

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 07/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND 25 COLGATE ROAD ROSLINDALE, MA 02131
2b Employer Identification Number (EIN) 04-2150983
2c Plan Sponsor's telephone number 617-524-1240
2d Business code (see instructions) 238300

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2684
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1875
	6a(2)	2114
	6b	822
	6c	
	6d	2936
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	165

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 04-2150983</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL34953	2011	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 17476</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SEGAL COMPANY (EASTERN STATES) 333 WEST 34TH ST NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17476			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	249657
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6003005

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....		10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b
Specify nature of costs.		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND		D Employer Identification Number (EIN) 04-2150983

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE & ACCIDENT INS. CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	715271G	2442	05/01/2023	04/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 16294	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KEVIN M HARRINGTON **770 DEDHAM ST STE 1**
CANTON, MA 02021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16294			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ AD&D

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	325886
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND	D Employer Identification Number (EIN) 04-2150983	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

(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

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)

PDC ADMINISTRATIVE ACCOUNT

04-2824420

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	AFFILIATED FUND	960972	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)

TUFTS HEALTH PLAN

04-2985923

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	958444	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 SEGAL COMPANY

13-1928058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	249203	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)

DELTA DENTAL

04-6143185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	172717	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	139066	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)

EMPLOYEE C

04-2150983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	135006	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)

EMPLOYEE G

04-2150983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93073	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)

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	92529	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)

MODERN ASSISTANCE

04-3014253

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	80918	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)

EMPLOYEE I

04-2150983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78958	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)

EMPLOYEE F

04-2150983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75313	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)

SUN LIFE CAPITAL MANAGEMENT LLC

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	73550	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)

EMPLOYEE B

04-2150983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69552	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)

EMPLOYEE H

04-2150983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68835	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)

OPTUMRX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	62035	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)

EMPLOYEE M

04-2150983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59829	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	53622	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)

FEINBERG, DUMONT & BRENNAN

04-2738936

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	50907	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)

ZELIS CLAIMS INTEGRITY INC

47-4319823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	49273	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)

COMMONWEALTH OF MASSACHUSETTS

04-6002284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	38030	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)

BOSTON PARTNERS GLOBAL INVESTORS

98-0202744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	34810	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	33375	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	31724	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)

LOOMIS SAYLES LP

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29741	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)

O'REILLY, GROSSO GROSS & JONES PC

04-3318596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	29500	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)

MIDWEST INSTITUTIONAL TRUST COMPANY

5901 COLLEGE BLVD., STE 100
OVERLAND PARK, KS 66211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50		23075	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)

ALLIANCE BERNSTEIN

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18037	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)

DAVIS VISION

11-3051991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	11697	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)

VALENZ PROTEKHT, LLC

DEPT. 392, P.O. BOX 1000
MEMPHIS, TN 38148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10000	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)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 19 52	NONE	9019	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND</u>	B Three-digit plan number (PN) ▶	<u>501</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND</u>	D Employer Identification Number (EIN) <u>04-2150983</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 (R) INDX SL QP CTF CM10LEN

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>04-3205013-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5301978</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDX NL QP CTF (ECTF)

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>04-6832069-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1068542</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. TIPS INDX NL QP CTF (CMY5)

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>02-6138231-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23642141</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EMERGING MARKETS DEBT BLEND

b Name of sponsor of entity listed in (a): LAZARD EMERGING MARKETS DEBT BLEND FUND LP

c EIN-PN <u>30-0761181-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIF INS CO SEP ACCT W1

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY

c EIN-PN <u>13-1423090-209</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6003005</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT HIGH YIELD FULL DISCRETION

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC

c EIN-PN <u>20-8080381-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7062962</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS EQUIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN <u>82-6258259-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1852351</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE INVESTMENT MANAGEMENT MASTE

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 46-2596644-062	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1522874
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a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC ASSET MANAGEMENT BANK LOAN

b Name of sponsor of entity listed in (a): PAM BANK LOAN GP LLC

c EIN-PN 46-5076716-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7265581
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND	D Employer Identification Number (EIN) 04-2150983

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2767972	3216336
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1133293	1154854
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2685653	3616845
(2) U.S. Government securities	1c(2)	6755477	3602155
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	18605332	18564995
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8324275	6607371
(5) Partnership/joint venture interests	1c(5)	9147174	7932204
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	38567898	40450848
(10) Value of interest in pooled separate accounts	1c(10)	5630108	6003005
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	3098329	7265581
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6943899	7387477
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3858609	4520453

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	107518019	110322124
Liabilities			
g Benefit claims payable	1g	10073919	10526225
h Operating payables	1h	100177	278258
i Acquisition indebtedness	1i		
j Other liabilities	1j	126730	217565
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10300826	11022048
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	97217193	99300076

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	35172502	
(B) Participants	2a(1)(B)	150372	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		35322874
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38033	
(B) U.S. Government securities	2b(1)(B)	179392	
(C) Corporate debt instruments	2b(1)(C)	957044	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	458732	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1633201
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	138415	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	269815	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		408230
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	25238717	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	24472483	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		766234
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	345682	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		345682

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3283453
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		404622
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		366591
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		173762
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		42704649

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	36753635	
(2) To insurance carriers for the provision of benefits.....	2e(2)	620432	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		37374067
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)	679266	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	33137	
(4) IQPA audit fees.....	2i(4)	35125	
(5) Investment advisory and investment management fees.....	2i(5)	322784	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	23075	
(7) Actuarial fees.....	2i(7)	249203	
(8) Legal fees.....	2i(8)	80407	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	29180	
(11) Other expenses.....	2i(11)	1795522	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3247699
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		40621766

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2082883
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		11231725
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL NO. 35
HEALTH BENEFITS FUND**

FINANCIAL STATEMENTS

JUNE 30, 2024

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL NO. 35
HEALTH BENEFITS FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

JUNE 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Painters & Allied Trades
District Council No. 35 Health Benefits Fund

Opinion

We have audited the financial statements of the Painters & Allied Trades District Council No. 35 Health Benefits Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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.

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including 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.

Novak Francella LLC

Boston, Massachusetts
April 7, 2025

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL NO. 35
HEALTH BENEFITS FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

ASSETS	2024	2023
INVESTMENTS - at fair value		
Mutual fund - international equity	\$ 1,784,642	\$ 1,529,453
United States Government and Government Agency obligations	1,597,259	3,844,284
Corporate obligations	18,564,995	18,605,332
Common stock	6,607,371	8,324,275
Foreign obligations	1,220,932	958,568
Money market mutual fund	895,089	598,528
Mortgage - backed securities	2,004,896	2,911,193
Common collective trusts - equity	9,670,041	9,108,779
Common collective trusts - fixed income	32,227,977	29,475,923
103-12 investment entities	-	3,098,329
Hedge fund of funds-bank loan	7,265,581	-
Limited partnerships	9,784,555	12,030,411
Housing investment trust	5,602,835	5,414,446
Pooled separate account	6,003,005	5,630,108
Interest bearing cash	2,721,756	2,087,125
Total investments	105,950,934	103,616,754
RECEIVABLES		
Employer contributions	3,216,336	2,767,972
Due from Administrative Account	123,348	82,848
Interest and dividends	144,033	179,327
Prescription rebates	593,173	541,318
Total receivables	4,076,890	3,571,465
PROPERTY AND EQUIPMENT		
Office equipment	131,726	131,726
Furniture and fixtures	16,860	16,860
Less accumulated depreciation	(148,586)	(148,586)
Net property and equipment	-	-
DEPOSITS		
	294,300	329,800
Total assets	110,322,124	107,518,019

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	\$ 278,258	\$ 100,177
Due to broker	<u>217,565</u>	<u>126,730</u>
Total liabilities	<u>495,823</u>	<u>226,907</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 109,826,301</u></u>	<u><u>\$ 107,291,112</u></u>

See accompanying notes to financial statements.

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL NO. 35
HEALTH BENEFITS FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 5,340,343	\$ 850,273
Interest and dividends	1,965,616	1,695,734
Interest on employer contributions	75,816	77,517
	7,381,775	2,623,524
Less investment expenses	(345,859)	(321,666)
Investment income - net	7,035,916	2,301,858
Employer contributions	35,172,502	31,418,129
COBRA contributions	150,372	252,427
Total contributions	35,322,874	31,670,556
Total additions	42,358,790	33,972,414
 DEDUCTIONS		
Cost of benefits		
Self-insured		
Comprehensive medical	28,054,470	24,328,892
Dental	3,490,675	3,237,583
Vision	741,137	679,335
Hearing	168,718	400,488
Participant assistance program	80,918	74,984
Prescription drugs	3,765,411	4,354,918
Death	-	2,000
Insured		
Life insurance	370,775	228,352
Total benefits	36,672,104	33,306,552
Stop loss premiums	249,657	168,988
Total cost of benefits	36,921,761	33,475,540
Utilization review and network management fees	1,111,282	1,036,597
Fees mandated by ACA	17,082	17,202
Administrative expenses	1,773,476	1,318,679
Total deductions	39,823,601	35,848,018

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
NET INCREASE (DECREASE)	\$ 2,535,189	\$ (1,875,604)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>107,291,112</u>	<u>109,166,716</u>
End of year	<u>\$ 109,826,301</u>	<u>\$ 107,291,112</u>

See accompanying notes to financial statements.

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL NO. 35
HEALTH BENEFITS FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

JUNE 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Claims payable and incurred but not reported	\$ 9,784,425	\$ 9,332,197
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT ESTIMATED AMOUNTS		
Waiver of premium reserve	725,000	725,000
Accumulated eligibility credits	33,526,500	30,084,200
	34,251,500	30,809,200
TOTAL BENEFIT OBLIGATIONS CURRENTLY PAYABLE AND FOR CURRENT BENEFIT COVERAGE	44,035,925	40,141,397
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Death benefits for inactive participants	16,800	16,722
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Current retirees, beneficiaries, and dependents	3,760,192	3,045,107
Other participants fully eligible for benefits	3,276,553	2,990,851
Other participants not yet fully eligible for benefits	10,143,022	10,287,916
	17,179,767	16,323,874
TOTAL BENEFIT OBLIGATIONS	\$ 61,232,492	\$ 56,481,993

See accompanying notes to financial statements.

**PAINTERS AND ALLIED TRADES
DISTRICT COUNCIL No. 35
HEALTH BENEFITS FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Balance at beginning of year	\$ 9,332,197	\$ 8,311,800
Increase (decrease) during the year attributable to changes in:		
Claims payable and incurred but not reported	452,228	1,020,397
Balance at end of year	9,784,425	9,332,197
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT ESTIMATED AMOUNTS		
Balance at beginning of year	30,809,200	28,029,800
(Decrease) increase during the year attributable to changes in:		
Waiver of premium reserve	-	60,000
Accumulated eligibility credits	3,442,300	2,719,400
Balance at end of year	34,251,500	30,809,200
TOTAL BENEFIT OBLIGATIONS CURRENTLY PAYABLE AND FOR CURRENT BENEFIT COVERAGE	44,035,925	40,141,397
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	16,722	16,649
Increase (decrease) in postemployment benefits attributable to changes in:		
Death benefits for inactive participants	78	73
Balance at end of year	16,800	16,722
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	16,323,874	16,963,706
Decrease during the year attributable to:		
Benefits earned net of benefits paid	839,199	819,248
Changes in actuarial assumptions	383,313	(1,459,080)
Actuarial experience	(366,619)	-
Balance at end of year	17,179,767	16,323,874
TOTAL BENEFIT OBLIGATIONS	\$ 61,232,492	\$ 56,481,993

See accompanying notes to financial statements.

