 1, 2013. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value can be no less than 80% nor more than 120% of the market value as of the determination date. |
| <i>Unfunded vested benefits</i>  | For the presumptive method, actuarial value, as described above, is used.                                                                                                                                                                  |

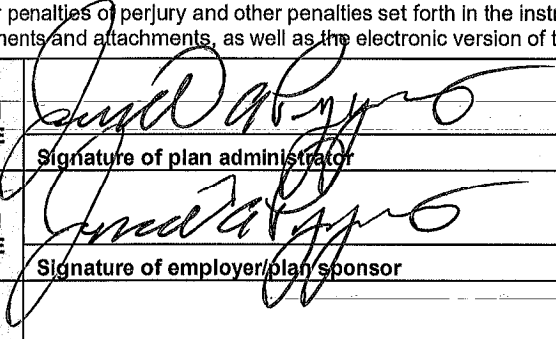
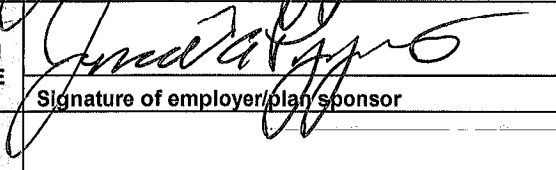
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                 |                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024             |                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                    | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
|                                                                                                        | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                               |
|                                                                                                        | <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input checked="" type="checkbox"/>                                                                                                                                                                                             |
| <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                                                                                            |
|                                                                                                        | <input type="checkbox"/> special extension (enter description) _____                                                                                                                                                            |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                           |
| <b>1a</b> Name of plan<br>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN                                                                                                                                                                                                                                                                                                         | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br>05/01/1965                                                                                                                                            |
| <b>2a</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 TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN<br><br>PO BOX 1330<br><br>HOLLAND OH 43528 | <b>2b</b> Employer Identification Number (EIN)<br>34-6682353<br><br><b>2c</b> Plan Sponsor's telephone number<br>419-248-2401<br><br><b>2d</b> Business code (see instructions)<br>238100 |

**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> |  | 2/17/2025 | JAMES PEPPERS                                                |
|                  | Signature of plan administrator                                                     | Date      | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 2/17/2025 | JAMES PEPPERS                                                |
|                  | Signature of employer/plan sponsor                                                  | Date      | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |           |                                                              |
|                  | Signature of DFE                                                                    | Date      | Enter name of individual signing as DFE                      |

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

Form 5500 (2023)  
v. 2300728

Toledo Painters and Allied Trades Pension Plan  
 EIN: 34-6682353 Plan Number: 001  
 Schedule H, Line 4j - Schedule of Reportable Transactions  
 Year Ended April 30, 2024

| (a)                                                                                 | (b)                         | (c)                       | (d)                      | (e)         | (f)                                                  | (g)                    |
|-------------------------------------------------------------------------------------|-----------------------------|---------------------------|--------------------------|-------------|------------------------------------------------------|------------------------|
| <u>Party<br/>Involved</u>                                                           | <u>Description of Asset</u> | <u>Purchase<br/>Price</u> | <u>Selling<br/>Price</u> | <u>Cost</u> | <u>Current<br/>Value on<br/>Transaction<br/>Date</u> | <u>Gain<br/>(Loss)</u> |
| <i>Category (i) - Single Transactions in Excess of 5 percent of Net assets</i>      |                             |                           |                          |             |                                                      |                        |
| Dodge & Cox Income                                                                  | Purchase                    | \$ 3,200,000              | -                        | 3,200,000   | 3,200,000                                            | -                      |
| <i>Category (iii) - Series of Transactions in Excess of 5 percent of Net assets</i> |                             |                           |                          |             |                                                      |                        |
| Dodge & Cox Income                                                                  | Purchases                   | \$ 3,233,024              | -                        | 3,233,024   | 3,233,024                                            | -                      |
| FDIC Insured Money Market                                                           | Purchases                   | \$ 3,548,625              | -                        | 3,548,625   | 3,548,625                                            | -                      |
|                                                                                     | Sales                       | -                         | 3,578,545                | 3,578,545   | 3,578,545                                            | -                      |
| Northern Ins - Treasury Portfolio                                                   | Purchases                   | \$ 6,307,933              | -                        | 6,307,933   | 6,307,933                                            | -                      |
|                                                                                     | Sales                       | -                         | 6,192,860                | 6,192,860   | 6,192,860                                            | -                      |

\* Party in interest

There were no reportable category (ii) or (iv) transactions for the year ended April 30, 2024.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

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).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2023**

**This Form is Open to Public  
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

► **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>Toledo Painters & Allied Trades Pension Plan                                                                 | <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 TTEEs Toledo Painters & Allied Trades Pens. Pln. | <b>D</b> Employer Identification Number (EIN)<br>34-6682353 |

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

**1a** Enter the valuation date: Month 5 Day 1 Year 2023

**b** Assets

(1) Current value of assets..... **1b(1)** 29,264,540

(2) Actuarial value of assets for funding standard account..... **1b(2)** 30,932,122

**c** (1) Accrued liability for plan using immediate gain methods..... **1c(1)** 35,664,778

(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)** 35,664,778

**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)** 64,059,164

(b) Expected increase in current liability due to benefits accruing during the plan year..... **1d(2)(b)** 1,237,887

(c) Expected release from "RPA '94" current liability for the plan year..... **1d(2)(c)** 2,718,578

(3) Expected plan disbursements for the plan year..... **1d(3)** 2,750,114

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

*Erika L. Creager*

Signature of actuary

Erika L. Creager, EA, MAAA

Type or print name of actuary

United Actuarial Services, Inc.