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL NO. 35
HEALTH BENEFITS FUND**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Painters & Allied Trades District Council No. 35 Health Benefits Fund is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

The Plan provides health and other benefits to eligible members of the Painters & Allied Trades District Council No. 35 Health Benefits Fund. The Plan and related trust were established on July 1, 1970, pursuant to a collective bargaining agreement between the Painting and Decoration Contractors of Eastern Massachusetts, Inc. and the Painters and Allied Trades District Council No. 35. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides health benefits (hospital, surgical, comprehensive medical, death, vision, dental, hearing, and other outpatient services) to covered participants for each six month qualifying period beginning January 1 and July 1 of each year.

The Plan is self-funded. All medical claims for hospital, surgical, and physicians are processed by the Plan Office. Mutual of Omaha insured the life and accidental death and dismemberment benefits. Prescriptions, dental claims, and vision claims are processed by OptumRX, Delta Dental, and Davis Vision, respectively, but the responsibility for payments to participants and providers is retained by the Plan.

A participant who is unable to maintain eligibility due to insufficient hours worked in an eligibility period is permitted to pay directly into the Plan under the provision of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended; eligibility can last for up to 18, 29, or 36 months, depending on the qualifying event.

A participant must work at least 600 hours in a qualifying period to be eligible. A participant will have coverage October 1 through March 31 if they work at least 600 hours in the qualifying period January 1 through June 30, and coverage from April 1 through September 30 if they worked at least 600 hours in the qualifying period July 1 through December 31.

If a participant works more than the 600 hours needed to maintain eligibility, they may carry over up to 200 hours to the next eligibility period. Any carryover hours must be used during the next eligibility period or the participants will lose them.

NOTE 1. DESCRIPTION OF PLAN (continued)

Contributions to the Plan are made by employers in accordance with the Collective Bargaining Agreement between the Painters and Decoration Contractors of Eastern Massachusetts, Inc., the Glass Employers Group of New England (the Associations) and the Painters and Allied Trades District Council No. 35. The collective bargaining agreement requires contributions at fixed rates for each hour worked for which an employee is covered by the agreement. The Plan's contribution rates were \$9.00 per hour worked from July 1, 2022 through December 31, 2022, \$9.35 per hour worked from January 1, 2023 through June 30, 2023, \$9.65 per hour worked from July 1, 2023 through December 31, 2023, and \$9.95 per hour worked from January 1, 2024 through June 30, 2024.

The Plan offers health coverage options under COBRA for eligible participants and dependents that are ineligible for health coverage with the Plan. The COBRA rates effective October 1, 2022 for the full coverage plan are \$857 for individual, \$1,697 for two people, and \$2,497 for family. The rates for the limited coverage plan are \$771 for individual, \$1,528 for two people, and \$2,250 for family. The COBRA rates effective October 1, 2023 for the full coverage plan are \$852 for individual, \$1,674 for two people, and \$2,481 for family. The rates for the limited coverage plan are \$764 for individual, \$1,510 for two people, and \$2,221 for family.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments - United States Government and Government Agency obligations, common stock, corporate obligations, the mutual fund - international equity, state and municipal obligations, foreign obligations, and the money market mutual fund are carried at fair value as provided by the investment custodian, which generally represents quoted market prices as of the last business day of the year, net asset value of the fund or using pricing models that use similar observable inputs for similar securities. Investments in mortgage - backed securities are carried at estimated fair value as provided by the investment custodian. The common collective trusts, 103-12 investment entities and the housing investment trust are carried at net asset value as reported by the trusts. The investments in the hedge funds of funds and limited partnerships are carried at net asset value and/or practical expedient as provided by the hedge fund managers or partnerships. The pooled separate account is carried at net asset value as provided by the insurance company. Interest bearing cash are carried at cost which approximates fair value.

The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third party annual audit. The estimated fair values may differ from the values that would have been used had a ready market existed for these investments, and those differences may be significant. Furthermore, some of these funds have various lockup periods and they are not immediately liquid investments.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Contributions Receivable - Employer and participant contributions due but not paid prior to the year-end are recorded as contributions receivable. Allowance for credit losses is considered unnecessary and is not provided.

Due from Broker - Represents the amounts due from the custodial bank for sale of securities with trade dates prior to year-end and settlement dates after year end.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, generally five to seven years.

Benefit Obligations - Benefit obligations, other than retiree health premiums payable and the waiver of premium reserve, are calculated by the Plan's actuary. The benefit obligations for retiree health premiums payable and the waiver of premium reserve are calculated by the Plan Administrator.

Accumulated Eligibility Credits - The obligation for accumulated eligibility credits was estimated by the Plan's actuary.

Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

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

Stop Loss Coverage - The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as aggregate exposure for all claims). Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits.

Refunds - The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures reported in the financial statements. Actual results could differ from those estimates.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plans assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated September 21, 1979, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 501(c)(9) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Service Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. CONCENTRATION OF CASH

The Plan maintains cash balances at financial institutions deemed creditworthy. The cash balance is insured by the Federal Deposit Insurance Company (FDIC) up to \$250,000 per bank. As of June 30, 2024, the Plan's cash in excess of FDIC insurance coverage totaled \$2,371,580.

NOTE 6. 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:

Basis of Fair Value Measurement:

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.

NOTE 6. 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 asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

For the years ended June 30, 2024 and 2023 there were no transfers in or out of levels 1, 2, or 3.

	Fair Value Measurements at June 30, 2024			
	Total	Level 1	Level 2	Level 3
Mutual fund:				
International equity	\$ 1,784,642	\$ 1,784,642	\$ -	\$ -
United States Government and				
Government Agency obligations	1,597,259	-	1,597,259	-
Corporate obligations	18,564,995	-	18,564,995	-
Common stock	6,607,371	6,607,371	-	-
Foreign obligations	1,220,932	-	1,220,932	-
Money market mutual fund	895,089	895,089	-	-
Mortgage - backed securities	2,004,896	-	2,004,896	-
Interest-bearing cash	2,721,756	2,721,756	-	-
Total assets in the fair value hierarchy	35,396,940	\$ 12,008,858	\$ 23,388,082	\$ -
Investments measured at NAV	70,553,994			
Total investments	<u>\$ 105,950,934</u>			

In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at June 30, 2023			
	Total	Level 1	Level 2	Level 3
Mutual fund:				
International equity	\$ 1,529,453	\$ 1,529,453	\$ -	\$ -
United States Government and Government Agency obligations	3,844,284	-	3,844,284	-
Corporate obligations	18,605,332	-	18,605,332	-
Common stock	8,324,275	8,324,275	-	-
Foreign obligations	958,568	-	958,568	-
Money market mutual fund	598,528	598,528	-	-
Mortgage - backed securities	2,911,193	-	2,911,193	-
Interest-bearing cash	2,087,125	2,087,125	-	-
Total assets in the fair value hierarchy	38,858,758	\$ 12,539,381	\$ 26,319,377	\$ -
Investments measured at NAV	64,757,996			
Total investments	<u>\$ 103,616,754</u>			

The unfunded commitments and redemption information is as follows at June 30, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts - equity:					
SSgA S&P 500 Index Securities					
Lending QP CTF Fund	\$ 5,301,978	\$ 5,250,021	\$ -	Daily	N/A
SSgA MSCI EAFE Index					
Non-Lending QP CTF Fund	1,068,542	958,717	-	Bi-monthly	N/A
AB Global Core Equity Fund	3,299,521	2,900,041	-	Daily	N/A
Common collective trust - fixed income:					
NHIT: High Yield Full Discretion Trust	7,062,962	6,452,958	-	Daily	N/A
SSgA U.S. TIPS Index					
Non-Lending QP CTF Fund*	23,642,141	23,022,965	-	Daily	N/A
Metlife Emerging Market Debt Fund	1,522,874	-	-	Daily	N/A
103-12 investment entities:					
Lazard Emerging Markets Debt					
Blend Fund	-	3,098,329	-	Daily	N/A
Housing investment trust:					
AFL-CIO Housing Investment Trust	5,602,835	5,414,446	-	Monthly	15 days
Pooled separate account:					
Separate Account W of the Union Labor					
Life Insurance Company	6,003,005	5,630,108	-	Monthly [^]	90 days [^]
Hedge fund of funds - bank loan					
Pacific Asset Management Bank Loan Fund	7,265,581	-	-	@	@
Limited partnerships					
GQG Partners Emerging Markets					
Equity Fund	1,852,351	2,883,237	-	Daily	15 days
ARA Core Property Fund, LP	7,932,204	9,147,174	-	Quarterly	10 days
	<u>\$ 70,553,994</u>	<u>\$ 64,757,996</u>	<u>\$ -</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

* Accounts for 21% and 20% of net assets available for benefits at June 30, 2024 and 2023, respectively.

N/A - For these investments, a request for redemption needs to be made before or on the day of the valuation for the redemption to be paid out.

@ - Investment is a private equity vehicle and does not offer redemption rights for limited partners. Any transfer of interests is at the discretion of the general partner.

^ - A redemption may be delayed when cash and other liquid assets, less amount already committed for mortgages and reserves for account expenses, are inadequate to meet the request after satisfying all prior requests and funding commitments and expense reserves.

The AFL-CIO Housing Investment Trust's (the HIT) investment objective is to generate competitive risk-adjusted total rates of return for its participants by investing in fixed-income investments, primarily mortgage securities. Other important objectives of the HIT are to encourage the construction of housing and to facilitate employment for union members in the construction trades and related industries. To accomplish its objectives, the HIT focuses its investments in multifamily mortgage securities (including those that directly or indirectly finance new construction or rehabilitation of multifamily housing projects and healthcare facilities) and in mortgage securities backed by multifamily or single family loans. All on-site construction work financed through the HIT's investments is required to be performed by 100% union labor.

The ARA Core Property Fund, LP has been organized to allow Taft-Hartley pension funds, government 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 institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

The investment in the pooled separate account consists of the Separate Account W of the Union Labor Life Insurance Company (the Account) which is used as a funding vehicle for group annuity contracts issued to qualified pension plans. The Account's investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development or refinancing related to multifamily (rental and for sale), multi-tenanted, single-tenanted and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains. The assets allocated to the Account shall primarily consist of mortgage investments collateralized by the first mortgages on real property. Assets may be temporarily held uninvested or invested as deemed appropriate by Union Labor Life.

The GQG Partners Emerging Markets Equity Fund's investment objective is to maximize long-term capital appreciation. The Fund seeks to achieve that objective by investing in equity securities or equity-linked instruments of companies located anywhere in the world, including, but not limited to, emerging markets countries and the United States. The Fund has no limitation on the capitalization size of the companies in which it invests nor its ability to invest in foreign securities. The Fund may invest in any country.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The Pacific Asset Management Bank Loan Fund L.P. is a lending fund management by Aristotle Pacific Capital.

NOTE 7. RELATED PARTIES

The Painters & Allied Trades District Council No. 35 Trust Funds (DC 35 Trust Funds) are comprised of four funds providing services and benefits to their members. The four funds are as follows: the Painters & Allied Trades District Council No. 35 Health Benefits Fund (Health Benefits Fund), the Painters & Allied Trades District Council No. 35 Pension Fund (Pension Fund), the Painters & Allied Trades District Council No. 35 Annuity Fund (Annuity Fund), and the Finishing Trades Institute of New England (FTI).

In addition, there are two funds provided for under the labor agreement furnishing services and benefits to employers (the DC 35 Employer Funds). These two funds are the DC 35 Management Industry Betterment Fund and the DC 35 Labor Management Program. Administrative expenses of the DC 35 Trust Funds and the DC 35 Employer Funds are accumulated in an Administrative Account. These expenses are allocated to the affiliated funds monthly based upon a percentage. These percentages were developed based upon personnel interviews, observations, and analysis of time and duties of the Administrative Office Personnel. The percentage allocated to each Fund for the years ended June 30, 2024 and 2023 is as follows:

Health Benefits Fund	48.50 %
Annuity Fund	16.90
Pension Fund	32.80
Finishing Trades Institute of New England	0.80
DC 35 Management Industry Betterment Fund	0.40
DC 35 Labor Management Program	0.60
	<hr/>
	100.00 %
	<hr/>

For the years ending June 30, 2024 and 2023, the Health Benefits Fund reimbursed the Administrative Account \$960,972 and \$764,378, respectively.

Additionally, all employer contributions are deposited into a lockbox bank account held under the Administrative Account. On a periodic basis, the employer contributions are remitted to the respective DC 35 Trust Funds and DC 35 Employer Funds.

For the years ended June 30, 2024 and 2023, the Administrative Account owed the Health Benefits Fund \$123,348 and \$82,848, respectively.

The Benefit Funds lease office space in the building now known as 25 Colgate Road, Roslindale, MA 02131, and containing approximately 3,366 square feet. The Plan's percentage of the Benefit Funds' lease was 33.33% for each of the years ended June 30, 2024 and 2023.

NOTE 7. RELATED PARTIES (continued)

Rent is paid to the Painters and Allied Trades District Council 35 Realty Trust (the DC 35 Realty Trust) of which the Trustees are officers of the International Union of Painters & Allied Trades District Council No. 35 (DC 35). For each of the year ended June 30, 2024 and 2023, the Health Benefits Fund paid rent to the DC 35 Realty Trust totaling \$35,296 and \$34,435, respectively.

Certain Plan investments are shares of mutual funds managed by MidWest Taft Hartley Services. MidWest Taft Hartley Services is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The Plan maintains its cash accounts with Salem Five Bank. Transactions with Salem Five Bank qualify as party-in-interest transactions.

The above qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. HEALTH CLAIMS PAYABLE, INSURANCE PREMIUM PAYABLE, AND ESTIMATED CLAIMS INCURRED BUT NOT REPORTED

The Plan's obligation for health claims reported but not paid and estimated claims incurred but not reported at year end were as follows:

<u>Type of Benefit</u>	<u>2024</u>	<u>2023</u>
Health benefits	\$ 8,972,025	\$ 8,544,497
Prescription drugs	347,700	345,000
Dental	352,400	317,800
Vision care	92,800	80,700
Hearing	19,500	44,200
	<u>\$ 9,784,425</u>	<u>\$ 9,332,197</u>

Claims incurred but not reported and claims reported and not paid at June 30, 2024 and 2023 have been calculated by the Plan's actuary who derived amounts from claims data provided by the Plan in addition to actuarial factors. In determining the liability, the actuary also considered case specific circumstances that may have occurred.

NOTE 9. POSTRETIREMENT BENEFITS

The Plan provides certain retired participants with major medical, prescription drug, dental, and vision and hearing. Those retirees eligible for benefits must meet defined requirements such as attaining a certain age.

NOTE 9. POSTRETIREMENT BENEFITS (continued)

The healthcare trend rates used in the 2024 valuation are as follows:

Year ending June 30,	Medical	Prescription Drug	Dental	Vision and Hearing
2025	7.25%	11.50%	3.50%	2.00%
2026	7.00%	11.00%	3.50%	2.00%
2027	6.75%	10.50%	3.50%	2.00%
2028	6.50%	10.00%	3.50%	2.00%
2029	6.25%	9.50%	3.50%	2.00%
2030	6.00%	9.00%	3.50%	2.00%
2031	5.75%	8.50%	3.50%	2.00%
2032	5.50%	8.00%	3.50%	2.00%
2033	5.25%	7.50%	3.50%	2.00%
2034	5.00%	7.00%	3.50%	2.00%
2035	4.75%	6.50%	3.50%	2.00%
2036	4.50%	6.00%	3.50%	2.00%
2037	4.50%	5.50%	3.50%	2.00%
2038	4.50%	5.00%	3.50%	2.00%
2039 and later	4.50%	4.50%	3.50%	2.00%

The healthcare trend rates used in the 2023 valuation started with medical and prescription rates at 5.50% and 7.50%, respectively, with an ultimate trend reaching 4.50% and 5.75%, respectively.

The following were other significant assumptions used in the valuations as of June 30, 2024 and 2023:

Discount rate: 5.25% as of June 30, 2024;
5.00% as of June 30, 2023

Mortality*Healthy:*

2024 and 2023 - Pri. H-2012 (BC) Employee Blue Collar Headcount-weighted projected generationally with the MP-2021 projection scale.

Disabled:

2024 and 2023 - Pri. H-2012 Disabled Retiree Headcount-weighted projected generationally with the MP-2021 projection scale.

Administrative expense increase rate: 2.50% for each of the years ended June 30, 2024 and 2023.

NOTE 9. POSTRETIREMENT BENEFITS (continued)

Disability Rates: Based on age. Sample annual rates are as follows:

Age 20	0.02%
Age 30	0.03%
Age 40	0.06%
Age 50	0.15%
Age 60	0.41%

Retirement Rates: Based on age. Sample annual rates are as follows:

Age 55-56	5%
Age 57-59	10%
Age 60	30%
Age 61	20%
Age 62-64	50%
Age 65 and over	100%

Participation: It is assumed that 100% of all eligible and current retirees will participate.

The foregoing 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 the postretirement benefit obligations.

The healthcare cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point that would increase the obligation as of June 30, 2024 and 2023 by \$2,034,479 and \$1,985,514, respectively.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	June 30,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 109,826,301	\$ 107,291,112
Benefit obligations currently payable and claims incurred but not reported	(9,784,425)	(9,332,197)
Waiver of premium reserve	(725,000)	(725,000)
Death benefits for inactive participants	(16,800)	(16,722)
Net assets available for benefits per Form 5500	<u>\$ 99,300,076</u>	<u>\$ 97,217,193</u>

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the year ended June 30, 2023:

Benefits paid to or for participants per the financial statements	\$ 36,921,761
Add - benefit claims payable at June 30, 2024	10,526,225
Less - benefit claims payable at June 30, 2023	<u>(10,073,919)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 37,374,067</u>

Health claims payable and claims incurred but not reported at June 30, 2024 and 2023 are included in the Statements of Benefit Obligations in the financial statements but are included as liabilities on Form 5500.

NOTE 11. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 12. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the Painters & Allied Trades District Council No. 35 Annuity Plan (the Annuity Fund), the Painters & Allied Trades District Council No. 35 Pension Plan (the Pension Fund), and the Painters & Allied Trades District Council No. 35 Health Benefits Fund (the Health Fund), together referred to as (the Benefit Funds) participate in one multiemployer defined benefit pension plan under the terms of participation agreements that covers its non-collectively bargained employees. The Painters & Allied Trades District Council No. 35 Administrative Account remits the contributions to this multiemployer defined benefit pension plan for the shared employees on behalf of the Benefit Funds. The Benefit Funds reimburse the Administrative Account for their share of the contributions based on a cost allocation study. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

NOTE 12. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Benefit Funds choose to stop participating in any of its multiemployer defined benefit pension plans, the Benefit Funds may be required to pay those multiemployer defined benefit pension plans an allocated amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Benefit Funds’ participation in these multiemployer defined benefit pension plans for the annual periods ended June 30, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow and orange zones are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plans	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Painters & Allied Trades District Council No. 35 Pension Fund	04-6043807	001	Green as of 07/01/24	No	Green as of 07/01/23	No	**

** The employees of the Benefit Funds participate in the Painters & Allied Trades District Council No. 35 Pension Fund through a participation agreement between the Benefit Funds and the Painters & Allied Trades District Council No. 35 Pension Fund. The participation agreement does not have an expiration date.

Legal Name of Pension Plans	Contribution paid by the Health Benefits Fund directly to the Pension Plan		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by Pension Plans for which the Administrative Fund contributes directly to Pension Plans.	
	6/30/2024	6/30/2023			6/30/2024	6/30/2023	6/30/2024	6/30/2023
Painters & Allied Trades District Council No. 35 Pension Fund	N/A	N/A	No, Plan year ending 06/30/24.	No, Plan year ending 06/30/23.	\$11.80 - \$11.85 per hour worked	\$11.70 - \$11.75 per hour worked	8 shared employees	8 shared employees

The Health Benefits Fund reimbursed the Administrative Account \$116,214 and \$76,035, during the years ended June 30, 2024 and 2023, respectively, for the Health Benefits Fund’s allocated share of the pension contributions for shared employees participating in the Painters & Allied Trades District Council No. 35 Pension Fund.

NOTE 12. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Painters & Allied Trades District Council No. 35 Pension Fund	N/A, Green Zone	No	No	N/A

NOTE 13. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Benefit Funds contribute to a multiemployer defined benefit health and welfare plan that provides postretirement benefits for its non-collectively bargained employees during the years ended June 30, 2024 and 2023. The Administrative Account remits the contributions to the multiemployer health and welfare plan that provide postretirement benefits for the shared employees on behalf of the Benefit Funds. The Benefit Funds reimburse the Administrative Account for their share of the contributions based on a cost allocation study. Information about the health and welfare plan is below:

Legal Name of Plan providing postretirement benefits other than pension	Contribution paid by Health Fund directly to the Plan		Employer contribution rates of the Plan		Number of employees covered by the Plan for which the Administrative Account contributes directly to the Plan	
	6/30/2024	6/30/2023	6/30/2024	6/30/2023	6/30/2024	6/30/2023
Painters & Allied Trades District Council No. 35 Health Benefits Fund*	N/A	N/A	\$9.65 - \$9.95 per hour	\$9.00 - \$9.35 per hour	8 shared employees	8 shared employees

The Health Benefits Fund reimbursed the Administrative Account \$96,217 and \$59,192 during the years ended June 30, 2024 and 2023, respectively, for the Health Benefits Fund’s allocated share of the Benefit Funds’ contributions for shared employees participating in the Painters & Allied Trades District Council No. 35 Health Benefits Fund.