Firm name

11590 N. Meridian Street, Suite 610

Carmel

IN 46032-4529

Address of the firm

*11/26/2024*

Date

23-07288

Most recent enrollment number

(317) 371-1530

Telephone number (including area code)

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

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

**Schedule MB (Form 5500) 2023  
v. 230728**

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

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 29,264,540                   |
| <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 .....                                                       | 194                               | 37,230,117                   |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 105                               | 8,259,402                    |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 1,076,781                    |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 17,492,864                   |
| <b>(c)</b> Total active .....                                                                                                       | 264                               | 18,569,645                   |
| <b>(4)</b> Total .....                                                                                                              | 563                               | 64,059,164                   |
| <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>                         | 45.68 %                      |

**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 |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/30/2024                                                                      | 1,662,423                         |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 1,662,423                         | <b>3(c)</b>                     |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b>                     |

**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> | 86.7 % |
| <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, does line 1(c) reflect any benefit reductions for the first time<br>(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. .... <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):

- 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>                                                                                        | 2.32 %                                                                                                                                          |
|                                                                                                                               | 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>                                                                                        | 5.7%                                                                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | 0.1%                                                                                                                                            |
| <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>                                                                                     | 125,604                                                                                                                                         |
| <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                | 346,025             | 35,506                         |
| 4                | -306,254            | -31,425                        |

**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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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> | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 588,375 |

**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> | 11,722,743          | 1,614,214 |
| <b>9c(2)</b> | 0                   | 0         |
| <b>9c(3)</b> | 0                   | 0         |

**d** Interest as applicable on lines 9a, 9b, and 9c..... **9d** 154,180**e** Total charges. Add lines 9a through 9d..... **9e** 2,356,769**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 4,263,440**g** Employer contributions. Total from column (b) of line 3..... **9g** 1,662,423

|                                                                   | Outstanding balance |         |
|-------------------------------------------------------------------|---------------------|---------|
| <b>h</b> Amortization credits as of valuation date..... <b>9h</b> | 2,726,647           | 492,199 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 391,080**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> | 12,039,850 |   |
| <b>9j(2)</b> | 27,510,482 |   |
| <b>9j(3)</b> |            | 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** 6,809,142**m** Credit balance: If line 9l is greater than line 9e, enter the difference ..... **9m** 4,452,373**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 current plan year .....**(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 .....**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....**(3)** Total as of valuation date .....

|                 |  |   |
|-----------------|--|---|
| <b>9o(1)</b>    |  | 0 |
| <b>9o(2)(a)</b> |  | 0 |
| <b>9o(2)(b)</b> |  | 0 |
| <b>9o(3)</b>    |  | 0 |

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... ☒ Yes ☐ No

***TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN***

***EIN: 34-6682353/PN: 001***

***ATTACHMENT TO 2023 SCHEDULE MB: LINE 3***

***STATEMENT BY ENROLLED ACTUARY***

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***Schedule MB, line 3 - Employer Contributions***

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

**Toledo Painters and Allied  
Trades Pension Plan**

Financial Statements and Supplemental Schedules  
April 30, 2024 and 2023  
with Independent Auditors' Report

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Plan Participants  
Toledo Painters and Allied Trades Pension Plan  
Holland, Ohio

### Opinion

We have audited the accompanying financial statements of Toledo Painters and Allied Trades Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Toledo Painters and Allied Trades Pension Plan as of April 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Toledo Painters and Allied Trades Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Toledo Painters and Allied Trades Pension Plan'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. 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Toledo Painters and Allied Trades Pension Plan 's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Toledo Painters and Allied Trades Pension Plan 's ability to continue as a going concern for a reasonable period of time.

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

## **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 schedule of assets (held at end of year) as of April 30, 2024, and the schedule of reportable transactions for the year then ended 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 generally accepted auditing standards generally accepted in the United States of America.

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

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

*Clark, Schaefer, Hackett & Co.*

Maumee, Ohio  
January 7, 2025

Toledo Painters and Allied Trades Pension Plan  
Statements of Net Assets Available for Benefits  
April 30, 2024 and 2023

|                                                                            | <u>2024</u>          | <u>2023</u>       |
|----------------------------------------------------------------------------|----------------------|-------------------|
| Assets                                                                     |                      |                   |
| Investments:                                                               |                      |                   |
| Mutual funds                                                               | \$ 26,120,584        | 20,517,548        |
| Partnership/joint venture interests                                        | 4,712,980            | 5,207,948         |
| Money market funds                                                         | 156,070              | 824,005           |
| U.S. government and agency obligations                                     | -                    | 2,002,450         |
| Corporate obligations                                                      | <u>-</u>             | <u>390,122</u>    |
| Total investments                                                          | <u>30,989,634</u>    | <u>28,942,073</u> |
| Receivables:                                                               |                      |                   |
| Employer contributions                                                     | 127,312              | 144,984           |
| Employer contributions receivable from Northwestern Ohio<br>Administrators | 141,901              | 166,826           |
| Accrued investment income                                                  | <u>616</u>           | <u>18,274</u>     |
| Total receivables                                                          | <u>269,829</u>       | <u>330,084</u>    |
| Cash                                                                       | <u>43,393</u>        | <u>9,153</u>      |
| Total assets                                                               | <u>31,302,856</u>    | <u>29,281,310</u> |
| Liabilities                                                                |                      |                   |
| Accrued administration fee                                                 | 5,387                | 3,989             |
| Reciprocity payable                                                        | 5,181                | 8,597             |
| Accrued professional service fee                                           | <u>1,135</u>         | <u>4,184</u>      |
| Total liabilities                                                          | <u>11,703</u>        | <u>16,770</u>     |
| Net assets available for benefits                                          | \$ <u>31,291,153</u> | <u>29,264,540</u> |

See accompanying notes to the financial statements.