* The Plan provides postretirement health benefits (medical, hospital, surgical, major medical, dental, vision, and prescription drug), disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

NOTE 14. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through April 7, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL No. 35
HEALTH BENEFITS FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Rent	\$ 35,296	\$ 34,435
Conferences and meetings	29,180	29,180
Insurance	18,806	21,242
Dues and subscriptions	976	852
Printing and stationary	62,902	79,000
Computer expenses	144,943	84,766
Depreciation	10,138	10,677
Massachusetts surcharge	306,117	152,657
Accounting fees	49,765	39,445
Legal fees	59,500	47,017
Actuary fees	249,203	169,900
Payroll	393,801	345,332
Payroll taxes	31,132	26,691
Employee benefits	285,465	204,538
Employee expenses	1,814	1,364
Office supplies and expense	9,412	8,456
Equipment rental and maintenance	19,780	15,128
Telephone	1,914	1,821
Other professional fees	42,530	38,855
Miscellaneous	20,802	7,323
	\$ 1,773,476	\$ 1,318,679

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL No. 35
HEALTH BENEFITS FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

JUNE 30, 2024

Form 5500

EIN: 04-2150983

Schedule H. Line 4i

Plan No. 501

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Mutual fund - International equity:</u>					
DFA Emerging Markets Value Portfolio		56,298			\$ 1,602,286	\$ 1,784,642
	<u>United States Government and Government Agency obligations:</u>					
United States Treasury	Note	110,000	4.000	02/29/28	109,538	108,338
United States Treasury	Note	20,000	4.625	06/30/25	19,904	19,904
United States Treasury	Note	135,000	4.875	11/30/25	136,181	134,866
United States Treasury	Note	30,000	4.500	05/15/27	29,899	29,964
United States Treasury	Note	15,000	4.500	05/15/27	14,958	14,982
United States Treasury	Note	135,000	4.875	05/31/26	135,058	135,285
United States Treasury	Note	10,000	1.250	08/15/31	8,186	8,117
United States Treasury	Note	35,000	3.750	12/31/30	34,290	33,818
United States Treasury	Note	65,000	4.000	01/31/31	64,566	63,705
United States Treasury	Note	45,000	4.250	02/28/31	44,949	44,741
United States Treasury	Note	160,000	4.625	04/30/31	160,214	162,613
United States Treasury	Note	20,000	4.625	05/31/31	20,148	20,328
United States Treasury	Note	125,000	4.250	06/30/31	124,165	124,434
United States Treasury	Bond	25,000	2.750	11/15/47	23,340	18,184
United States Treasury	Bond	200,000	3.000	08/15/48	194,541	151,790
United States Treasury	Bond	20,000	3.375	11/15/48	21,685	16,248
United States Treasury	Bond	10,000	3.000	02/15/49	10,979	7,577
United States Treasury	Bond	305,000	1.250	05/15/50	158,014	151,228
United States Treasury	Bond	55,000	1.625	11/15/50	35,229	30,122
United States Treasury	Bond	25,000	1.875	02/15/51	24,602	14,605
United States Treasury	Bond	30,000	2.375	05/15/51	32,655	19,766
United States Treasury	Bond	20,000	2.375	02/15/42	17,422	14,566
United States Treasury	Bond	65,000	3.625	02/15/53	61,023	55,309
United States Treasury	Bond	30,000	3.625	05/15/53	26,480	25,534
United States Treasury	Bond	5,000	4.125	08/15/53	4,802	4,657
United States Treasury	Bond	55,000	4.750	11/15/53	57,156	56,869
United States Treasury	Bond	55,000	4.750	11/15/43	57,791	55,748
United States Treasury	Bond	5,000	Zero Dtd	02/15/54	4,879	4,762
United States Treasury	Bond	40,000	4.500	02/15/44	40,310	39,250
United States Treasury	Bond	30,000	4.625	05/15/44	29,653	29,949
	Total United States Government and Government Agency obligations				1,702,617	1,597,259

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Common stock:</u>					
Abbott Laboratories Com		801			\$ 78,259	\$ 83,232
Abbvie Inc Com		521			86,250	89,362
Advanced Micro Devices Inc Com		538			55,972	87,269
Allegion Pub Ltd Co Ord Shs		268			30,357	31,664
Alphabet Inc Cap Stk Cl A		1,317			134,639	239,892
American Express Co Com		451			81,364	104,429
Amgen Inc Com		309			81,699	96,547
Aon PLC Shs Cl A		147			42,914	43,156
Applied Matls Inc Com		435			38,540	102,656
Autonation Inc Del Com		300			46,152	47,814
AutoZone Inc Com		37			52,238	109,672
Avantor Inc Com		1,752			39,104	37,142
Berkshire Hathaway Inc Del Cl B New		576			149,637	234,317
Blue Owl Capital Inc Com Cl A		1,887			32,764	33,494
Booking Hldgs Inc Com		15			37,640	59,423
BP PLC Spon ADR		947			37,182	34,187
Builders Firstsource Inc Com		343			58,458	47,475
Canadian Nat Res Ltd Com		1,674			25,067	59,594
Cencora Inc Com		501			74,927	112,875
Cenovus Energy Inc Com		5,483			92,533	107,796
Centene Corp Del Com		963			69,360	63,847
CenterPoint Energy Inc Com		1,337			31,718	41,420
Chubb Ltd Com		253			44,127	64,535
Coca-Cola Europacific Partners Plc		562			27,396	40,953
Cognizant Tech Solutions Crp Com		545			39,420	37,060
ConocoPhillips Com		757			57,825	86,586
Corpay Inc Com Shs		229			56,093	61,008
Crh Plc Ord		1,267			67,726	95,000
Deere & Co Com		84			17,260	31,385
Dell Technologies Inc Cl C		508			31,015	70,058
Diamondback Energy Inc Com		469			87,067	93,889
Extra Space Storage Inc Com		284			41,393	44,136
Fidelity Natl Information Svcs Inc Com		1,369			99,141	103,168
FirstEnergy Corp Com		1,234			48,633	47,225
Flex LTD		2,291			65,866	67,562
Fortive Corp Com		786			51,582	58,243
Gallagher Arthur J & Co Com		187			37,302	48,491
General Dynamics Corp Com		327			67,806	94,876
Goldman Sachs Group Inc Com		173			52,480	78,251
Hewlett Packard Enterprise Co Com		1,937			40,659	41,006
Huntington Bancshares Inc Com		6,267			81,544	82,599
Honeywell Intl Inc Com		405			80,544	86,484
Howmet Aerospace Inc Com		532			17,377	41,299
Icon Plc Shs		278			66,367	87,145
Intercontinental Exchange, Inc. Com		404			43,920	55,304
Jacobs Solutions Inc Com		517			69,879	72,230
JPMorgan Chase & Co Com		1,484			192,239	300,154
Keysight Technologies Inc Com		264			39,764	36,102
Kenvue Inc Com		2,919			60,005	53,067
Kinross Gold Corp Com No Par		2,483			19,874	20,659
Lam Resh Corp Com		32			12,863	34,075
Leidos Hldgs Inc Com		539			56,488	78,629

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Common stock (continued):</u>						
Lennar Corp CI A		436			\$ 70,303	\$ 65,343
LPL Finl Hldgs Inc Com		144			38,666	40,219
Marathon Pete Corp Com		536			43,013	92,985
Masco Corp Com		638			35,718	42,535
McKesson Corp Com		150			52,675	87,606
MGM Resorts Intl		1,237			53,881	54,972
Microchip Technology Inc Com		916			69,645	83,814
Micron Technology Inc Com		737			51,874	96,938
Morgan Stanley Com New		1,520			134,036	147,729
Nice LTD		204			35,961	35,082
Norfolk Southn Corp Com		339			84,616	72,780
Nov Inc Com		1,268			24,718	24,105
Nxp Semiconductors N V Com		176			35,547	47,360
Olin Corp Com Par \$1		180			9,819	8,487
Omnicom Group Inc Com		711			64,644	63,777
Oracle Corp Com		1,237			141,215	174,664
Qualcomm Inc Com		189			28,794	37,645
Phillips 66 Com		592			78,646	83,573
Phillip Morris Intl Inc Com		1,217			118,020	123,319
Schlumberger Ltd Com		1,931			65,927	91,105
Schwab Charles Corp New Com		802			52,348	59,099
Smucker J M Co Com New		404			50,512	44,052
Starbucks Corp Com		427			33,802	33,242
Target Corp Com		399			61,171	59,068
T Mobile Us Inc Com		385			51,556	67,828
Take-Two Interactive Software Com		310			45,709	48,202
Teck Resources Limited		946			40,774	45,313
The cigna Group		241			57,791	79,666
Ulta Beauty, Inc		109			47,229	42,060
United Rentals Inc Com		121			36,210	78,254
UnitedHealth Group Inc Com		243			100,950	123,750
Us Foods Hldg Corp Com		1,770			73,788	93,775
Wabtec Corp Com		423			42,320	66,855
Walmart Inc.		1,815			91,725	122,894
Wells Fargo & Co New Com		2,116			100,351	125,669
Wesco International Inc Com		176			26,733	27,900
Willscot Mobil Mini Hldng Corp Com CI A		990			41,657	37,264
Total common stock					5,242,773	6,607,371
<u>Corporate obligations:</u>						
Abbvie Inc Sr NT	Bond	20,000	5.400	03/15/54	20,790	19,776
Agl Clo Ser 2021 13 CI C	Bond	250,000	Fltg	10/20/34	250,000	250,748
AIG Global Fdg Sr Secd Med 20231	Bond	130,000	5.750	07/02/26	129,689	130,467
Alexander Fdg Tr II 144a NT	Bond	115,000	7.467	07/31/28	120,247	121,687
Allstate Corp Sr NT	Bond	20,000	5.250	03/30/33	20,052	19,915
American CR Accep Rec Ser 2021 4 CI E	Bond	110,000	3.120	02/14/28	104,603	107,273
American Cr Accep Tr Ser 2021 4 CI D	Bond	28,417	1.820	02/14/28	25,717	27,971
American Cr Accep Tr Ser 2022 3 CI D	Bond	95,000	5.830	10/13/28	95,107	94,750
American Cr Accep Tr Ser 2022 3 CI C	Bond	146,522	4.860	10/13/28	144,564	146,149
American Cr Accep Tr Ser 2022 2 CI D	Bond	85,000	4.850	06/13/28	83,993	84,255
American Cr Accep Tr Ser 2023 1 CI D	Bond	155,000	7.110	04/12/29	155,170	155,335

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Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
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<u>Corporate obligations (continued):</u>						
American Cr Accep Tr Ser 2023 2 CI D	Bond	305,000	6.470	08/13/29	\$ 304,971	\$ 306,081
American Cr Accep Tr Ser 2023 4 CI D	Bond	50,000	7.780	09/12/30	49,990	51,793
Ameri CR Accep Recv Tr Ser 2023 3 CI D	Bond	95,000	6.820	10/12/29	94,985	96,158
Ameri CR Accep Recv TR 2024-1 NT CI D	Bond	60,000	5.860	05/13/30	59,995	59,582
Ameri CR Accep Recv TR 2024-1 NT CI D	Bond	110,000	5.860	05/13/30	109,990	109,234
American Tower Corp Sr Glbl NT	Bond	25,000	2.950	01/15/51	15,475	15,635
Anheuser Busch InBev Worldwide	Bond	25,000	5.450	01/23/39	30,637	25,344
Apache Corp Sr NT	Bond	30,000	5.100	09/01/40	25,295	25,601
At&T Inc Nt	Bond	35,000	4.350	06/15/45	39,375	29,024
Athene Global Funding FR	Bond	50,000	1.450	01/08/26	43,898	46,939
Athene Global Funding Sr Glbl 144a	Bond	180,000	2.950	11/12/26	161,512	169,574
Aviation Cap Group LLC	Bond	50,000	4.125	08/01/25	49,342	49,047
Bank Amer Corp Sr N	Bond	25,000	Var	06/19/41	23,966	17,467
Bank Amer Corp Sr Nt	Bond	35,000	Var	04/24/28	35,299	33,523
Bat Cap Corp Sr Nt	Bond	30,000	2.726	03/25/31	31,089	25,299
Bb&T Brh Bkg & Tr Co Global Bk Sub	Bond	55,000	2.636	09/17/29	53,386	53,820
Bbcms Mtg Tr Ser 2017 C1 CI D	Bond	100,000	Fltg	02/17/50	90,676	75,545
Bbcms Mtg Tr Ser 2018 Tall CI A	Bond	100,000	Fltg	03/16/37	94,094	94,502
Bbcms Mtg Tr Ser 2018 Chrs CI D	Bond	100,000	Fltg	08/06/38	84,281	83,529
Bbcms Mtg Tr Ser 2019 C4 CI C	Bond	20,000	3.469	08/16/52	16,074	15,048
Bbcms Mtg Tr Ser 2019 C19 CI C	Bond	10,000	Fltg	04/17/56	9,953	9,846
Bbcms Mtg Tr Ser 2024 5C25 C1 C	Bond	55,000	Fltg	03/16/57	54,998	54,895
Belrose Fdg Tr Pfd Tr 144A	Bond	35,000	2.330	08/15/30	35,048	28,510
Benchmark Mtg Tr Ser 2019 B10 CI E	Bond	25,000	3.000	03/17/62	20,844	15,718
Blackstone Private Credit Fund Sr	Bond	35,000	2.625	12/15/26	34,711	32,009
Blackstone Private Credit Fund Sr	Bond	185,000	2.625	12/15/26	163,799	169,192
Blue Owl CR Income Corp Sr Glbl NT	Bond	90,000	7.750	09/16/27	93,508	92,475
Blue Owl CR Income Corp Sr Glbl NT	Bond	35,000	7.750	01/15/29	35,851	36,135
BMO Ser 2023 C7 CI C	Bond	50,000	Fltg	12/15/56	48,004	52,484
Boardwalk Pipelines Lp Sr Glbl Nt	Bond	45,000	4.450	07/15/27	44,941	43,763
Boeing Co Cr Sen Sr 144a	Bond	80,000		05/01/27	80,000	80,541
Bp Cap Mkts Amer Inc Sr Nt	Bond	30,000	3.060	06/17/41	30,108	21,860
Bpr Tr Ser 2023 BRK2 CI A	Bond	130,000	Fltg	10/07/38	129,993	134,809
Cameron Lng LLC Sr Sec 144A Nt	Bond	30,000	3.402	01/15/39	30,411	24,309
Capital One Finl Corp Sr Nt	Bond	15,000	Var	05/10/33	15,000	14,475
Capital One Finl Corp Sr Nt	Bond	10,000	Var	06/08/34	10,000	10,260
Carlyle Direct Lendng Ser 2015 1rr CI A 1	Bond	270,000	Fltg	07/15/36	270,000	270,000
Carvana Auto Rech Tr Ser 2021 N1 CI D	Bond	12,901	1.500	01/10/28	12,899	12,298
Cbam Ltd Ser 2019 11R CI C	Bond	100,000	Fltg	01/22/35	100,000	99,995
Cbam Ltd Ser 2019 11R CI C	Bond	100,000	Fltg	01/22/35	100,000	99,995
Celanese US Hldgs LLC Sr NT	Bond	85,000	6.165	07/15/27	87,259	86,268
Celanese US Hldgs LLC Sr Glbl NT	Bond	20,000	6.550	11/15/30	19,729	20,900
CenterPoint Energy Houston Ele 1M	Bond	15,000	3.350	04/01/51	14,940	10,396
Cf Hippolyta Issuer LLC Ser 2021 1 CI A	Bond	28,273	1.530	03/15/61	28,187	25,897
Cf Hippolyta Issuer LLC Ser 2021 1 CI B	Bond	65,971	1.980	03/15/61	65,969	58,896
Cf Hippolyta Issuer Ser 2020 1 CI B	Bond	49,470	2.280	07/15/60	50,089	46,219
Cf Hippolyta Issuer Ser 2020 1 CI B	Bond	80,951	2.280	07/15/60	81,584	75,632
Change Mtg Tr Ser 2022 2 CI A 1	Bond	63,887	Fltg	03/25/67	63,886	59,846
Change Mtg Tr Ser 2022 2 CI A 1	Bond	37,580	Fltg	03/25/67	37,580	35,204
Charter Communications Oper Sr SEC	Bond	5,000	5.125	07/01/49	3,853	3,838
Charter Communications Oper Sr SEC	Bond	115,000	6.150	11/10/26	115,820	116,111
Citgrp Coml Mtg Tr Ser 2016 C1 CI D	Bond	150,000	Fltg	05/12/49	137,625	139,860

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<u>Corporate obligations (continued):</u>						
Citigroup Inc Sr Nt	Bond	30,000	Var	01/29/31	\$ 30,017	\$ 26,124
Citigroup Inc Sub Nt	Bond	25,000	4.450	09/29/27	27,526	24,368
Comm Mtg Tr Ser 2015 Ccre24 CI B	Bond	116,000	Fltg	08/12/48	110,381	111,163
Comm Mtg Tr Ser 2020 Cbm CI D	Bond	25,000	Fltg	02/12/37	22,019	24,067
Commonbond Student Ln Tr 2018-A-Gs	Bond	14,406	3.580	02/25/44	14,400	13,176
Corebridge Finl Inc Sr Gbl	Bond	10,000	3.900	04/05/32	8,641	8,951
Cps Auto Receivables Tr 2023-A NT CI D	Bond	220,000	6.440	04/16/29	220,336	221,229
Cps Auto Receivables Tr Ser 2021-B NT CI E	Bond	170,000	3.410	06/15/28	159,202	164,461
Cps Auto Receivables Tr Ser 2021 D CI D	Bond	30,000	2.310	10/15/27	28,064	29,116
Cps Auto Receivables Tr Ser 2022 D CI D	Bond	150,000	8.730	01/16/29	157,313	156,941
Cps Auto Receivables Tr Ser 2023-D CI D	Bond	240,000	7.800	01/15/30	242,902	249,746
Cps Auto Receivables Tr Ser 2023 B CI D	Bond	230,000	6.340	07/16/29	229,333	231,042
Cps Auto Receivables Tr 2024-A NT CI D	Bond	200,000	6.130	04/15/30	199,568	200,079
Csail Coml Mtg Tr Ser 2019 C16 CI C	Bond	65,000	Fltg	06/17/52	51,163	54,943
Csmc 2021-Nqm2 Tr Mtg Bkd Nts CI M-1	Bond	45,000	2.282	02/25/66	44,999	32,421
Csmc 2021-Nqm3 Trmtg Backed Nt CI M	Bond	45,000	2.317	04/25/66	44,999	30,277
CVS Health Corp Sr Nt	Bond	35,000	5.050	03/25/48	36,909	30,156
Dominion Energy South Carolina 1m Gbl	Bond	10,000	6.250	10/15/53	9,943	10,766
Driven Brands Fdg LLC 2019-1 Sr	Bond	75,800	4.641	04/20/49	80,817	73,739
Driven Brands Fdg LLC Sr Secd Nt Ser	Bond	108,100	4.739	04/20/48	113,649	106,591
Driven Brands Fund LLC Ser 2020 1 CI	Bond	86,625	3.786	07/20/50	90,505	81,079
Dte Elec Co 1m Gbl B Bd	Bond	25,000	5.400	04/01/53	25,062	24,378
Duke Energy Carolinas LLC 1st Mtg	Bond	25,000	5.400	01/15/54	25,220	23,986
Enable Midstream Partners Lp Sr Nt	Bond	50,000	4.400	03/15/27	50,680	48,770
Energy Transfer Operating Lp Sr Nt	Bond	10,000	6.100	12/01/28	9,989	10,305
Exeter Auto Rec Tr Ser 2020 1 CI E	Bond	25,000	3.740	01/15/27	24,459	24,892
Exeter Auto Rec Tr Ser 2020 3 CI E	Bond	100,000	3.440	08/17/26	97,426	98,188
Exeter Auto Rec Tr Ser 2021 1 CI D	Bond	126,639	1.080	11/16/26	118,724	124,058
Exeter Auto Rec Tr Ser 2021 1 CI E	Bond	200,000	2.210	02/15/28	185,938	191,330
Exeter Auto Rec Tr Ser 2021 2 CI D	Bond	90,000	1.400	04/15/27	83,728	86,402
Exeter Auto Rec Tr Ser 2021 3 CI D	Bond	80,000	1.550	06/15/27	72,791	76,090
Exeter Auto Rec Tr Ser 2022 5 CI D	Bond	70,000	7.240	02/15/29	70,208	71,346
Exeter Auto Rec Tr Ser 2022 5 CI D	Bond	278,000	7.240	02/15/29	282,526	283,347
Exeter Auto Rec Tr Ser 2024 2 CI D	Bond	50,000	6.180	02/15/30	49,994	50,115
Exeter Auto Rec Tr Ser 2023 4 CI D	Bond	15,000	6.950	12/17/29	15,345	15,311
Exeter Auto Rec Tr Ser 2024 1 CI D	Bond	70,000	5.840	06/17/30	69,924	69,921
Exeter Auto Rec Tr Ser 2024 1 CI D	Bond	70,000	5.840	06/17/30	69,988	69,921
Exeter Auto Rec Tr Ser 2023 2 CI D	Bond	40,000	6.920	08/15/29	39,992	40,226
Exeter Auto Rec Tr Ser 2023 2 CI D	Bond	460,000	6.920	08/15/29	461,083	462,596
Exeter Auto Rec Tr Ser 2023 3 CI D	Bond	185,000	7.000	04/16/29	184,994	187,636
Exeter Automobile Rec Ser 2022 2 CI D	Bond	275,000	4.560	07/17/28	266,291	269,106
Exeter Automobile Rec Ser 2022 3 CI D	Bond	55,000	6.760	09/15/28	53,442	55,317
Exeter Automobile Rec Ser 2022 3 CI D	Bond	75,000	6.760	09/15/28	72,867	75,432
Exeter Automobile Rec Ser 2022 4 CI D	Bond	15,000	5.980	12/15/28	14,944	14,962
Exeter Automobile Rec Ser 2022 4 CI D	Bond	25,000	5.980	12/15/28	24,993	24,937
Exeter Automobile Tr Ser 2022 6 CI D	Bond	220,000	8.030	04/16/29	225,940	227,742
Finance Of Amer Structured Secs Tr 2022	Bond	49,226	3.000	01/25/57	42,547	46,443
Finance Of Amer Structured Secs Tr 2021	Bond	70,496	1.750	07/25/51	67,403	65,924
Finance Of Amr Std Ser 2021 Jr1 CI A2	Bond	47,402	Fltg	04/25/71	45,219	45,117
Finance Of Amr Std Ser 2021 Jr1 CI A2	Bond	43,092	Fltg	04/25/71	41,108	41,016
Finance Of Amr Std Ser 2021 S2 CI A2	Bond	36,090	1.750	09/25/51	34,776	33,351
Five Mtg Tr Ser 2023 V1 CI C	Bond	60,000	Fltg	02/11/56	58,841	58,446