Toledo Painters and Allied Trades Pension Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended April 30, 2024 and 2023

|                                                              | <u>2024</u>          | <u>2023</u>       |
|--------------------------------------------------------------|----------------------|-------------------|
| Additions to net assets attributed to:                       |                      |                   |
| Participating employer contributions                         | \$ 1,662,423         | 1,683,728         |
| Investment income:                                           |                      |                   |
| Interest                                                     | 90,087               | 48,636            |
| Dividends                                                    | 554,995              | 504,949           |
| Net appreciation (depreciation) in fair value of investments | <u>2,346,325</u>     | <u>(483,447)</u>  |
|                                                              | 2,991,407            | 70,138            |
| Less investment expenses                                     | <u>45,185</u>        | <u>47,256</u>     |
| Net investment income                                        | <u>2,946,222</u>     | <u>22,882</u>     |
| Total additions                                              | <u>4,608,645</u>     | <u>1,706,610</u>  |
| Deductions from net assets attributed to:                    |                      |                   |
| Benefits and withdrawals                                     | 2,421,885            | 2,419,249         |
| Administrative expense:                                      |                      |                   |
| Administrative fees                                          | 64,644               | 47,828            |
| Professional fees                                            | 58,982               | 49,311            |
| Other expenses                                               | <u>36,521</u>        | <u>31,136</u>     |
|                                                              | 160,147              | 128,275           |
| Total deductions                                             | <u>2,582,032</u>     | <u>2,547,524</u>  |
| Net change                                                   | 2,026,613            | (840,914)         |
| Net assets available for benefits, beginning of year         | <u>29,264,540</u>    | <u>30,105,454</u> |
| Net assets available for benefits, end of year               | \$ <u>31,291,153</u> | <u>29,264,540</u> |

See accompanying notes to the financial statements.

## **1. DESCRIPTION OF THE PLAN:**

The following description of the Toledo Painters and Allied Trades Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### **General**

The Plan is a multi-employer defined benefit pension plan subject to a collective bargaining agreement (CBA) covering employees of the participating employers who work under the jurisdiction of Local Union No. 7 of the International Brotherhood of Painters and Allied Trades. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and sponsoring union.

### **Contributions and funding policy**

The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Participating employers are required to make monthly contributions at a fixed dollar amount for each hour worked by participants. No participant contributions to the Plan are permitted. The Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of May 1, 2023.

### **Benefits**

Under the terms of the Plan, participants are eligible for normal retirement benefits upon reaching age 65 with five years of participation. Early unreduced retirement benefits are available upon reaching age 62 with 25 years of vesting service. Early reduced retirement benefits are available to participants upon reaching age 55 with 30 years of vesting service. The Plan also provides certain death, disability, and vested termination benefits. Normal retirement benefits are based on the number of hours worked by the participant at specified benefit rates per hour as established by the Board of Trustees.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

The following significant accounting policies of the Plan are set forth to facilitate the understanding of data presented in the financial statements.

### **Basis of accounting**

The accompanying financial statements are presented on the accrual basis of accounting.

### **Use of estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States 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.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):**

### **Investment valuation and income**

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.

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

### **Employer contributions receivable**

Employer contributions receivable represents amounts due from employers that were received subsequent to year end. Therefore, the carrying amount of these receivables is not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate revenue recognition for amounts due but erroneously unreported by employers.

### **Contributions receivable from Northwestern Ohio Administrators**

Contributions receivable from Northwestern Ohio Administrators, Inc. (NWOA), administrative manager for the Plan, represent employer contributions received by NWOA and maintained in NWOA's cash concentration account until such time as they are transferred to the Plan's cash account. Interest is earned on amounts maintained in the cash concentration account.

### **Payment of benefits**

Benefits payments to participants or their beneficiaries are recorded upon payment.

### **New accounting standards**

The Plan adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, on May 1, 2023. Topic 326 modifies the measurement of expected credit losses on certain financial instruments. The Plan adopted this new guidance utilizing the modified retrospective transition method. The adoption of this Standard did not have a material impact on the Plan's financial statements.

### **Subsequent events**

The Plan has evaluated subsequent events through January 7, 2025, the date on which the financial statements were available to be issued.

## **3. FAIR VALUE MEASUREMENTS:**

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

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.

### 3. 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 liabilities' 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There has been no changes in the methodologies used at April 30, 2024 and 2023.

*U.S. government and agency obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Mutual funds:* Valued at the daily closing prices as reported by the funds. The funds held by the Plan are registered with the Securities and Exchange Commission and are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

*Partnership/joint venture interests:* Valued at the net asset value per share or unit. The NAV, as provided by the investment manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported NAV.

*Money market funds and investment cash:* Valued at cost, which approximates fair value.

### 3. FAIR VALUE MEASUREMENTS (CONTINUED):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at April 30, 2024 and 2023:

| April 30, 2024                      |                      |                |                |                     |                   |
|-------------------------------------|----------------------|----------------|----------------|---------------------|-------------------|
| <u>Investment</u>                   | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> | <u>Asset at NAV</u> | <u>Total</u>      |
| Mutual funds                        | \$ 26,120,584        | -              | -              | -                   | 26,120,584        |
| Partnership/joint venture interests | -                    | -              | -              | 4,712,980           | 4,712,980         |
| Money market funds                  | 156,070              | -              | -              | -                   | 156,070           |
| Total                               | <u>\$ 26,276,654</u> | <u>-</u>       | <u>-</u>       | <u>4,712,980</u>    | <u>30,989,634</u> |

| April 30, 2023                         |                      |                  |                |                     |                   |
|----------------------------------------|----------------------|------------------|----------------|---------------------|-------------------|
| <u>Investment</u>                      | <u>Level 1</u>       | <u>Level 2</u>   | <u>Level 3</u> | <u>Asset at NAV</u> | <u>Total</u>      |
| U.S. government and agency obligations | \$ -                 | 2,002,450        | -              | -                   | 2,002,450         |
| Corporate obligations                  | -                    | 390,122          | -              | -                   | 390,122           |
| Mutual funds                           | 20,517,548           | -                | -              | -                   | 20,517,548        |
| Partnership/joint venture interests    | -                    | -                | -              | 5,207,948           | 5,207,948         |
| Money market funds and investment cash | 824,005              | -                | -              | -                   | 824,005           |
| Total                                  | <u>\$ 21,341,553</u> | <u>2,392,572</u> | <u>-</u>       | <u>5,207,948</u>    | <u>28,942,073</u> |

The following table summarizes the fair value and redemption frequency for those assets whose fair value is estimated using net asset value (NAVs) per share as of April 30, 2024 and 2023:

| <u>Fund</u>                              | <u>2024</u>  | <u>2023</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
|------------------------------------------|--------------|-------------|-----------------------------|-----------------------------|---------------------------------|
| ARA Core Property Fund, LP (a)           | \$ 3,607,190 | 4,214,280   | \$0                         | Quarterly                   | 0 - 90 days                     |
| HGK Trinity Street Int'l Equity Fund (b) | \$ 1,105,790 | 993,668     | \$0                         | Monthly                     | 30 days                         |

### **3. FAIR VALUE MEASUREMENTS (CONTINUED):**

(a) The fund has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. Investments are generally redeemed as of the first day of each quarter, subject to the availability of liquid assets.