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		<u>Corporate obligations (continued):</u>						
	Flagship CR Auto Tr Ser 2023 3 CI D	Bond	120,000	6.580	08/15/29	\$ 119,316	\$ 121,184	
	Flagship CR Auto Tr Ser 2022 1 CI D	Bond	40,000	2.910	03/15/28	36,784	37,647	
	Ford Motor Credit Company Sr Gbl	Bond	90,000	2.700	08/10/26	80,213	84,533	
	Ford Cr Auto Own Ser 2021 Rev1 CI D	Bond	35,000	2.310	10/15/33	34,995	32,476	
	Foundation Fin Tr Ser 2019 1 CI B	Bond	40,000	4.220	11/15/34	39,983	39,111	
	Foundation Fin Tr Ser 2023 2 CI C	Bond	100,000	7.310	06/15/49	99,973	101,999	
	Foursight Cap Atml Rec Ser 2022 1 CI D	Bond	175,000	3.070	05/15/28	160,952	166,713	
	Fremf Mtg Tr Ser 2015 K50 CI C	Bond	35,000	Fltg	10/25/48	37,637	33,951	
	Fremf Mtg Tr Ser 2018 K74 CI C	Bond	30,000	Fltg	02/25/51	31,303	28,208	
	Fremf Mtg Tr Ser 2018 K81 CI C	Bond	40,000	Fltg	09/25/51	35,913	37,488	
	Fremf Mtg Tr Ser 2019 K096 CI C	Bond	25,000	Fltg	08/25/56	25,515	22,789	
	Fremf Mtg Tr Ser 2020 K737 CI C	Bond	25,000	Fltg	01/25/53	24,723	23,490	
	Gallagher Arthur J & Co Sr Gbl	Bond	15,000	6.500	02/15/34	14,965	15,872	
	GAM RE REMIC Trust Ser 2021 FRR2 CI AK Bond	Bond	210,000	Fltg	12/27/47	197,953	194,906	
	GAM RE REMIC Trust Ser 2021 FRR2 CI BK Bond	Bond	60,000	Fltg	12/27/47	52,802	57,543	
	GAM RE REMIC Trust Ser 2022 FRR3 CI AK Bond	Bond	60,000	dtd	11/29/49	48,370	48,370	
	GAM RE REMIC Trust Ser 2022 FRR3 CI AK Bond	Bond	35,000	Fltg	05/27/48	31,370	31,370	
	General Mtrs Finl Co Inc Sr NT	Bond	30,000	5.400	05/08/27	29,974	29,984	
	Genuine Parts Co Sr NT	Bond	10,000	2.750	02/01/32	8,373	8,305	
	Glencore Fdg LLC Sr 144A Nt	Bond	5,000	6.375	10/06/30	4,973	5,212	
	Glencore Fdg LLC Gbl 144A Nt	Bond	85,000	5.338	04/04/27	85,000	84,827	
	Global Atlantic Finance Co SB 144a	Bond	85,000	Var	10/15/51	79,305	78,939	
	Gls At Rec Iss Tr Ser 2022 2 CI D	Bond	35,000	6.150	04/15/28	35,186	34,994	
	Gls Auto Rec Issuer Tr Ser 2023 1 CI D	Bond	25,000	7.010	01/16/29	24,995	25,437	
	Gls Auto Rec Issuer Tr Ser 2023 2 CI D	Bond	39,000	6.310	03/15/29	38,990	39,125	
	Gls Auto Rec Issuer Tr Ser 2023 2 CI D	Bond	140,000	6.310	03/15/29	139,963	140,447	
	Gls Auto Rec Tr Ser 2021 1 CI D	Bond	35,004	1.680	01/15/27	33,420	34,270	
	Gls Auto Rec Tr Ser 2021 2 CI D	Bond	200,000	1.420	04/15/27	184,875	192,937	
	Gls Auto Rec Tr Ser 2022 1 CI D	Bond	340,000	3.970	01/18/28	323,443	330,496	
	Gls Auto Rec Tr Ser 2022 2 CI D	Bond	50,000	6.150	04/15/28	50,266	49,991	
	Gls Auto Recv Issuer Tr Ser 2022 3 CI D	Bond	120,000	6.420	06/15/28	119,227	120,614	
	Goldman Sachs Group	Bond	35,000	Var	10/31/38	33,561	29,766	
	Gs Mtg Secs Tr Ser 2014 Gc22	Bond	80,000	Fltg	06/12/47	81,962	48,709	
	Gs Mtg Secs Tr Ser 2017 Gs8 CI D	Bond	40,000	2.700	11/11/50	28,400	31,746	
	Hertz Vehicle Ser 2021 1 CI C	Bond	70,000	2.050	12/25/25	70,277	69,014	
	Host Hotels & Resorts LP Sr K NT	Bond	20,000	5.700	07/01/34	19,668	19,655	
	Hotwire Funding LLC Ser 2021 1 CI B	Bond	60,000	2.658	11/20/51	54,157	54,779	
	Hotwire Funding LLC Ser 2024 1 CI A 2	Bond	50,000	5.893	06/20/54	50,000	50,615	
	Huntington Bancshares Inc Sr NT	Bond	170,000	Var	08/04/28	164,927	164,672	
	Hyundai Cap Amer Fr	Bond	35,000	5.620	06/26/26	34,913	35,078	
	Hyundai Cap Amer Fr	Bond	10,000	6.100	09/21/28	9,814	10,269	
	Jackson Natl Life Global Fdg 144a NT	Bond	80,000	5.550	07/02/27	79,943	79,772	
	Jp Morgan Chase Bank Na Nt	Bond	20,000	Var	05/13/31	20,057	17,528	
	Jpmbb Coml Mtg Sec Tr Ser 2016 C2 CI A s	Bond	60,000	3.483	06/17/49	56,981	55,403	
	Jpmbb Coml Mtg Sec Tr Ser 2015 C28 CI B	Bond	50,000	Fltg	10/19/48	50,348	47,698	
	Jpmbb Coml Mtg Sec Tr Ser 2015 C28 CI C	Bond	65,000	Fltg	10/19/48	65,310	59,130	
	Jpmbb Coml Mtg Sec Tr Ser 2015 C28 CI C	Bond	105,000	Fltg	10/19/48	107,775	95,517	
	Jpmcc Re Remic Tr Ser 2015 Frr2	Bond	60,000	Fltg	08/28/47	54,075	59,027	
	Jpmcc Re Remic Tr Ser 2015 Frr2 AK 39	Bond	60,000	Fltg	08/28/47	54,075	59,027	
	JPMorgan Chase & Co Sr Nt	Bond	25,000	3.328	04/22/52	22,305	17,586	
	Keycorp Medium Term Nts Fr	Bond	55,000	2.250	04/06/27	49,174	49,988	
	KeyBank National Association Fr	Bond	50,000	4.700	01/26/26	45,250	49,005	
	KeyBank National Association Sr NT	Bond	85,000	4.150	08/08/25	78,514	83,355	

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	<u>Corporate obligations (continued):</u>					
Kyndryl Hldgs Inc Sr Gbl NT	Bond	20,000	3.150	10/15/31	\$ 16,614	\$ 16,748
Las Vegas Sands Corp Sr Gbl	Bond	15,000	5.900	06/01/27	14,981	15,080
Luxe Trust Ser 2021 Trip CI E	Bond	160,000	Fltg	10/15/38	156,944	158,350
Lyb International Fin Iii LLC Sr	Bond	20,000	3.375	10/01/40	20,153	14,628
Markel Group Inc Sr NT	Bond	10,000	6.000	05/16/54	10,023	9,897
Meta Platforms Inc Gbl NT	Bond	30,000	4.450	08/15/52	26,232	25,862
Metronet Infra Issuer LLC Ser 2024 1 CI A	Bond	85,000	6.230	04/20/54	84,988	85,857
Midamerican Energy Co 1m Gbl Bd	Bond	15,000	4.250	07/15/49	12,669	12,324
Mileage Plus Mileage Sr Sec Gbl	Bond	54,000	6.500	06/20/27	58,324	54,108
Mileage Plus Mileage Sr Sec Gbl	Bond	159,000	6.500	06/20/27	166,164	159,318
Morgan Stanley Sr I	Bond	20,000	Var	01/18/35	20,126	19,948
Morgan Stanley Fr	Bond	15,000	Var	04/22/42	15,000	11,228
Mplx Lp	Bond	25,000	5.500	02/15/49	26,272	23,062
Ms Bofa MI Trust Ser 2015 C25 CI B	Bond	50,000	Fltg	10/19/48	45,875	47,003
Ms Bofa MI Trust Ser 2016 C31 CI A S	Bond	50,000	3.527	11/18/49	46,992	43,898
Mvw Own Tr Ser 2021 1Wa CI C	Bond	18,311	1.940	01/22/41	18,309	16,979
Nissan Mtr Accep Co LLC Fr	Bond	40,000	6.950	09/15/26	39,962	40,961
NRG Energy Inc Sr SEC 144a NT	Bond	30,000	7.000	03/15/33	30,265	31,668
Nw Re-Remic Tr 2021-Frr1	Bond	40,000	2.820	12/18/51	37,903	35,243
Nymt Ln Tr Ser 2024-BPL2	Bond	90,000	6.509	05/25/39	89,998	90,328
Oaktree Specialty Lending Corp Sr Nt	Bond	81,000	3.500	02/25/25	85,106	79,630
Oaktree Strategic Credit Fund Sr	Bond	20,000	8.400	11/14/28	21,075	21,140
Obx Tr Ser 2022 Nqm1 CI M 1	Bond	15,000	Fltg	11/25/61	15,000	10,576
Obx Trust Ser 2021 Nqm4 CI A 3	Bond	21,847	2.367	10/25/61	17,920	18,005
Obx Trust Ser 2021 Nqm4 CI M 1	Bond	30,000	3.248	10/25/61	29,746	20,089
Octagon Inv Ptnrs Ser 2016 26R CI C	Bond	50,000	Fltg	07/15/30	49,750	49,589
Octane Rec Tr 2022-2 NT CI D	Bond	105,000	7.700	02/20/30	105,984	108,454
Octane Receivables Tr 2023-2 NT CI C	Bond	50,000	6.240	06/20/31	49,994	50,268
Octane Receivables Tr 2023-2 NT CI D	Bond	270,000	7.380	06/20/31	271,038	278,785
Octane Receivables Tr Ser 2023 1 CI C	Bond	25,000	6.370	09/20/29	24,993	25,196
Octn Rec Tr Ser 2023 3 CI D	Bond	110,000	7.580	09/20/29	109,967	114,254
Onemain Finl Issua Tr Ser 2023 CI A	Bond	40,000	5.500	06/14/38	39,988	40,314
Oracle Corp Sr Nt	Bond	30,000	3.600	04/01/40	32,774	23,058
Owl Rock Capital Corporation Sr Gbl	Bond	140,000	3.750	07/22/25	133,389	136,479
Owl Rock Capital Corporation Sr Nt	Bond	10,000	3.400	07/15/26	10,413	9,423
Owl Rock Capital Corporation Sr Nt	Bond	15,000	2.875	06/11/28	13,130	13,268
Pacific Gas & Elec Co 1M Gbl	Bond	110,000	2.100	08/01/27	99,140	99,251
Pacific Gas & Elec Co 1M Gbl 28 Bd	Bond	30,000	4.950	07/01/50	29,756	24,786
Pagaya AI Debt Tr 2024-3 Asset NT CI C	Bond	40,000	7.297	10/15/31	40,104	40,163
Palomino Funding Trust I Sr SEC Gbl	Bond	145,000	7.233	05/17/28	150,130	152,192
Palisades Ctr Tr Ser 2016 Plsd CI A	Bond	95,000	2.712	04/14/33	83,634	58,900
Palisades Ctr Tr Ser 2016 Plsd CI A	Bond	65,000	2.712	04/14/33	55,638	40,300
Patterson Ut Energy Inc Sr NT	Bond	20,000	7.150	10/01/33	20,255	21,184
Pdof Msn Issuer LLC Ser 2022 Msn1 CI	Bond	65,000	Fltg	03/17/25	65,000	64,048
Pdof Msn Issuer LLC Ser 2022 Msn1 CI	Bond	40,000	Fltg	03/17/25	40,000	39,414
Peco Energy Co 1St Mtg Bd	Bond	15,000	3.000	09/15/49	14,923	9,870
Philip Morris Intl Inc Sr NT	Bond	20,000	5.625	09/07/33	19,627	20,173
PNC Finl Svcs Group Inc Sr NT	Bond	155,000	Var	10/20/27	156,322	158,765
Qorvo Inc Sr Gbl NT	Bond	45,000	1.750	12/15/24	44,708	44,046
Queens Ctr Mtg Tr Ser 2013 Qc	Bond	165,000	Fltg	01/13/37	166,794	154,919
Realty Income Corp Sr Gbl	Bond	30,000	3.400	01/15/30	28,986	27,319
Santander Drive Auto Tr Ser 2023 7 s1 CI R1	Bond	77,637	8.140	04/18/28	77,634	78,120
Santander Drive Auto Tr Ser 2022 7 CI C	Bond	60,000	6.690	03/17/31	59,994	61,095

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
Santander Drive Auto Ser 2024 3 CI D	Bond	50,000	6.360	10/15/31	\$ 49,989	\$ 50,158
Santander Hldgs USA Inc Sr Gbl Nt	Bond	40,000	3.244	10/05/26	42,542	37,910
Sbna Aut Recv Ser 2024 A CI D	Bond	15,000	6.040	04/15/30	14,998	14,997
Sfave Coml Mtg Tr Ser 2015 5Ave	Bond	90,000	3.872	01/08/43	92,171	74,079
Shops At Crystals Tr Ser 2016 Cstl	Bond	40,000	Fltg	07/08/36	39,647	37,592
Sierra Timeshare Fdg Ser 2021 1 CI C	Bond	18,644	1.790	11/20/37	18,695	17,752
Sierra Timeshare Recv Ser 2023 1 CI C	Bond	54,273	7.000	01/20/40	54,264	54,637
Synchrony Financial Sr Nt	Bond	50,000	4.875	06/13/25	49,983	49,496
T Mobile USA Inc Sr Sec Gbl Nt	Bond	10,000	3.875	04/15/30	10,260	9,348
Truist Finl Corp Fr	Bond	230,000	6.047	06/08/27	230,737	231,610
UBS Coml Mtg Tr Ser 2017 C3 CI C	Bond	75,000	Fltg	08/17/50	65,507	68,521
Union Elec Co 1St Mtg	Bond	30,000	3.900	04/01/52	30,420	22,951
US Bancorp Medium Term Nts	Bond	25,000	4.839	02/01/34	23,420	23,701
Verizon Communications Inc Nt	Bond	10,000	3.550	03/22/51	8,544	7,196
Verizon Communications Inc Sr Nt	Bond	35,000	2.650	11/20/40	33,490	24,107
Verus Sec Ser 2021 R3 CI M 1	Bond	50,000	Fltg	04/25/64	49,999	41,607
Verus Sec Ser 2021 2 CI M 1	Bond	55,000	Fltg	02/25/66	54,999	40,729
Verus Sec Trust Ser 2021 1 CI A 1	Bond	34,947	Fltg	01/25/66	30,862	30,733
Verus Sec Trust Ser 2021 1 CI M 1	Bond	25,000	Fltg	01/25/66	18,914	18,770
Verus Securitization Tr 2021-4 Mtg	Bond	25,000	2.195	07/25/66	24,999	16,269
Verus Sec Trust Ser 2021 3 CI M 1	Bond	30,000	2.397	06/25/66	30,000	20,936
Vistra Operations Co LLC Sr SEC GLbl	Bond	15,000	6.000	04/15/34	15,007	15,036
VMware Inc Sr Nt	Bond	20,000	4.650	05/15/27	21,614	19,684
Wellfleet Clo 2015-1 Ltd / Wellfleet	Bond	100,000	Fltg	07/20/29	100,000	100,087
Wells Fargo & Co Fr	Bond	5,000	Var	10/23/29	5,000	5,189
Wells Fargo Com Mtg Ser 2018 C47 CI C	Bond	35,000	Fltg	09/16/61	31,071	32,239
Wells Fargo Com Mtg Ser 2019 C52 CI C	Bond	20,000	3.561	08/16/52	15,513	15,975
Wells Fargo Coml Tr Ser 2016 C35 CI	Bond	100,000	Fltg	07/17/48	91,156	93,259
Wells Fargo Coml Tr Ser 2016 Bnk1 CI	Bond	80,000	2.814	08/17/49	73,931	73,390
Wells Fargo Coml Tr Ser 2016 C37 CI	Bond	50,000	Fltg	12/17/49	50,424	46,152
Westgate Resorts 2022-1 LLC	Bond	32,666	2.488	08/20/36	32,625	31,313
Westgate Resorts LLC Ser 2023 1 CI C	Bond	245,621	7.490	12/20/37	245,227	245,909
Westlk Aut Rec Tr 2022-2 Backed 144a NT	Bond	40,000	5.480	09/15/27	39,316	39,654
Westlk Aut Rec Tr Ser 2021 2 CI E	Bond	250,000	2.380	03/15/27	232,109	240,434
Westlk Aut Rec Tr Ser 2023 1 CI D	Bond	315,000	8.590	11/15/28	320,808	320,067
Westlk Aut Rec Tr Ser 2024 1 CI D	Bond	60,000	6.900	10/15/29	60,019	60,067
Westlk Auto Recv Tr Ser 2021 1 CI E	Bond	190,000	2.330	08/17/26	178,459	184,716
Westlk Auto Recv Tr Ser 2021 3 CI D	Bond	70,000	2.120	01/15/27	70,230	67,438
Westlk Auto Recv Tr Ser 2023 2 CI D	Bond	40,000	7.010	11/15/28	39,991	40,556
Westlk Auto Recv Tr Ser 2023 2 CI D	Bond	170,000	7.010	11/15/28	173,266	172,362
Westlke Autmble Rcbs Tr Ser 2022 1 CI D	Bond	30,000	3.490	03/15/27	29,996	29,231
Wfrbs Coml Mtg Tr Ser 2014 C21 CI A	Bond	25,000	3.891	08/16/47	24,596	24,070
X-Caliber Fdg LLC Mtg Bkd Nt Xcf	Bond	50,000	5.000	09/24/24	50,000	48,185
Total corporate obligations					18,837,726	18,564,995
<u>Foreign obligations:</u>						
AerCap Ireland Capital Limited Sr Nt	Bond	180,000	2.450	10/29/26	165,580	167,909
AerCap Ireland Capital Limited Sr Nt	Bond	20,000	3.300	01/30/32	20,141	17,184
Anglo American Capital PLC Sr 144a NT	Bond	20,000	5.750	04/05/34	19,962	19,959
Barclays PLC Sr NT	Bond	20,000	Var	03/12/28	20,023	20,031
Barclays PLC Sr NT	Bond	145,000	Var	03/12/28	145,238	145,222
Bhp Billiton Fin USA LTD Sr NT	Bond	10,000	5.250	04/05/34	9,916	10,007