(b) The Fund's investment objective is to produce superior long-term returns over the course of both bull and bear market cycles. A core objective is to reduce downside capture and to protect capital during market downturns, although there may be periods of volatility where significant draw-downs occur. The Fund plans on achieving this objective by identifying undervalued companies where there is a pricing discrepancy, with an emphasis on capital preservation. The majority of the Fund's portfolio investments will consist of companies that are mid-market capitalization to large capitalization companies. However, emerging markets and small capitalization stocks will from time-to-time be represented in the portfolio, but generally will not comprise more than thirty percent (30%) of the Fund's partners' capital. Limited partners may withdraw a minimum of \$10,000 dollars as of the last day of each month and at such other times and in such other amounts with the consent of, and upon such terms of payment as may be approved by, the General Partner in its sole discretion (each such date being referred to as a "Withdrawal Date"), upon at least thirty days' prior written notice to the General Partner.

### **4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:**

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died and present participants or their beneficiaries. Benefits payable under circumstances including retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits of the Plan is determined by an enrolled actuary of United Actuarial Services 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 May 1, 2023 were:

- net investment return rate of 7%;
- mortality rates based on 105% for males and 115% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.
- 5.25% operating expense load applied to accumulated plan benefits;
- retirement age is based at increasing rates between ages 55 and 65.
- future hours worked of 1,650 hours per year for vested participants and 1,000 hours per year for non-vested participants.

#### 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED):

The actuarial assumptions and methods used in this valuation differ from those used in the prior valuation in the following respects:

- The assumed mortality rates were changed from 100% of PRI-2012 Blue Collar Mortality Table to 115% of the PRI-2012 Blue Collar Mortality Table for females. The expense load on accumulated plan benefits was changed from 5.50% to 5.25%. The assumed hours worked for non-vested active lives was increased from 950 to 1,000. The assumed operational expenses were decreased from \$135,000 to \$130,000. Changes were made to the assumed retirement and withdrawal rates, and the current liability interest rate was increased from 1.90% to 2.32%.

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

Based on the latest actuarial information available, which is as of May 1, 2023, the actuarial present value of accumulated plan benefits is summarized as follows:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Vested Benefits:                                           |                      |
| Participants currently receiving benefits                  | \$24,515,427         |
| Other participants                                         | <u>12,571,999</u>    |
| Total                                                      | 37,087,426           |
| Non-vested benefits                                        | <u>449,753</u>       |
| Total actuarial present value of accumulated plan benefits | \$ <u>37,537,179</u> |

Changes in the actuarial present value of accumulated plan benefits since May 1, 2022 are summarized as follows:

|                                                                        |                      |
|------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits as of May 1, 2022 | \$ 37,485,055        |
| Increase (decrease) during the year attributable to:                   |                      |
| Benefits accumulated and actuarial experience gain or loss             | 298,027              |
| Change in actuarial assumptions                                        | (322,333)            |
| Interest due to decrease in the discount period                        | 2,623,954            |
| Benefits paid                                                          | (2,419,249)          |
| Operational expenses paid                                              | <u>(128,275)</u>     |
| Net increase                                                           | <u>52,124</u>        |
| Actuarial present value of accumulated plan benefits as of May 1, 2023 | \$ <u>37,537,179</u> |

## **5. PLAN TERMINATION:**

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some time in the future will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

## **6. TAX STATUS:**

The Internal Revenue Service has determined and informed the Plan by a letter dated August 11, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

## **7. 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 that 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 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.

**8. CASH RECEIPTS & DISBURSEMENTS OF THE DEPOSITORY ACCOUNT:**

|                                                                          | <u>2024</u>             | <u>2023</u>         |
|--------------------------------------------------------------------------|-------------------------|---------------------|
| Receipts:                                                                |                         |                     |
| Employer contributions, net of reciprocity                               | \$ 1,701,571            | 1,634,151           |
| Interest income                                                          | <u>1,303</u>            | <u>2,215</u>        |
|                                                                          | <u>1,702,874</u>        | <u>1,636,366</u>    |
| Disbursements:                                                           |                         |                     |
| Deposits with custodian trustee                                          | 1,492,749               | 1,505,000           |
| Fees:                                                                    |                         |                     |
| Administration, net                                                      | 65,716                  | 50,014              |
| Investment manager and custodian trustee                                 | 22,000                  | 22,000              |
| Actuarial                                                                | 30,525                  | 24,000              |
| Legal and collection                                                     | 14,399                  | 12,423              |
| Other professional                                                       | 11,000                  | 8,900               |
| Fiduciary liability insurance premium                                    | 9,651                   | 7,550               |
| Pension Benefit Guaranty Corporation premium                             | 19,705                  | 16,960              |
| Printing, mailing and other                                              | 1,377                   | 2,987               |
| International Foundation of Employee Benefit Plans-<br>dues and seminars | 1,195                   | 1,145               |
| Meeting expenses                                                         | <u>317</u>              | <u>2,213</u>        |
|                                                                          | <u>1,668,634</u>        | <u>1,653,192</u>    |
| Net change in depository account                                         | 34,240                  | (16,826)            |
| Cash balance, beginning of year                                          | <u>9,153</u>            | <u>25,979</u>       |
| Cash balance, end of year                                                | \$ <u><u>43,393</u></u> | <u><u>9,153</u></u> |

Notes:

- (1) The above schedule presents the cash transactions of the depository account maintained by the administrative manager.

Toledo Painters and Allied Trades Pension Plan  
 EIN: 34-6682353 Plan Number: 001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 April 30, 2024

| (a) | (b)                                                                | (c)                                                                                                                    | (d)                  | (e)               |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|
|     | Identity of issuer,<br>borrower, lessor or<br><u>similar Party</u> | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br><u>par or maturity value</u> | <u>Cost</u>          | <u>Fair Value</u> |
|     | Mutual funds:                                                      |                                                                                                                        |                      |                   |
|     | Vanguard 500 Index - Admiral Class                                 | Mutual fund                                                                                                            | \$ 6,401,814         | 12,721,245        |
|     | Vanguard Extended Market Index - Admiral                           | Mutual fund                                                                                                            | 3,467,763            | 4,432,758         |
|     | American Fund EuroPacific Growth Fund - R6                         | Mutual fund                                                                                                            | 2,259,046            | 2,398,300         |
|     | Baird Aggregate Bond Fund - IS                                     | Mutual fund                                                                                                            | 3,940,015            | 3,428,161         |
|     | Dodge & Cox Income                                                 | Mutual fund                                                                                                            | <u>3,233,024</u>     | <u>3,140,120</u>  |
|     |                                                                    |                                                                                                                        | 19,301,662           | 26,120,584        |
|     | Partnership/joint venture interests:                               |                                                                                                                        |                      |                   |
|     | ARA Core Property Fund, LP                                         | Partnership/joint<br>venture interest                                                                                  | 3,248,735            | 3,607,190         |
|     | HGK Trinity Street International Equity Fund                       | Partnership/joint<br>venture interest                                                                                  | <u>1,056,681</u>     | <u>1,105,790</u>  |
|     |                                                                    |                                                                                                                        | 4,305,416            | 4,712,980         |
|     | Money market funds:                                                |                                                                                                                        |                      |                   |
|     | FDIC Insured Money Market                                          | Money market fund                                                                                                      | 185                  | 185               |
|     | Northern Ins - Treasury Portfolio                                  | Money market fund                                                                                                      | 126,422              | 126,422           |
|     | Northern Institutional US Government Select                        | Money market fund                                                                                                      | <u>29,463</u>        | <u>29,463</u>     |
|     |                                                                    |                                                                                                                        | 156,070              | 156,070           |
|     |                                                                    |                                                                                                                        | \$ <u>23,763,148</u> | <u>30,989,634</u> |

\* Party-in-interest

Toledo Painters and Allied Trades Pension Plan  
 EIN: 34-6682353 Plan Number: 001  
 Schedule H, Line 4j - Schedule of Reportable Transactions  
 Year Ended April 30, 2024

| (a)                                                                                 | (b)                         | (c)                       | (d)                      | (e)         | (f)                                                  | (g)                    |
|-------------------------------------------------------------------------------------|-----------------------------|---------------------------|--------------------------|-------------|------------------------------------------------------|------------------------|
| <u>Party<br/>Involved</u>                                                           | <u>Description of Asset</u> | <u>Purchase<br/>Price</u> | <u>Selling<br/>Price</u> | <u>Cost</u> | <u>Current<br/>Value on<br/>Transaction<br/>Date</u> | <u>Gain<br/>(Loss)</u> |
| <i>Category (i) - Single Transactions in Excess of 5 percent of Net assets</i>      |                             |                           |                          |             |                                                      |                        |
| Dodge & Cox Income                                                                  | Purchase                    | \$ 3,200,000              | -                        | 3,200,000   | 3,200,000                                            | -                      |
| <i>Category (iii) - Series of Transactions in Excess of 5 percent of Net assets</i> |                             |                           |                          |             |                                                      |                        |
| Dodge & Cox Income                                                                  | Purchases                   | \$ 3,233,024              | -                        | 3,233,024   | 3,233,024                                            | -                      |
| FDIC Insured Money Market                                                           | Purchases                   | \$ 3,548,625              | -                        | 3,548,625   | 3,548,625                                            | -                      |
|                                                                                     | Sales                       | -                         | 3,578,545                | 3,578,545   | 3,578,545                                            | -                      |
| Northern Ins - Treasury Portfolio                                                   | Purchases                   | \$ 6,307,933              | -                        | 6,307,933   | 6,307,933                                            | -                      |
|                                                                                     | Sales                       | -                         | 6,192,860                | 6,192,860   | 6,192,860                                            | -                      |

\* Party in interest

There were no reportable category (ii) or (iv) transactions for the year ended April 30, 2024.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.



***TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN***

***EIN: 34-6682353/PN: 001***

***ATTACHMENT TO 2023 SCHEDULE MB: LINE 6***

***STATEMENT BY ENROLLED ACTUARY***

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***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

## ***PLAN HISTORY***

### ***Origins/Purpose***

The Toledo Painters' and Allied Trades Pension Plan was established effective May 1, 1965 as a result of collective bargaining between Local Union No. 7 of the International Brotherhood of Painters and Allied Trades, and the Toledo Chapter of the Painting and Decorating Contractors of America. A Trust Agreement was entered into in order to give effect to the provisions of the Collective Bargaining Agreement between the parties pursuant to which a Pension Plan was to be established.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Disability Benefits, Deferred Vested Benefits, Joint and 50% Survivor Benefits, Joint and 75% Survivor Benefits, Joint and 100% Survivor Benefits, optional retirement benefits and Death Benefits.

### ***Employer Contributions***

The Pension Plan is financed entirely by contributions from the employers as specified in the applicable Collective Bargaining Agreements. Following is a history of recent hourly contribution rates in effect.

| <i>Effective Date</i> | <i>Hourly<br/>Contribution<br/>Rate</i> | <i>Effective Date</i> | <i>Hourly<br/>Contribution<br/>Rate</i> |
|-----------------------|-----------------------------------------|-----------------------|-----------------------------------------|
| July 1, 1990          | \$ 1.41                                 | July 1, 2006          | \$ 2.46                                 |
| September 1, 1993     | \$ 1.51                                 | July 1, 2007          | \$ 2.56                                 |
| July 1, 1998          | \$ 1.71                                 | July 1, 2008          | \$ 2.66                                 |
| September 1, 2000     | \$ 1.76                                 | July 1, 2009          | \$ 3.51                                 |
| July 1, 2001          | \$ 1.81                                 | July 1, 2010          | \$ 3.76                                 |
| July 1, 2002          | \$ 2.06                                 | July 1, 2016          | \$ 3.81                                 |
| July 1, 2003          | \$ 2.16                                 | July 1, 2018          | \$ 3.86                                 |
| July 1, 2004          | \$ 2.26                                 | July 1, 2019          | \$ 4.16                                 |
| July 1, 2005          | \$ 2.41                                 | July 1, 2022          | \$ 4.26                                 |

### ***Tax Exempt Status***

The Pension Plan and Trust Agreement were initially filed with and approved by the District Director, Internal Revenue Service, as qualified and exempt from taxation. It is the intention of the Trustees to maintain the Pension Plan and Trust Agreement as qualified and exempt from taxation under the appropriate provisions of the Internal Revenue Code and the Rules and Regulations issued thereunder, as amended from time to time.

### ***SUMMARY OF PLAN PROVISIONS***

|                                         |                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan year</b>                        | The 12-month period beginning May 1 and ending the following April 30.                                                                                                                                                                                                                                                                                                |
| <b>Participant</b>                      | An employee becomes a participant on the May 1 or November 1 following a 12 consecutive month period with 870 hours of covered service.                                                                                                                                                                                                                               |
| <b>Year of vesting service</b>          | Beginning May 1, 1976, 1/10 <sup>th</sup> year of vesting service is earned for each 87 hours worked during a plan year, maximum one vesting credit per plan year.                                                                                                                                                                                                    |
| <b>Break in service</b>                 | Beginning May 1, 1976, a participant shall incur a one year break in service if he fails to complete at least 87 hours of service during a plan year.                                                                                                                                                                                                                 |
| <b>Normal retirement benefit</b>        |                                                                                                                                                                                                                                                                                                                                                                       |
| <i>Eligibility</i>                      | Age 65 and 5 <sup>th</sup> anniversary of participation.                                                                                                                                                                                                                                                                                                              |
| <i>Monthly amount</i>                   | \$2.50 per year of past credited service;<br>plus \$4.15 for each 100 hours of covered service worked on or after May 1, 1965 to October 31, 2010;<br>plus \$2.50 for each 100 hours of covered service worked on or after November 1, 2010 to April 30, 2021;<br>plus \$3.50 for each 100 hours of covered service worked on or after May 1, 2021. Payable for life. |
| <b>Special early retirement benefit</b> |                                                                                                                                                                                                                                                                                                                                                                       |
| <i>Eligibility</i>                      | Age 55 and 25 years of vesting service.                                                                                                                                                                                                                                                                                                                               |
| <i>Monthly amount</i>                   | Normal, reduced by 6% for each year under age 62. No reduction if 30 or more years of vesting service. Payable for life.                                                                                                                                                                                                                                              |
| <b>Early retirement benefit</b>         |                                                                                                                                                                                                                                                                                                                                                                       |
| <i>Eligibility</i>                      | Age 55 and 10 years of vesting service.                                                                                                                                                                                                                                                                                                                               |
| <i>Monthly amount</i>                   | Normal, reduced by 6% for each year under age 65. Payable for life.                                                                                                                                                                                                                                                                                                   |

### SUMMARY OF PLAN PROVISIONS (CONT.)

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Optional Forms of Payment</b>               | <ul style="list-style-type: none"> <li>Joint and 50%</li> <li>Joint and 75%</li> <li>Joint and 100%</li> <li>Ten years certain and life.</li> </ul>                                                                                                                                                                                                                                                                     |
| <b>Total and permanent disability benefit</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <i>Eligibility</i>                             | Under age 65, 10 years of vesting service and disabled while active.                                                                                                                                                                                                                                                                                                                                                    |
| <i>Monthly amount</i>                          | \$400 per month. Payable until the earlier of age 65, recovery, or death. Normal at age 65. If not approved for Social Security Disability, payable for 36 months.                                                                                                                                                                                                                                                      |
| <b>Vested benefit</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <i>Eligibility</i>                             | Terminated employment, 5 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                      |
| <i>Monthly amount</i>                          | 100% of normal, reduced if paid early. Payable same as normal or early.                                                                                                                                                                                                                                                                                                                                                 |
| <b>Pre-retirement single sum death benefit</b> |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <i>Eligibility</i>                             | Death of vested participant not receiving benefits with no eligible spouse; or death of participant or former participant with less than three consecutive Breaks in Service. Not receiving benefits.                                                                                                                                                                                                                   |
| <i>Single sum amount</i>                       | 100% of contributions. Not to exceed \$10,000. Single sum payment to beneficiary.                                                                                                                                                                                                                                                                                                                                       |
| <b>Pre-retirement surviving spouse benefit</b> |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <i>Eligibility</i>                             | Death of vested participant. Eligible spouse.                                                                                                                                                                                                                                                                                                                                                                           |
| <i>Monthly amount</i>                          | 50% of participant's qualified joint & 50% survivor payable to spouse for life commencing at participant's earliest retirement date. Spouse may elect to instead receive the single sum death benefit. If the actuarial equivalent of the deferred monthly benefit is greater than the single sum death benefit, the difference will be paid as a monthly benefit commencing at participant's earliest retirement date. |

***SUMMARY OF PLAN PROVISIONS (CONT.)***

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**Post-retirement single  
sum death benefit**

*Eligibility*

For participants retired on or after January 1, 2008. Upon death of the retiree (and surviving spouse, if receiving a Joint and Survivor benefit).

*Single sum amount*

Contributions in excess of total benefits received paid to the estate.

Toledo Painters and Allied Trades Pension Plan  
 EIN: 34-6682353 Plan Number: 001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 April 30, 2024

| (a) | (b)                                                                | (c)                                                                                                                    | (d)                  | (e)               |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|
|     | Identity of issuer,<br>borrower, lessor or<br><u>similar Party</u> | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br><u>par or maturity value</u> | <u>Cost</u>          | <u>Fair Value</u> |
|     | Mutual funds:                                                      |                                                                                                                        |                      |                   |
|     | Vanguard 500 Index - Admiral Class                                 | Mutual fund                                                                                                            | \$ 6,401,814         | 12,721,245        |
|     | Vanguard Extended Market Index - Admiral                           | Mutual fund                                                                                                            | 3,467,763            | 4,432,758         |
|     | American Fund EuroPacific Growth Fund - R6                         | Mutual fund                                                                                                            | 2,259,046            | 2,398,300         |
|     | Baird Aggregate Bond Fund - IS                                     | Mutual fund                                                                                                            | 3,940,015            | 3,428,161         |
|     | Dodge & Cox Income                                                 | Mutual fund                                                                                                            | <u>3,233,024</u>     | <u>3,140,120</u>  |
|     |                                                                    |                                                                                                                        | 19,301,662           | 26,120,584        |
|     | Partnership/joint venture interests:                               |                                                                                                                        |                      |                   |
|     | ARA Core Property Fund, LP                                         | Partnership/joint<br>venture interest                                                                                  | 3,248,735            | 3,607,190         |
|     | HGK Trinity Street International Equity Fund                       | Partnership/joint<br>venture interest                                                                                  | <u>1,056,681</u>     | <u>1,105,790</u>  |
|     |                                                                    |                                                                                                                        | 4,305,416            | 4,712,980         |
|     | Money market funds:                                                |                                                                                                                        |                      |                   |
|     | FDIC Insured Money Market                                          | Money market fund                                                                                                      | 185                  | 185               |
|     | Northern Ins - Treasury Portfolio                                  | Money market fund                                                                                                      | 126,422              | 126,422           |
|     | Northern Institutional US Government Select                        | Money market fund                                                                                                      | <u>29,463</u>        | <u>29,463</u>     |
|     |                                                                    |                                                                                                                        | 156,070              | 156,070           |
|     |                                                                    |                                                                                                                        | \$ <u>23,763,148</u> | <u>30,989,634</u> |

\* Party-in-interest

***TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN***

***EIN: 34-6682353/PN: 001***

***ATTACHMENT TO 2023 SCHEDULE MB: LINE 9***

***STATEMENT BY ENROLLED ACTUARY***

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***Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases***

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

**Toledo Painters' and Allied Trades Pension Plan**  
**EIN: 34-6682353/PN: 001**  
**Attachment to 2023 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

| Date<br>Established | Source of Change in<br>Unfunded Liability | Original<br>Amount | Original<br>Period | Remaining Period |        | 5/1/2023<br>Outstanding<br>Balance | 5/1/2023<br>Amortization<br>Payment |
|---------------------|-------------------------------------------|--------------------|--------------------|------------------|--------|------------------------------------|-------------------------------------|
|                     |                                           |                    |                    | Years            | Months |                                    |                                     |
| Charges             |                                           |                    |                    |                  |        |                                    |                                     |
| 5/1/1994            | Plan Amendment                            | 331,004            | 30                 | 1                | 0      | 25,940                             | 25,940                              |
| 5/1/1995            | Plan Amendment                            | 492,842            | 30                 | 2                | 0      | 74,542                             | 38,531                              |
| 5/1/1996            | Assumptions                               | 297,669            | 30                 | 3                | 0      | 65,202                             | 23,219                              |
| 5/1/1997            | Plan Amendment                            | 385,197            | 30                 | 4                | 0      | 108,654                            | 29,978                              |
| 5/1/1998            | Plan Amendment                            | 1,355,664          | 30                 | 5                | 0      | 462,137                            | 105,338                             |
| 5/1/1999            | Plan Amendment                            | 1,016,398          | 30                 | 6                | 0      | 401,992                            | 78,818                              |
| 5/1/2000            | Assumptions                               | 1,024,440          | 30                 | 7                | 0      | 457,258                            | 79,295                              |
| 5/1/2001            | Plan Amendment                            | 1,379,846          | 30                 | 8                | 0      | 681,210                            | 106,618                             |
| 5/1/2002            | Plan Amendment                            | 1,168,581          | 30                 | 9                | 0      | 628,360                            | 90,136                              |
| 5/1/2003            | Assumptions                               | 252,318            | 30                 | 10               | 0      | 145,988                            | 19,426                              |
| 5/1/2005            | Assumptions                               | 139,451            | 30                 | 12               | 0      | 90,954                             | 10,702                              |
| 5/1/2009            | Relief 09 Asset Loss                      | 981,758            | 29                 | 15               | 0      | 738,212                            | 75,749                              |
| 5/1/2010            | Plan Amendment                            | 3,753              | 15                 | 2                | 0      | 754                                | 390                                 |
| 5/1/2010            | Relief 09 Asset Loss                      | 352,188            | 28                 | 15               | 0      | 267,626                            | 27,462                              |
| 5/1/2011            | Relief 09 Asset Loss                      | 876,160            | 27                 | 15               | 0      | 673,463                            | 69,105                              |
| 5/1/2012            | Assumptions                               | 497,040            | 15                 | 4                | 0      | 187,630                            | 51,770                              |
| 5/1/2012            | Relief 09 Asset Loss                      | 905,493            | 26                 | 15               | 0      | 704,757                            | 72,316                              |
| 5/1/2013            | Relief 09 Asset Loss                      | 937,023            | 25                 | 15               | 0      | 739,280                            | 75,859                              |
| 5/1/2014            | Relief 09 Asset Loss                      | 798,093            | 24                 | 15               | 0      | 639,064                            | 65,576                              |
| 5/1/2016            | Assumption                                | 316,237            | 15                 | 8                | 0      | 208,886                            | 32,693                              |
| 5/1/2016            | Experience Loss                           | 507,508            | 15                 | 8                | 0      | 335,222                            | 52,467                              |
| 5/1/2017            | Experience Loss                           | 404,776            | 15                 | 9                | 0      | 291,212                            | 41,773                              |
| 5/1/2018            | Assumptions                               | 168,952            | 15                 | 10               | 0      | 130,814                            | 17,406                              |
| 5/1/2018            | Experience Loss                           | 57,204             | 15                 | 10               | 0      | 44,290                             | 5,894                               |
| 5/1/2019            | Experience Loss                           | 472,166            | 15                 | 11               | 0      | 389,668                            | 48,565                              |
| 5/1/2020            | Assumptions                               | 896,884            | 15                 | 12               | 0      | 782,760                            | 92,104                              |
| 5/1/2020            | Experience Loss                           | 1,305,207          | 15                 | 12               | 0      | 1,139,124                          | 134,036                             |
| 5/1/2021            | Assumptions                               | 1,048,051          | 15                 | 13               | 0      | 961,719                            | 107,542                             |
| 5/1/2023            | Experience Loss                           | 346,025            | 15                 | 15               | 0      | 346,025                            | 35,506                              |
| Total Charges:      |                                           |                    |                    |                  |        | 11,722,743                         | 1,614,214                           |

**Toledo Painters' and Allied Trades Pension Plan**  
**EIN: 34-6682353/PN: 001**  
**Attachment to 2023 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

| Date<br>Established | Source of Change in<br>Unfunded Liability | Original<br>Amount | Original<br>Period | Remaining Period |        | 5/1/2023<br>Outstanding<br>Balance | 5/1/2023<br>Amortization<br>Payment |
|---------------------|-------------------------------------------|--------------------|--------------------|------------------|--------|------------------------------------|-------------------------------------|
|                     |                                           |                    |                    | Years            | Months |                                    |                                     |

**Credits**

|          |                 |         |    |    |   |         |        |
|----------|-----------------|---------|----|----|---|---------|--------|
| 5/1/2010 | Assumptions     | 238,898 | 15 | 2  | 0 | 48,336  | 24,985 |
| 5/1/2010 | Experience Gain | 585,062 | 15 | 2  | 0 | 118,374 | 61,188 |
| 5/1/2011 | Experience Gain | 576,903 | 15 | 3  | 0 | 169,069 | 60,209 |
| 5/1/2012 | Experience      | 14,522  | 15 | 4  | 0 | 5,483   | 1,513  |
| 5/1/2013 | Experience      | 370,310 | 15 | 5  | 0 | 168,885 | 38,495 |
| 5/1/2014 | Experience      | 828,414 | 15 | 6  | 0 | 438,383 | 85,954 |
| 5/1/2015 | Assumption      | 180,890 | 15 | 7  | 0 | 108,031 | 18,734 |
| 5/1/2015 | Experience Gain | 408,812 | 15 | 7  | 0 | 244,151 | 42,339 |
| 5/1/2017 | Assumprion      | 79,070  | 15 | 9  | 0 | 56,884  | 8,160  |
| 5/1/2019 | Assumptions     | 88,322  | 15 | 11 | 0 | 72,889  | 9,085  |
| 5/1/2021 | Experience Gain | 951,025 | 15 | 13 | 0 | 872,686 | 97,586 |
| 5/1/2022 | Assumptions     | 16,640  | 15 | 14 | 0 | 15,979  | 1,707  |
| 5/1/2022 | Experience Gain | 105,438 | 15 | 14 | 0 | 101,243 | 10,819 |
| 5/1/2023 | Assumption      | 306,254 | 15 | 15 | 0 | 306,254 | 31,425 |

|                       |                  |                |
|-----------------------|------------------|----------------|
| <b>Total Credits:</b> | <b>2,726,647</b> | <b>492,199</b> |
|-----------------------|------------------|----------------|

|                     |                  |                  |
|---------------------|------------------|------------------|
| <b>Net Charges:</b> | <b>8,996,096</b> | <b>1,122,015</b> |
|---------------------|------------------|------------------|

|                             |           |
|-----------------------------|-----------|
| <b>Less Credit Balance:</b> | 4,263,440 |
|-----------------------------|-----------|

|                                     |   |
|-------------------------------------|---|
| <b>Less Reconciliation Balance:</b> | 0 |
|-------------------------------------|---|

|                                      |                  |
|--------------------------------------|------------------|
| <b>Unfunded Actuarial Liability:</b> | <b>4,732,656</b> |
|--------------------------------------|------------------|

**TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN**

**EIN: 34-6682353/PN: 001**

**ATTACHMENT TO 2023 SCHEDULE MB: LINE 11**

**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality adjustment was changed from 100% to 115% of the PRI-2012 Blue Collar Mortality Table for females. The adjustment for males remains at 105% of the PRI-2012 Blue Collar Mortality Table. This change was made to incorporate credible plan experience into expected mortality.
- The assumed future hours worked were increased from 950 hours to 1,000 hours per future year for non-vested active lives. This represents our best estimate of future hours based on recent plan experience.
- The assumed operational expenses were decreased from \$135,000 to \$130,000 for the 2023-24 plan year and a 3.0% annual increase was added to reflect our best estimate of future expenses based on recent plan experience and expected inflationary increases.
- The assumed retirement rates were changed according to the schedule in Appendix B to represent our best estimate of future retirement patterns based on recent plan experience.
- The assumed withdrawal rates were changed according to the schedule in Appendix B to represent our best estimate of future withdrawal patterns based on recent plan experience.
- The expense load on ASC 960 liabilities was changed from 5.50% to 5.25% based on recent plan experience.
- The current liability interest rate was changed from 1.90% to 2.32%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.