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Foreign obligations (continued):</u>						
Edf S A Sr Gbl 144A	Bond	30,000	5.000	09/21/48	\$ 29,406	\$ 25,745
Lloyds Banking Group PLC Sr Gbl Coco	Bond	200,000	Var	08/07/27	200,000	201,184
Macquarie Group Limited Fr	Bond	10,000	Var	01/12/27	10,027	9,361
Mitsubishi Ufj Financial Group Sr Nt	Bond	25,000	Var	07/20/27	24,180	23,134
Mizuho Financial Group Inc Gbl NT	Bond	20,000	Var	07/06/34	18,998	20,318
NatWest Group PLC Sr Coco	Bond	35,000	Var	09/13/29	34,865	35,457
NatWest Group PLC Sr NT	Bond	20,000	5.778	03/01/35	19,953	20,063
Pfizer Invt Enterprises Sr Gbl NT	Bond	15,000	5.110	05/19/43	14,700	14,262
Royal Bk Scotland Group PLC Coco	Bond	160,000	Var	05/22/28	148,510	149,718
Santander Uk Group Holdings Gbl Coco	Bond	190,000	Var	08/21/26	168,803	180,823
UBS Group Ag Sr 144A Nt	Bond	5,000	Var	08/10/27	5,000	4,587
UBS Group Ag Sr 144A Nt	Bond	170,000	Var	08/10/27	152,681	155,968
Total foreign obligations					<u>1,207,983</u>	<u>1,220,932</u>
<u>Money market mutual fund:</u>						
* GS Fin Sq Money Market		895,089			895,089	895,089
<u>Mortgage - backed securities:</u>						
Federal Home Ln Mtg Corp Multiclass	Note	4,376	2.500	06/25/36	4,490	4,284
Federal Home Ln Mtg Corp Partn CTF	Note	48,275	2.000	03/01/52	40,574	38,216
Federal Home Ln Mtg Corp Partn CTF	Note	31,539	2.000	06/01/52	25,388	24,739
Federal Home Ln Mtg Corp Partn CTF	Note	26,960	3.000	06/01/52	23,780	23,072
Federal Home Ln Mtg Corp Partn CTF	Note	21,078	3.000	03/01/52	19,352	18,231
Federal Home Ln Mtg Corp Partn CTF	Note	25,636	3.500	01/01/52	23,541	22,945
Federal Home Ln Mtg Corp Partn CTF	Note	99,335	5.000	03/01/54	97,456	96,097
Federal Home Ln Mtg Corp Partn CTF	Note	28,501	2.000	11/01/50	29,593	22,744
Federal Home Ln Mtg Corp Partn CTF	Note	27,623	3.000	02/01/50	24,874	23,848
Federal Home Ln Mtg Corp Partn CTF	Note	26,926	3.000	11/01/50	22,369	23,134
Federal Home Ln Mtg Corp Partn CTF	Note	29,260	2.000	01/01/52	28,700	23,244
Federal Home Ln Mtg Corp Partn CTF	Note	30,820	2.000	04/01/52	27,220	24,150
Federal Home Ln Mtg Corp Partn CTF	Note	25,049	2.000	09/01/50	26,023	19,867
Federal Home Ln Mtg Corp Partn CTF	Note	26,617	2.000	12/01/50	27,657	21,115
Federal Home Ln Mtg Corp Partn CTF	Note	29,330	2.000	02/01/42	28,941	24,515
Federal Home Ln Mtg Corp Partn Gold	Note	15,468	4.000	07/01/44	16,490	14,509
Federal Home Ln Mtg Corp Partn Gold	Note	18,322	4.500	07/01/44	19,934	17,730
Federal Home Ln Mtg Corp Partn Gold	Note	22,200	3.500	11/01/44	23,077	20,146
Federal Natl Mtg Assn	Note	180,000	2.625	09/06/24	187,546	179,053
Federal Natl Mtg Assn Gtd Passthr	Note	40,983	4.500	11/01/41	44,620	39,801
Federal Natl Mtg Assn Gtd Passthr	Note	24,715	3.500	11/01/45	25,766	22,394
Federal Natl Mtg Assn Gtd Passthr	Note	27,534	3.500	02/01/46	28,434	24,944
Federal Natl Mtg Assn Gtd Passthr	Note	19,255	3.000	08/01/46	18,289	16,827
Federal Natl Mtg Assn Gtd Passthr	Note	38,744	3.000	09/01/46	39,060	33,876
Federal Natl Mtg Assn Gtd Passthr	Note	17,948	4.000	12/01/46	18,983	16,792
Federal Natl Mtg Assn Gtd Passthr	Note	23,622	2.000	09/01/36	24,448	20,964
Federal Natl Mtg Assn Gtd Passthr	Note	21,355	2.000	02/01/51	22,082	17,007
Federal Natl Mtg Assn Gtd Passthr	Note	20,299	2.500	02/01/52	20,134	16,823
Federal Natl Mtg Assn Gtd Passthr	Note	28,001	2.000	10/01/50	22,847	22,138
Federal Natl Mtg Assn Gtd Passthr	Note	15,178	2.500	05/01/41	15,963	13,048
Federal Natl Mtg Assn Gtd Passthr	Note	16,732	2.500	07/01/36	17,754	15,134
Federal Natl Mtg Assn Gtd Passthr	Note	24,544	2.500	10/01/41	25,616	21,377
Federal Natl Mtg Assn Gtd Passthr	Note	25,529	5.000	06/01/52	25,529	24,742
Federal Natl Mtg Assn Gtd Passthr	Note	38,039	2.500	02/01/51	31,513	31,499

(a)	(b)	(c)	(d)	(e)		
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Mortgage - backed securities (continued):</u>						
Federal Natl Mtg Assn Gtd Passthru	Note	20,170	2.500	08/01/51	\$ 20,999	\$ 16,839
Federal Natl Mtg Assn Gtd Passthru	Note	33,689	2.500	08/01/51	35,084	27,660
Federal Natl Mtg Assn Gtd Passthru	Note	27,568	2.000	09/01/51	28,038	21,957
Federal Natl Mtg Assn Gtd Passthru	Note	33,941	2.000	10/01/51	34,625	27,077
Federal Natl Mtg Assn Gtd Passthru	Note	25,177	4.000	10/01/51	26,991	23,150
Federal Natl Mtg Assn Gtd Passthru	Note	26,409	4.000	04/01/52	26,797	24,438
Federal Natl Mtg Assn Gtd Passthru	Note	30,305	2.500	04/01/52	26,796	25,038
Federal Natl Mtg Assn Gtd Passthru	Note	26,996	4.000	08/01/52	25,503	24,742
Federal Natl Mtg Assn Gtd Passthru	Note	29,011	3.000	08/01/50	25,267	25,492
Federal Natl Mtg Assn Gtd Passthru	Note	25,520	2.500	03/01/35	24,169	23,269
Federal Natl Mtg Assn Gtd Passthru	Note	30,439	2.500	07/01/50	25,627	25,341
Federal Natl Mtg Assn Gtd Passthru	Note	27,560	3.000	04/01/50	25,041	23,794
Federal Natl Mtg Assn Gtd Passthru	Note	29,865	2.500	10/01/50	26,108	24,926
Federal Natl Mtg Assn Gtd Passthru	Note	23,490	2.000	01/01/36	24,174	20,797
Federal Natl Mtg Assn Gtd Passthru	Note	18,554	3.500	12/01/47	18,075	16,794
Federal Natl Mtg Assn Gtd Passthru	Note	3,429	4.500	01/01/48	3,653	3,286
Federal Natl Mtg Assn Gtd Passthru	Note	30,307	1.500	10/01/50	29,484	22,726
Federal Natl Mtg Assn Gtd Passthru	Note	26,778	2.500	07/01/51	23,127	21,993
Federal Natl Mtg Assn Gtd Passthru	Note	19,417	3.500	11/01/51	20,806	17,317
GNMA Assn Gtd REMIC Passthru Secs Ser	Note	39,911	Fltg	11/20/53	37,367	37,247
GNMA II Passthru	Note	24,089	4.000	12/20/48	22,961	22,426
GNMA II Passthru	Note	50,117	3.500	10/20/49	46,492	44,791
GNMA II Passthru	Note	17,257	3.500	01/20/50	16,179	15,741
GNMA II Passthru	Note	22,559	2.500	12/20/50	19,714	18,406
GNMA II Passthru	Note	25,700	2.000	12/20/50	22,263	20,530
GNMA II Passthru	Note	109,945	2.000	11/20/50	92,422	89,104
GNMA II Passthru	Note	20,154	2.000	01/20/51	17,578	16,325
GNMA II Passthru	Note	13,805	2.500	05/20/51	14,307	11,604
GNMA II Passthru	Note	18,528	3.000	05/20/51	18,221	16,159
GNMA II Passthru	Note	24,364	3.500	06/20/51	24,341	21,999
GNMA II Passthru	Note	26,783	2.500	08/20/51	24,075	22,518
GNMA II Passthru	Note	33,941	3.000	10/20/51	35,468	29,594
GNMA II Passthru	Note	46,878	4.000	01/20/52	49,571	43,435
GNMA II Passthru	Note	20,993	3.500	02/20/52	21,547	18,848
GNMA II Passthru	Note	52,797	3.500	08/20/52	48,074	47,403
GNMA II Passthru	Note	40,488	4.500	09/20/52	39,071	38,548
GNMA II Passthru	Note	31,039	2.500	03/20/53	26,805	26,117
GNMA II Passthru	Note	29,767	2.500	03/20/52	25,683	24,919
GNMA II Passthru	Note	28,803	2.500	03/20/52	25,617	24,115
GNMA II Passthru	Note	19,241	6.000	11/20/53	19,524	19,426
Total mortgage - backed securities					2,195,687	2,004,896
<u>Common collective trusts - equity:</u>						
AB Global Core Equity Fund		93,501			3,134,895	3,299,521
SSgA MSCI EAFE Index Fund		38,273			637,822	1,068,542
SSgA S&P 500 Index CI CTF		17,692			1,357,489	5,301,978
Total common collective trusts - equity					5,130,206	9,670,041
<u>Common collective trust - fixed income:</u>						
NHIT: High Yield Full Discretion Trust		261,785			6,082,538	7,062,962
Metlife Emerging Market Dept, L.P.		1			1,500,000	1,522,874
SSgA U.S. TIPS Index Non-Lending QP CTF Fund		1,400,850			19,534,304	23,642,141
Total common collective trusts - fixed income					27,116,842	32,227,977

(a)	(b)	(c)	(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date
	<u>Hedge fund of funds - bank loans:</u>			
Pacific Asset Management Bank Loan Fund		1	\$ 7,000,000	\$ 7,265,581
	<u>Limited partnerships:</u>			
American Core Realty Fund		66	7,385,547	7,932,204
GQG Partners Emerging Markets Equity Fund		1,000	-	1,852,351
	Total limited partnerships		<u>7,385,547</u>	<u>9,784,555</u>
	<u>Housing investment trust:</u>			
AFL-CIO Housing Investment Trust		5,842	6,566,246	5,602,835
	<u>Pooled separate account:</u>			
Separate Account W of the Union Labor Life Insurance Company		3,404,883	4,831,995	6,003,005
	<u>Interest bearing cash:</u>			
Interest-bearing cash		2,721,756	2,721,756	2,721,756
	Total Investments		<u>\$ 92,436,753</u>	<u>\$ 105,950,934</u>

* A party-in-interest as defined by ERISA

**PAINTERS & ALLIED TRADES
DISTRICT COUNCIL NO. 35
HEALTH BENEFITS FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

Form 5500
Schedule H, Line 4j

EIN: 04-2150983
Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction	
Pacific Asset Management Bank Loan Fund	\$ 7,000,000	N/A	\$ 7,000,000	\$ 7,000,000	N/A	
* GS Fin Sq Govt Money market	21,587,799 N/A	N/A \$ 21,291,238	21,587,799 21,291,238	21,587,799 21,291,238	\$ -	

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**


- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	07/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FU 25 COLGATE ROAD ROSLINDALE MA 02131	2b Employer Identification Number (EIN)	04-2150983
	2c Plan Sponsor's telephone number	617-524-1240
	2d Business code (see instructions)	238300

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	<input checked="" type="checkbox"/> 	4/11/2025	CHRISTIAN BRENNAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	2684
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	1875
a (2) Total number of active participants at the end of the plan year	6a(2)	2114
b Retired or separated participants receiving benefits	6b	822
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2936
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	165

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4B 4D 4E

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 3 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS