

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>POINTERS CLEANERS & CAULKERS WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF POINTERS, CLEANERS & CAULKERS WELFARE FUND</u></p> <p><u>66-05 WOODHAVEN BOULEVARD REGO PARK, NY 11374-5227</u></p>	<p>1c Effective date of plan <u>07/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>13-1831867</u></p> <p>2c Plan Sponsor's telephone number <u>718-896-6266</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	STEVEN T. SCHLAPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	2198
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)	1494
	6a(2)	1998
	6b	234
	6c	
	6d	2232
	6e	
	6f	2232
	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	291

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:
 4A 4B 4D 4E 4F 4G 4L 4Q 4U

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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> 2 </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 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 _____

**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 POINTERS CLEANERS & CAULKERS WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,		D Employer Identification Number (EIN) 13-1831867	

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

AMALGAMATED 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
13-5501223	60216	260C89	2397	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.

(a) Total amount of commissions paid 15188	(b) Total amount of fees paid
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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

ASO BROKERAGE SERVICES, INC

**303 MERRICK ROAD
LYNBROOK, NY 11563**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15188			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
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(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)	
	7c(6)	
(6) Total additions	7c(6)	
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)	
	7e(5)	
(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	101721
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 POINTERS CLEANERS & CAULKERS WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,		D Employer Identification Number (EIN) 13-1831867	

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
EMPOWER ANNUITY 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
06-1050034	93629	523698-E1		01/01/2024	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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

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

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(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	12634103
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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 checked="" type="checkbox"/> other ▶ GUARANTEED GENERAL ACCOUNT	
b	Balance at the end of the previous year	7b 12433623
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 200480
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	(6) Total additions	7c(6) 200480
d	Total of balance and additions (add lines 7b and 7c(6))	7d 12634103
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)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 12634103

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
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 POINTERS CLEANERS & CAULKERS WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-1831867	

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

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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)

HOLM & OHARA, LLP

3 WEST 35TH STREET
NEW YORK, NY 10001

13-3591118

(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	UNION ATTORNEY	40481	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROTHBERG, STRAUS & CONTRUBIS LLP

16 COURT STREET
BROOKLYN, NY 11241

11-2621686

(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	EMPLOYER ASSOC ATTORNEY	39100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GOULD, KOBRICK, & SCHLAPP, P.C.

192 LEXINGTON AVENUE
NEW YORK, NY 10016

13-3082707

(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	UNION AUDITOR	33115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE SEGAL COMPANY

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2518466

(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	NONE	146260	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)

PCC PENSION FUND

66-05 WOODHAVEN BLVD
REGO PARK, NY 11374

13-3208565

(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 38 15 49 36	RELATED BENEFIT PLAN	812635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SYNTONIC SYSTEMS, INC.

80 8TH AVENUE
NEW YORK, NY 10011

13-2925049

(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	NONE	18953	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)

MULTIPLAN, INC.

115 5TH AVE
NEW YORK, NY 10003

13-3068979

(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	NONE	69294	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

QUANVEST CONSULTANT

126 MILL SPRING ROAD
MANHASSET, NY 11030

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	10362	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)

SELF INSURED DENTAL SERVICES

303 MERRICK ROAD STE 300
LYNBROOK, NY 11563

11-2995970

(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	NONE	61142	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)

MESIROW FINANCIAL

353 NORTH CLARK STREET
CHICAGO, IL 60654

36-3429599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	21042	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)

ATALANTA SOSSNOFF

505 FIFTH AVENUE 17TH FLOOR
NEW YORK, NY 10017

20-0461050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17040	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)

COMERICA BANK

411 W LAFAYETTE AVE
DETROIT, MI 48226

42-1741646

(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	NONE	6659	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	932	Yes <input checked="" 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)

ANTHEM BLUE CROSS

23-7391136

(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 13 15 49 62	NONE	1137175	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ANTHEM BLUE CROSS 23-7391136	12 13 15 62	841925
(d) Enter name and EIN (address) of source of indirect compensation INGENIORX, INC. 82-3062245	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. PRESCRIPTION DRUG REBATES & RELATED ADMINISTRATION FEES.	
(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 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.	OMB No. 1210-0110 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 POINTERS CLEANERS & CAULKERS WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-1831867

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	494832	877673
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6137393	5820968
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4587444	669703
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	791342	146903
(2) U.S. Government securities	1c(2)	9090631	9692108
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4487104	5013895
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12714355	12733774
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	12261038	12634103
(15) Other	1c(15)	876534	881466

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	29618	24425
f Total assets (add all amounts in lines 1a through 1e)	1f	51470291	48495018
Liabilities			
g Benefit claims payable	1g	1919476	3969793
h Operating payables	1h	224145	167715
i Acquisition indebtedness	1i		
j Other liabilities	1j	1594130	2590163
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3737751	6727671
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47732540	41767347

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)	23418834	
(B) Participants	2a(1)(B)	59468	
(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)		23478302
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29848	
(B) U.S. Government securities	2b(1)(B)	406699	
(C) Corporate debt instruments	2b(1)(C)	250457	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	394157	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1081161
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	396949	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		396949
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	30545490	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31115502	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-570012
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2417424	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		597861
c Other income	2c		2444
d Total income. Add all income amounts in column (b) and enter total	2d		27404129

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69872	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1237440	
(3) Other.....	2e(3)	29604110	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		30911422
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1267611	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	33115	
(5) Investment advisory and investment management fees	2i(5)	48444	
(6) Bank or trust company trustee/custodial fees	2i(6)	6659	
(7) Actuarial fees	2i(7)	146260	
(8) Legal fees	2i(8)	79581	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	876230	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2457900
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33369322

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5965193
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **GOULD, KOBRICK, & SCHLAPP, P.C.**

(2) EIN: **13-3082707**

d The opinion of an independent qualified public accountant is **not attached** 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	
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 _____.

POINTERS, CLEANERS & CAULKERS WELFARE FUND

**FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

POINTERS, CLEANERS & CAULKERS WELFARE FUND

**FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

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D. ROBERT GOULD, C.P.A. (1933-2015)
STUART L. KOBRICK, C.P.A. (RETIRED)
STEVEN T. SCHLAPP, C.P.A.
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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Pointers, Cleaners & Caulkers Welfare Fund

Opinion

We have audited the financial statements of the Pointers, Cleaners & Caulkers Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in benefit obligations and in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Pointers, Cleaners & Caulkers Welfare Fund as of June 30, 2024 and 2023, and the changes in benefit obligations and in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Pointers, Cleaners & Caulkers Welfare Fund 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 Pointers, Cleaners & Caulkers Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

INDEPENDENT AUDITORS' REPORT (continued)

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

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, including omissions, 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 Pointers, Cleaners & Caulkers Welfare Fund'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 Pointers, Cleaners & Caulkers Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Other Matter – Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedule 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.

Audit, Kobuchi & Adloff, P.C.

New York, NY
April 11, 2025

POINTERS, CLEANERS & CAULKERS WELFARE FUND

**STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS
AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS		
Health benefits currently payable and incurred but not reported	\$ 3,841,529	\$ 1,911,193
Death benefits payable	9,000	0
Insurance premiums payable	119,264	8,283
Accumulated eligibility credits	29,545,640	26,116,347
Postretirement benefits	130,647,934	145,550,436
Total Benefit Obligations	<u>164,163,367</u>	<u>173,586,259</u>
ASSETS		
Investments, at fair value	28,468,146	27,959,966
Investment, at contract value	12,634,103	12,261,038
Total Investments	<u>41,102,249</u>	<u>40,221,004</u>
Receivables:		
Employer contributions	5,820,968	6,137,393
Stop loss reimbursement	402,947	0
Accrued investment income	131,716	98,516
COBRA subsidy	26,625	26,625
Drug rebates	21,674	128,799
Rate-credit and dividend	0	4,262,828
Total Receivables	<u>6,403,930</u>	<u>10,654,161</u>
Other assets:		
Cash, operating accounts	877,673	494,832
Deposit with Contract Administrator	60,490	57,899
Fixed assets, net of accumulated depreciation or amortization	24,425	29,618
Prepaid expenses	25,199	12,777
Other	1,052	0
Total Other Assets	<u>988,839</u>	<u>595,126</u>
Total Assets	<u>48,495,018</u>	<u>51,470,291</u>
LIABILITIES		
Due to related organizations	2,548,143	1,557,654
Accrued administrative expenses	167,715	223,674
Due to broker	41,549	36,476
Withholdings	471	471
Total Liabilities	<u>2,757,878</u>	<u>1,818,275</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>45,737,140</u>	<u>49,652,016</u>
EXCESS OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ (118,426,227)</u>	<u>\$ (123,934,243)</u>

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

POINTERS, CLEANERS & CAULKERS WELFARE FUND

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS		
Health benefits currently payable and incurred but not reported	\$ 1,930,336	\$ (2,073,274)
Death benefits payable	9,000	(3,000)
Insurance premiums payable	110,980	8,283
Accumulated eligibility credits	3,429,293	3,301,994
Postretirement benefits	(14,902,502)	(7,228,902)
Net (Decrease) in Benefit Obligations	(9,422,893)	(5,994,899)
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Employer contributions	23,418,834	25,521,502
COBRA contributions	59,468	21,962
Total Contributions	23,478,302	25,543,464
Investment income:		
Net appreciation in fair value of investments	2,445,273	1,093,053
Interest, dividends, and other	1,475,729	1,067,540
	3,921,002	2,160,593
Less - Investment fees	55,103	52,145
Net Investment Income	3,865,899	2,108,448
Other income:		
Other	2,443	1,413
Employer delinquency interest	2,381	0
Total Other Income	4,824	1,413
Total Additions	27,349,025	27,653,325
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid	28,861,105	18,927,095
Administrative expenses	2,402,797	1,257,611
Total Deductions	31,263,902	20,184,706
Net increase (decrease) in net assets available for benefits	(3,914,877)	7,468,619
Net decrease in excess of benefit obligations over net assets available for benefits	5,508,016	13,463,518
Excess of benefit obligations over net assets available for benefits:		
Beginning	(123,934,243)	(137,397,761)
Ending	\$ (118,426,227)	\$ (123,934,243)

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

POINTERS, CLEANERS & CAULKERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

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

General: The Plan was established for the purpose of providing health care and other benefits to eligible employees covered by collective bargaining agreements between the Building Waterproofers Association, the Bricklayers and Allied Crafts Local 1, New York (the “Union”), and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

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

Benefits: The Plan provides benefits as enumerated in Note 15 to active participants of the Plan and to their beneficiaries and covered dependents. The benefit that a participant is entitled to is based upon the collective bargaining agreement signed by the participant’s employer, the number of hours worked in covered employment, and whether the participant is a mechanic or an apprentice.

The Plan also provides coverage to retirees who were participants in the Plan eligible for coverage as active participants in two of the five years immediately before their retirement date; and were participants in the Plan eligible for coverage as active participants on their retirement date; and are eligible for, and receiving a retirement benefit from the Pointers, Cleaners, and Caulkers Pension Fund (the “Pension Fund”); or are eligible for, and receiving an early retirement benefit from the Pension Fund, and had at least 25 years of vesting service or a service retirement benefit where age plus years of vesting service equals at least 85. In addition, the retiree must be a member in good standing in the Union. Failure to maintain membership in good standing will result in the loss of coverage for the retiree (and covered dependents) in the Plan.

During the year, the following insured benefits were in effect:

Insurer	Benefits
ATS Underwriting, Inc.	Stop loss
Amalgamated Life Insurance Co.	Life

All other benefits are self-insured.

During the year, the following administrative benefit contracts were in effect:

Third Party Administrator	Benefits
Multi-Plan, Inc.	Medical
Self-Insured Dental Services	Dental
Anthem BlueCross BlueShield	Medical and Prescription drugs

Funding: Contributions under the various contracts are made by employers for covered participants based on hours worked. The contribution rates are determined by the collective bargaining agreements in effect at the time. The Plan also accepts contributions for employees of the Pension Fund and the Union, under separate participation agreements.

POINTERS, CLEANERS & CAULKERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (continued)

Plan Termination: The Plan document provides that upon the termination of the Plan, any monies remaining after the payment of all expenses and obligations shall be paid or used for the continuance of one or more benefits in accordance with the provisions of the Plan document until the Plan is exhausted.

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements were prepared on the accrual basis of accounting.

Valuation of Investments: Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

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

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

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

Plan Benefits: Plan obligations at June 30 for health claims incurred by active participants but not reported at that date, for accumulated eligibility of participants, and for future death and disability payments at June 30 are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value.

The Plan provides for the payment of benefits for a period of time subsequent to the financial statement date for those participants who have accumulated a sufficient number of eligibility credits or hours. Such rules permit eligible participants benefits during periods of unemployment or inactivity, when employer contributions to the Plan would otherwise not provide coverage or benefits. At the financial statement date, such accumulated eligibility credits represent a liability of the Plan arising from prior employee service for which employer contributions have been received. The liability is determined by applying the average cost of benefits to the number of eligible participants.

POINTERS, CLEANERS & CAULKERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

OTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Postretirement Benefit Obligations: The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims costs data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

Discount Rate	5.30% (4.90% in 2023)
Health Trend Rates:	
Pre - 65 Medical and Hospital	7.0% graded to 4.5% over 10 years (7.25% graded to 4.5% over 11 years in 2023)
Post - 65 Medical and Hospital Prescription Drug	5.0%
Medicare Prescription Drug	45.6%
Dental and Vision	3.0%
Administrative Expense Increase Rate	3.0%
Postretirement Mortality Rates:	
Healthy	Headcount-Weighted RP-2006 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP-2021.
Disabled	Headcount-Weighted RP-2006 Disabled Mortality Table with generational projection using Scale MP-2021.
Effect of increase in health trend rate of 1% as of June 30, 2024:	
Change	\$ 21,776,463
Adjusted obligation	\$ 152,424,397

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 obligation.

POINTERS, CLEANERS & CAULKERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 3 – BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligations at June 30, 2024, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement.

The weighted-average health care cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased or decreased, it would significantly affect the total of benefit obligations.

The Plan's postretirement benefit obligation and changes therein are summarized as follows:

	<u>2024</u>	<u>2023</u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees and dependents	\$ 45,572,234	\$ 49,119,094
Other participants fully eligible for benefits	16,529,856	14,461,740
Other participants not yet fully eligible for benefits	68,545,844	81,969,602
Total Postretirement Benefit Obligations	<u>\$ 130,647,934</u>	<u>\$ 145,550,436</u>
NET CHANGE IN POSTRETIREMENT BENEFIT OBLIGATIONS		
Benefits earned net of benefits paid	\$ 10,405,898	\$ 11,340,317
Actuarial experience loss	0	5,406,205
Changes in actuarial assumptions	<u>(25,308,400)</u>	<u>(23,975,424)</u>
Net Change in Postretirement Benefit Obligations	<u>(14,902,502)</u>	<u>(7,228,902)</u>
Postretirement Benefit Obligations:		
Beginning	<u>145,550,436</u>	<u>152,779,338</u>
Ending	<u>\$ 130,647,934</u>	<u>\$ 145,550,436</u>

The Plan's actuary used fiscal year ending June 30, 2024 data in the calculation of the actuarial present value of the postretirement benefit obligation.

NOTE 4 – TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to be qualified pursuant to Section 501(c)(9) of the Internal Revenue Code of 1986 (IRC), as amended and, accordingly, the trust's net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service, and Plan management believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

NOTE 5 – INSURANCE COMPANY CLAIM RESERVES

Empire Healthchoice Assurance, Inc. held claim reserves of \$0 and \$34,573 under the Plan's hospitalization policies at June 30, 2024 and 2023, respectively. These reserves have not been recorded as an asset of the Plan.

POINTERS, CLEANERS & CAULKERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 6 – CONCENTRATION OF CREDIT RISK

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

Contributions receivable of \$5,820,968 (2024) and \$6,137,393 (2023) include amounts from employers totaling \$0 and \$602,987, respectively which represent 5% or more of the total receivable (0% and 10% of the total receivable at June 30, 2024 and 2023). Additionally, of the \$5,820,968 receivable at June 30, 2024 and 2023, approximately 10% and 9% remain uncollected as of the date of the audit report.

NOTE 7 – RISKS AND UNCERTAINTIES

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

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

NOTE 8 – FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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.

POINTERS, CLEANERS & CAULKERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 8 – FAIR VALUE MEASUREMENTS (continued)

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Interest bearing cash: Interest bearing cash, which is readily convertible into cash, is carried at cost, which approximates fair value.

U.S. government securities and municipal bonds: U.S. government securities and municipal bonds are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and foreign debt instruments: Corporate and foreign debt instruments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

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

The following table sets forth by Level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2024, and 2023:

	June 30, 2024			
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 146,903	\$ 0	\$ 0	\$ 146,903
U.S. government securities	0	9,692,108	0	9,692,108
Corporate debt instruments	0	5,013,895	0	5,013,895
Municipal bonds	0	420,282	0	420,282
Registered investment companies	12,733,774	0	0	12,733,774
Foreign Bonds	0	461,184	0	461,184
	<u>\$ 12,880,677</u>	<u>\$ 15,587,469</u>	<u>\$ 0</u>	<u>\$ 28,468,146</u>

POINTERS, CLEANERS & CAULKERS WELFARE FUND

**NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 8 – FAIR VALUE MEASUREMENTS (continued)

June 30, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 791,342	\$ 0	\$ 0	\$ 791,342
U.S. government securities	0	9,090,631	0	9,090,631
Corporate debt instruments	0	4,487,104	0	4,487,104
Municipal bonds	0	456,331	0	456,331
Registered investment companies	12,714,355	0	0	12,714,355
Foreign Bonds	0	420,203	0	420,203
Total Investments at Fair Value	<u>\$ 13,505,697</u>	<u>\$ 14,454,269</u>	<u>\$ 0</u>	<u>\$ 27,959,966</u>

NOTE 9 – INVESTMENT CONTRACT

The Plan has a group annuity contract with the Prudential Retirement Insurance and Annuity Company. This contract has been deemed to be fully benefit responsive and, as such, is reported at contract value in the financial statements in accordance with FASB ASC 965, Plan Accounting – Health and Welfare Benefit Plans. There are no reserves against contract value for credit risk of the issuer.

A Guaranteed Interest Rate is an effective annual rate of interest credited at its equivalent daily rate to amounts in the Guaranteed Interest Account as of the close of business daily. The establishment of the Guaranteed Interest Rate requires estimation of the future earnings rates, the rate at which existing investments mature, and future cash flows.

The investment contract does not contain a maturity date. Should the contract be terminated by the Plan, the proceeds upon termination and the period over which the proceeds are paid to the Plan will be determined based upon the option selected by the Plan.

NOTE 10 – RELATED PARTY TRANSACTIONS

Most common general and administrative expenses (rent, payroll, equipment, stationery and printing, utilities, and some general professional fees) of the Plan are paid by the Pension Fund general operating account. The amounts are then allocated based on usage and estimated time and space formulas. The general operating account also collects and remits certain contribution income on behalf of the Plan (See contribution exchanges below).

The Plan's 2024 related party transactions are summarized as follows:

	Totals	Pension Fund	Annuity
Beginning balances	\$ (1,557,654)	\$ (1,555,350)	\$ (2,304)
Current period activity:			
Payments	790,598	790,598	0
Expense allocations	(812,635)	(812,635)	0
Quarterly reimbursements	360,000	360,000	0
Delinquency interest allocation	2,381	2,381	0
Contribution exchanges	(1,330,833)	(1,330,833)	0
Total Current Activity	<u>(990,489)</u>	<u>(990,489)</u>	<u>0</u>
Ending balances	<u>\$ (2,548,143)</u>	<u>\$ (2,545,839)</u>	<u>\$ (2,304)</u>

POINTERS, CLEANERS & CAULKERS WELFARE FUND

**NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 11 – FIXED ASSETS

Fixed assets at June 30, 2024 and 2023 by classification are summarized as follows:

	2024	2023
Equipment	\$ 34,980	\$ 34,980
Furniture and fixtures	34,577	34,577
	<u>69,557</u>	<u>69,557</u>
Less - Accumulated depreciation or amortization	45,132	39,939
Net Fixed Assets	<u>\$ 24,425</u>	<u>\$ 29,618</u>

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	June 30,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 45,737,140	\$ 49,652,016
Less: Health benefits currently payable and incurred but not reported	3,841,529	1,911,193
Insurance premiums payable (prepaid)	119,264	8,283
Death benefits payable	9,000	0
	<u>3,969,793</u>	<u>1,919,476</u>
Net assets available for benefits per Form 5500	<u>\$ 41,767,347</u>	<u>\$ 47,732,540</u>
	Year Ended June 30,	
	2024	2023
Benefits paid per the financial statements	\$ 28,861,105	\$ 18,927,095
Less: Benefit obligations currently payable, beginning of year:	(1,919,476)	(3,987,466)
Add: Benefit obligations currently payable, end of year:	3,969,793	1,919,476
Benefits paid per Form 5500	<u>\$ 30,911,422</u>	<u>\$ 16,859,105</u>

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to June 30, but not yet paid as of that date.

NOTE 13 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through April 11, 2025, the date the financial statements were available to be issued.

POINTERS, CLEANERS & CAULKERS WELFARE FUND

**NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 14 – ADMINISTRATIVE EXPENSES

	<u>2024</u>	<u>2023</u>
Allocated administrative overhead	\$ 812,635	\$ 818,573
Professional fees:		
Contract administrators	1,267,611	189,170
Actuary and consultant	146,260	100,455
Legal	79,581	73,741
Auditing	33,115	23,630
Computer consultant	18,953	20,834
Stationery, printing, postage and supplies	31,100	28,345
Depreciation	5,193	2,556
Other general and administrative	7,899	307
Insurance	450	0
	<u>\$ 2,402,797</u>	<u>\$ 1,257,611</u>

NOTE 15 – BENEFITS PAID

	<u>2024</u>	<u>2023</u>
Insured:		
Stop loss	\$ 2,005,955	\$ 0
Life	110,004	88,319
Hospitalization	15,538	15,405,846
	<u>2,131,497</u>	<u>15,494,165</u>
Less: Stop loss reimbursements	894,057	0
Rate-credit and dividend	0	4,262,828
Claims surcharge	0	93,870
Total Insured Benefits Paid	<u>1,237,440</u>	<u>11,137,467</u>
Self-Insured:		
Medical and dependency rehabilitation	25,158,047	6,270,342
Prescription drugs, net of rebates	1,221,693	746,218
Dental	713,280	712,674
Medicare Part D reimbursements	51,811	18,990
Death	6,000	18,000
Disability	3,060	4,099
Total Self-Insured Benefits Paid	<u>27,153,891</u>	<u>7,770,323</u>
Other:		
Claims surcharge	460,453	10,796
Reinsurance and ACA fees	9,321	8,509
Total Other Benefits Paid	<u>469,774</u>	<u>19,305</u>
Total Benefits Paid	<u>\$ 28,861,105</u>	<u>\$ 18,927,095</u>

POINTERS, CLEANERS & CAULKERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 16 – PLAN AMENDMENTS AND BENEFIT CHANGES

The Board of Trustees approved the following modifications to the Plan:

- A participant who retires from the Pointers, Cleaners, & Caulkers Pension Fund and is receiving a normal retirement benefit, a service retirement benefit where age plus years of vesting service equals at least eighty-five (85), or a disability retirement benefit with at least twenty (20) years of vesting credit under the rules of the Pension Fund will be eligible for lifetime coverage under the Plan, effective January 1, 2023.
- Added intrauterine devices (“IUD’s), retroactive to January 1, 2023.
- Terminated the coverage for all over the counter COVID-19 test kits and any diagnostic testing and vaccinations administered out-of-network without cost sharing, effective May 11, 2023.
- Expansion of contraceptive coverage, effective January 1, 2023.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2023

Department of Labor Employee Benefits Security Administration

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

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 POINTERS CLEANERS & CAULKERS WELFARE FUND

1b Three-digit plan number (PN) 501

1c Effective date of plan 07/01/1952

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)

2b Employer Identification Number (EIN) 13-1831867

2c Plan Sponsor's telephone number 718-896-6266

2d Business code (see instructions) 525100

BOARD OF TRUSTEES OF POINTERS, CLEANERS & CAULKERS WELFARE FUND 66-05 WOODHAVEN BOULEVARD REGO PARK, NY 11374-5227

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, Date, and Name. Rows include Jack Argila (plan administrator) and Robert DeLomonico (employer/plan sponsor).

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

Form 5500 (2023) v. 230728

3 a 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	2198
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)	1494
a(2) Total number of active participants at the end of the plan year	6a(2)	1998
b Retired or separated participants receiving benefits	6b	234
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2232
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	2232
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)	
g(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	291

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 a Plan funding arrangement (check all that apply) (1) <input 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	9 b 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
--	---

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>2</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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2023

FEDERAL STATEMENTS

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13-1831867

CLIENT PCC-WF

BOARD OF TRUSTEES OF POINTERS,

PLAN NO. 501

4/14/25

03:49PM

STATEMENT 1
SCHEDULE H, PAGE 1, LINE 1B(3)
OTHER RECEIVABLES

POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

	<u>BEGINNING</u>	<u>ENDING</u>
ACCRUED INVESTMENT INCOME.....	\$ 98,516.	\$ 131,716.
COBRA PREMIUM ASSISTANCE CREDIT.....	26,625.	26,625.
DEPOSIT WITH CONTRACT ADMINISTRATOR.....	57,899.	60,490.
DRUG REBATES.....	128,799.	21,674.
DUE FROM BANK.....	0.	1,052.
PREPAID EXPENSES.....	12,777.	25,199.
RATE CREDIT DIVIDEND.....	4,262,828.	0.
STOP-LOSS REIMBURSEMENT.....	0.	402,947.
TOTAL	<u>\$ 4,587,444.</u>	<u>\$ 669,703.</u>

STATEMENT 2
SCHEDULE H, PAGE 1, LINE 1C(15)
OTHER GENERAL INVESTMENTS

POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

	<u>BEGINNING</u>	<u>ENDING</u>
FOREIGN BONDS.....	\$ 420,203.	\$ 461,184.
MUNICIPAL BONDS.....	456,331.	420,282.
TOTAL	<u>\$ 876,534.</u>	<u>\$ 881,466.</u>

STATEMENT 3
SCHEDULE H, PAGE 2, LINE 1J
OTHER LIABILITIES

POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

	<u>BEGINNING</u>	<u>ENDING</u>
DUE TO BROKER.....	\$ 36,476.	\$ 41,549.
DUE TO RELATED ORGANIZATIONS.....	1,557,654.	2,548,143.
WITHHOLDING LIABILITIES.....	0.	471.
TOTAL	<u>\$ 1,594,130.</u>	<u>\$ 2,590,163.</u>

STATEMENT 4
SCHEDULE H, PAGE 2, LINE 2B(1)(F)
OTHER INTEREST

POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

EMPLOYER DELINQUENT.....	\$	2,381.
GUARANTEED INVESTMENT CONTRACT.....		373,065.
MUNICIPAL BONDS.....		18,711.
TOTAL	<u>\$</u>	<u>394,157.</u>

2023

FEDERAL STATEMENTS

PAGE 2

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CLIENT PCC-WF

BOARD OF TRUSTEES OF POINTERS,

PLAN NO. 501

4/14/25

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STATEMENT 5
SCHEDULE H, PAGE 2, LINE 2B(5)(B)
OTHER UNREALIZED APPRECIATION
POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

PUBLICLY TRADED SECURITIES..... \$ 2,417,424.
TOTAL \$ 2,417,424.

STATEMENT 6
SCHEDULE H, PAGE 3, LINE 2C
OTHER INCOME
POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

MISCELLANEOUS..... \$ 2,444.
TOTAL \$ 2,444.

STATEMENT 7
SCHEDULE H, PAGE 3, LINE 2E(3)
OTHER BENEFIT PAYMENTS
POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

ACA FEES..... \$ 9,321.
CHANGE IN BENEFIT OBLIGATIONS..... 2,041,316.
CLAIMS SURCHARGE..... 460,453.
DENTAL..... 713,280.
MEDICAL..... 25,158,047.
PRESCRIPTION DRUGS - NET OF FORMULARY..... 1,221,693.
TOTAL \$ 29,604,110.

STATEMENT 8
SCHEDULE H, PAGE 3, LINE 2I(11)
OTHER ADMINISTRATIVE EXPENSES
POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

ADMINISTRATIVE OVERHEAD..... \$ 812,635.
COMPUTER SERVICES..... 18,953.
DEPRECIATION..... 5,193.
INSURANCE..... 450.
OFFICE SUPPLIES & EXPENSES..... 26,715.
OTHER GENERAL & ADMINISTRATIVE..... 10,590.
STATIONERY & PRINTING..... 1,694.
TOTAL \$ 876,230.

4/14/25

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STATEMENT 9

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

<u>PARTY IN</u> <u>INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT</u> <u>AMOUNT</u>
	AMALGAMATED BANK	MONEY MARKET ACCOUNT	\$ 2,676.	\$ 2,676.
	VANGUARD	REGISTERED INVT COS.	9,920,854.	12,733,774.
	COMERICA #106818.1	SCHEDULE ATTACHED	8,248,988.	8,136,313.
	COMERICA #106818.2	SCHEDULE ATTACHED	7,729,302.	7,595,383.
	EMPOWER ANN INS CO.	STABLE VALUE FUND	12,634,103.	12,634,103.



Detailed Holdings
For the Period July 01, 2023 - June 30, 2024

POINTERS, CLEAN & CAULK MEIS WEL PUSD

Account Number: 1-106818.1

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
U S Government Obligations							
U S TREASURY NOTE 0.00% 04/30/2026 Ser BA-2026 DTD 4/30/2024 4.875% 4/30/2 Cusip: 91282CKK6	35,000.0000	100.15	35,051.80	35,024.61	27.19	287.47 1,706.25	0.0480
U S TREASURY NOTE 0.00% 04/30/2029 Ser Y-2029 DTD 4/30/2024 4.625% 4/30/20 Cusip: 91282CKP5	55,000.0000	101.15	55,631.40	55,259.50	371.90	428.57 2,543.75	0.0440
U S TREASURY NOTE 0.00% 04/15/2027 Ser AM-2027 DTD 4/15/2024 4.50% 4/15/20 Cusip: 91282CKJ9	20,000.0000	99.85	19,970.40	19,825.78	144.62	189.34 900.00	0.0460
UNITED STATES TREAS 0% NTS DTD 11/17/2022 4.50% 11/30/2024 11/30/2024 Cusip: 91282CFX4	55,000.0000	99.67	54,816.85	55,317.97	(501.12)	209.63 2,475.00	0.0530
UNITED STATES TREAS 0% NTS DTD 7/21/2022 3.00% 7/31/2024 07/31/2024 Cusip: 91282CFA4	30,000.0000	99.80	29,940.90	30,009.38	(68.48)	375.82 900.00	0.0530
UNITED STATES TREAS 0.375% NTS 15/08/2024 USD (AR-2024) .375% 08/15/2024 Cusip: 91282CCT6	65,000.0000	99.38	64,597.65	64,862.89	(265.24)	91.74 243.75	0.0530
UNITED STATES TREAS BDS 0% PIDI DTD 9/30/2019 1.50% 9/30/2024 1.5% 09/30/2024 Cusip: 912828YH7	20,000.0000	99.02	19,804.60	19,942.45	(137.85)	75.41 300.00	0.0540
UNITED STATES TREAS NTS DTD 01/31/2024 4.00% 01/31/2031 Cusip: 91282CJX0	45,000.0000	97.99	44,094.60	44,128.12	(33.52)	751.65 1,800.00	0.0440
UNITED STATES TREAS NTS DTD 02/29/2024 4.25% 02/28/2031 Cusip: 91282CKC4	5,000.0000	99.41	4,970.50	5,010.94	(40.44)	71.03 212.50	0.0440
UNITED STATES TREAS NTS 05/15/2034 Ser C-2034 DTD 5/15/2024 4.375% 5/15/20 Cusip: 91282CKQ3	350,000.0000	100.03	350,108.50	350,886.97	(778.47)	1,955.67 15,312.50	0.0440
UNITED STATES TREASURY NOTE DTD 01/31/2024 4.25% 01/31/2026 Cusip: 91282CJV4	1,000,000.0000	99.04	990,390.00	992,894.73	(2,504.73)	17,747.25 42,500.00	0.0490
UNITED STATES TREASURY NOTE DTD 02/15/2024 4.125% 02/15/2027 Cusip: 91282CKA8	645,000.0000	98.85	637,595.40	639,692.85	(2,097.45)	10,013.89 26,606.25	0.0460



Detailed Holdings
For the Period July 01, 2023 - June 30, 2024

POINTERS, CLEAN & CAULK MEIS WEL PUSD

Account Number: 1-106818.1

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
U S Government Obligations							
UNITED STATES TREASURY NOTE DTD 02/15/24 0.00% 02/15/2034 Cusip: 91282CJZ5	540,000.0000	97.06	524,140.20	524,665.02	(524.82)	0.00 0.00	
UNITED STATES TREASURY NOTE DTD 03/15/2024 4.25% 03/15/2024 Cusip: 91282CKE0	385,000.0000	99.20	381,916.15	383,558.40	(1,642.25)	4,802.04 16,362.50	0.0460
UNITED STATES TREASURY NOTE DTD 05/31/2024 4.625% 05/31/2024 Cusip: 91282CKU4	5,000.0000	101.63	5,081.25	5,111.72	(30.47)	19.48 231.25	0.0430
UNITED STATES TREASURY NOTES DTD 03/31/2024 4.125% 03/31/2031 Cusip: 91282CKF7	30,000.0000	98.68	29,605.20	28,940.63	664.57	306.01 1,237.50	0.0440
UNITED STATES TREASURY NOTES DTD 04/30/2024 4.625% 04/30/2031 Cusip: 91282CKN0	55,000.0000	101.61	55,884.95	55,464.06	420.89	428.57 2,543.75	0.0430
UNITED STATES TREASURY NOTES DTD 05/15/2024 0.00% 05/15/2027 Cusip: 91282CKR1	15,000.0000	99.87	14,980.05	15,016.41	(36.36)	0.00 0.00	
UNITED STATES TREASURY NOTES DTD 05/31/2024 0.00% 05/31/2029 Cusip: 91282CKT7	105,000.0000	100.68	105,714.00	105,922.66	(208.66)	0.00 0.00	
US TREASURY NOTE 0.00% 03/31/2029 Ser W-2029 DTD 3/31/2024 4.125% 3/31/20 Cusip: 91282CKG5	205,000.0000	98.98	202,911.05	201,868.31	1,042.74	2,091.08 8,456.25	0.0440
US TREASURY NOTE 01/31/2029 Ser U-2029 DTD 1/31/2024 4.00% 1/31/2029 Cusip: 91282CJW2	330,000.0000	98.46	324,921.30	326,153.51	(1,232.21)	5,512.09 13,200.00	0.0440
US TREASURY NOTE 4.25% 02/28/2029 Ser V-2029 DTD 2/29/2024 4.25% 2/28/2029 Cusip: 91282CKD2	5,000.0000	99.55	4,977.55	5,000.87	(23.32)	71.03 212.50	0.0440
Total U S Government Obligations			3,957,104.30	3,964,557.78	(7,453.48)	45,427.77 137,743.75	
Mortgage Backed Securities							
GOVERNMENT NATL MTG ASSN CMO CTF CL B 2.273% 12/16/2042 Cusip: 38378B7F0	32,799.1800	92.32	30,278.88	33,934.31	(3,655.43)	62.13 745.53	



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Mortgage Backed Securities							
Total Mortgage Backed Securities			30,278.88	33,934.31	(3,655.43)	62.13	745.53
Collateralized Mtg Obligations							
FEDERAL NATL MTG ASSN GTD REMIC CMO 2.5% 03/25/2028 Cusip: 3136ACYJ4	41,000.0000	95.14	39,008.55	38,924.38	84.17	85.42 1,025.00	
GOVERNMENT NATIONAL MORTGAGE CMO 1.5% 12/16/2062 Cusip: 38381ELH9	32,031.2000	75.92	24,319.47	31,490.70	(7,171.23)	80.14 480.47	
GOVERNMENT NATIONAL MORTGAGE CMO 3% 11/16/2055 Cusip: 38379K2Z0	30,000.0000	74.62	22,387.35	31,153.13	(8,765.78)	75.00 900.00	
GOVERNMENT NATL MTG ASSN GTD MUL CMO 2.6% 06/16/2058 Cusip: 38379RZN6	29,793.5500	83.94	25,009.75	28,644.12	(3,634.37)	64.55 774.63	
GOVERNMENT NATL MTG ASSN GTD REM CMO 3% 02/20/2045 Cusip: 38380BPS8	6,614.4100	97.44	6,444.92	6,584.07	(139.15)	16.54 198.43	
SG COML MTG SECS TR 2016-C5 CMO 3.055% 10/10/2048 Cusip: 78419CAD6	17,000.0000	94.10	15,997.18	17,664.06	(1,666.88)	43.28 519.35	
Total Collateralized Mtg Obligations			133,167.22	154,460.46	(21,293.24)	364.93	3,897.88
Asset Back Securities							
CAPITAL ONE MULTI-ASSET ABS 1.39% 07/15/2030 Cusip: 14041NFX4, Standard & Poor's AAA	35,000.0000	87.09	30,481.35	30,681.05	(199.70)	40.54 486.50	
DISCOVER CARD EXECUTION NT TR ABS 3.56% 07/15/2027 Cusip: 254683CW3, Standard & Poor's AAA	45,000.0000	98.13	44,158.74	44,736.33	(577.59)	133.50 1,602.00	
FIFTH THIRD AUTO TR 5.53% 08/15/2028 Cusip: 31680EAD3, Standard & Poor's AAA	20,000.0000	100.25	20,050.69	19,998.76	51.93	49.16 1,106.00	
FIRST NATL MSTR NT 0.00% 05/15/2030 Cusip: 32113CCB4	35,000.0000	100.40	35,140.29	34,993.88	146.41	0.00 0.00	



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Asset Back Securities							
FORD CREDIT AUTO OWNER TRUST 202 ABS 5.27% 05/17/2027 Cusip: 345295AD1	20,000.0000	99.83	19,966.00	19,997.17	(31.17)	87.83 1,054.00	
GM FINANCIAL AUTOMOBILE LEASING ABS 4.01% 09/22/2025 Cusip: 380130AD6, Standard & Poor's AAA	9,179.8500	99.78	9,159.90	9,179.00	(19.10)	30.68 368.11	
GM FINL AUTO LEASING TR 5.92% 11/20/2026 Cusip: 379929AD4, Standard & Poor's AAA	10,000.0000	99.93	9,992.77	9,998.80	(6.03)	16.44 592.00	
HONDA AUTO RECEIVABLES 2022-2 OW ABS 3.73% 07/20/2026 Cusip: 43815PAC3, Standard & Poor's AAA	8,917.9500	98.78	8,809.31	8,917.42	(108.11)	27.72 332.64	
KANSAS GAS SERVICE SECURITIZATIO DTD 11/9/2022 5.486% 8/1/2032 Cusip: 484915AA1	17,946.6200	101.34	18,186.39	17,942.94	243.45	82.05 984.55	
VERIZON MASTER TRUST 5.34% 04/22/2030 Cusip: 92348KCQ4	40,000.0000	100.88	40,350.03	39,991.14	358.89	65.27 2,136.00	
WELLS FARGO CARD DTD 3/1/2024 4.94% 2/15/2029 Cusip: 92970QAA3, Standard & Poor's AAA	35,000.0000	99.84	34,944.36	34,990.50	(46.14)	76.84 1,729.00	
Total Asset Back Securities			271,239.83	271,426.99	(187.16)	610.03 10,390.80	
Municipal Obligations							
DOUGLAS CNTY NE SCH DIST LTD TAX GO BDS 2010A 6% 12/01/2028-2023 Cusip: 259291KV3, Standard & Poor's AA	50,000.0000	104.22	52,107.50	56,807.50	(4,700.00)	250.00 3,000.00	0.0490
FLORIDA ST BRD ADMIN FIN CORP RE TAXABLE BDS 2020A 1.705% 07/01/2027 Cusip: 341271AE4, Standard & Poor's AA	30,000.0000	90.74	27,221.70	26,768.40	453.30	255.75 511.50	0.0510
FRENSHIP TEX INDPT SCH DIST TAXABLE UNLTD TAX REF BDS 2019 3.099% 02/15/2039-2029 Cusip: 357866ZE5	40,000.0000	80.84	32,336.80	40,506.40	(8,169.60)	468.29 1,239.60	0.0500
GEORGIA ST GO BDS 2015B 4.25% 02/01/2030-2025 Cusip: 3733842X3, Standard & Poor's AAA	55,000.0000	97.94	53,867.55	60,884.45	(7,016.90)	973.96 2,337.50	0.0470



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Municipal Obligations							
NEW YORK ST DORM AUTH REVS NON S UNIV REV BDS 2018B 4.85% 07/01/2048-2028 Cusip: 64990C7K1, Standard & Poor's AA-	40,000.0000	92.34	36,936.80	48,000.00	(11,063.20)	970.00 1,940.00	0.0540
OHIO ST TXBL-SER A-THIRD FRONTIER 2.6% 11/01/2025 Cusip: 677522SS4, Standard & Poor's AAA	70,000.0000	96.88	67,816.70	75,596.50	(7,779.80)	303.33 1,820.00	0.0500
OKLAHOMA CITY OK TAXABLE GO BDS 2020 3% 03/01/2040-2028 Cusip: 678519E62, Standard & Poor's AAA	80,000.0000	79.56	63,650.40	84,009.60	(20,359.20)	800.00 2,400.00	0.0490
PASADENA TX INDPT SCH DIST TXBL-QUALIFIED SCH CONSTRUCTIO 4.089% 02/15/2030-2023 Cusip: 7023335E1, Standard & Poor's AAA	25,000.0000	97.21	24,303.25	26,132.25	(1,829.00)	386.18 1,022.25	0.0470
TEXAS TRANSN COMMN ST HWY FD REV BUILD AMERICA BONDS TAXABLE-FIRST TIER-SER B 5.178% 04/01/2030 Cusip: 88283LHU3, Standard & Poor's AAA	45,000.0000	100.09	45,041.85	45,880.20	(838.35)	582.53 2,330.10	0.0520
UTAH ST TAXABLE-SER D BUILD AMERICA ABONDS 4.554% 07/01/2024 Cusip: 917542QR6, Standard & Poor's AAA	17,000.0000	100.00	17,000.00	17,171.87	(171.87)	387.09 774.18	0.0450
Total Municipal Obligations			420,282.55	481,757.17	(61,474.62)	5,377.13 17,375.13	
Corporate Bonds							
ABBVIE INC 3.8% 03/15/2025-2024 Cusip: 00287YCX5, Standard & Poor's A-	4,000.0000	98.77	3,950.64	3,938.68	11.96	44.76 152.00	0.0560
ADVOCATE HEALTH & 2.211% 06/15/2030 CALLABLE Cusip: 007589AD6, Standard & Poor's AA	5,000.0000	85.45	4,272.25	4,282.30	(10.05)	4.91 110.55	0.0510
ALABAMA PWR CO SR 5.85% 11/15/2033 CALLABLE Cusip: 010392GB8, Standard & Poor's A	30,000.0000	104.04	31,210.80	29,977.20	1,233.60	224.25 1,755.00	0.0530
AMEREN CORP SR NT 5.7% 12/01/2026 CALLABLE Cusip: 023608AP7, Standard & Poor's BBB	35,000.0000	100.79	35,277.20	34,954.85	322.35	166.25 1,995.00	0.0530



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Corporate Bonds							
AMERICAN EXPRESS CO 4.9% 02/13/2026-2026 Cusip: 025816DC0, Standard & Poor's BBB+	25,000.0000	99.36	24,839.00	24,980.25	(141.25)	469.58 1,225.00	0.0530
ANHEUSER-BUSCH INBEV WORLDWIDE I 4.95% 01/15/2042 Cusip: 035240AG5, Standard & Poor's A-	30,000.0000	93.85	28,153.80	31,823.40	(3,669.60)	684.75 1,485.00	0.0550
Bank of America Corporation Ser N DTD 4/25/2023 5.202% 4/25/2029 Cusip: 06051GLG2, Standard & Poor's A-	65,000.0000	99.84	64,897.30	65,150.95	(253.65)	619.91 3,381.30	0.0520
Bank of America Corporation Ser N DTD 4/25/2023 5.288% 4/25/2034 Cusip: 06051GLH0, Standard & Poor's A-	25,000.0000	98.95	24,737.50	24,712.25	25.25	242.37 1,322.00	0.0540
BAT CAPITAL CORP SR 6.421% 08/02/2033 CALLABLE Cusip: 054989AB4, Standard & Poor's BBB+	35,000.0000	104.55	36,593.20	35,000.00	1,593.20	930.15 2,247.35	0.0580
CAMPBELL SOUP CO 5.2% 03/21/2029 CALLABLE Cusip: 134429BN8, Standard & Poor's BBB-	30,000.0000	100.06	30,017.40	29,994.90	22.50	433.33 1,560.00	0.0520
CAPITAL ONE FINL CORP GLBL FLT 4.25% 04/30/2025 Cusip: 14040HBZ7, Standard & Poor's BBB	50,000.0000	98.79	49,393.50	50,556.00	(1,162.50)	360.07 2,125.00	0.0580
CEDARS-SINAI HEALTH SYSTEM 2.288% 08/15/2031-2031 Cusip: 15073LAA1, Standard & Poor's AA-	85,000.0000	83.74	71,174.75	71,282.45	(107.70)	734.70 1,944.80	0.0500
CHURCH DWIGHT CO., INC. 5.6% 11/15/2032-2032 Cusip: 17136MAC6, Standard & Poor's BBB+	75,000.0000	103.62	77,713.50	74,861.25	2,852.25	536.67 4,200.00	0.0510
CNH INDUSTRIAL 5.1% 04/20/2029 CALLABLE Cusip: 12592BAS3, Standard & Poor's BBB+	55,000.0000	99.60	54,778.90	54,536.35	242.55	779.17 2,805.00	0.0520
COCA COLA CO SR NT 5.00% 05/13/2034 CALLABLE Cusip: 191216DR8, Standard & Poor's A+	30,000.0000	100.33	30,099.30	29,909.10	190.20	200.00 1,500.00	0.0500
COMCAST CORP 4.65% 02/15/2033 Cusip: 20030NEC1, Standard & Poor's A-	20,000.0000	96.54	19,308.60	19,980.80	(672.20)	351.33 930.00	0.0520
COMCAST CORP NEW SR 4.8% 05/15/2023 CALLABLE Cusip: 20030NEE7, Standard & Poor's A-	25,000.0000	97.28	24,318.75	24,852.00	(533.25)	153.33 1,200.00	0.0520
CONNECTICUT LT & PWR 4.65% 01/01/2029 CALLABLE Cusip: 207597ER2, Standard & Poor's A+	15,000.0000	98.81	14,821.95	14,968.95	(147.00)	306.13 697.50	0.0490



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Corporate Bonds							
CONSUMERS 23 DTD 12/12/2023 5.21% 9/1/2031 Cusip: 21071BAB1, Standard & Poor's AAA	55,000.0000	100.53	55,290.95	55,346.00	(55.05)	1,583.98 2,865.50	0.0510
CSX CORP 4.25% 03/15/2029-2028 Cusip: 126408HM8, Standard & Poor's BBB+	45,000.0000	96.98	43,641.45	43,376.85	264.60	563.13 1,912.50	0.0500
CVS/CAREMARK CORP 5% 02/20/2026-2026 Cusip: 126650DS6, Standard & Poor's BBB	10,000.0000	99.23	9,923.30	9,966.00	(42.70)	181.94 500.00	0.0550
DIAMONDBACK ENERGY 5.4% 04/18/2034 CALLABLE Cusip: 25278XAZ2, Standard & Poor's BBB-	50,000.0000	99.01	49,502.50	49,839.50	(337.00)	547.50 2,700.00	0.0550
DTE ELEC CO -B BD 4.85% 12/01/2026 Cusip: 23338VAU0, Standard & Poor's A	35,000.0000	99.93	34,976.20	34,994.40	(18.20)	141.46 1,697.50	0.0490
DUKE ENERGY FLA PROJ FIN LLC 2.538% 09/01/2031 Cusip: 26444GAC7, Standard & Poor's AAA	66,976.2000	94.37	63,208.12	63,582.31	(374.19)	566.62 1,699.86	
DUKE ENERGY FLA PROJ FIN LLC DTD 6/22/2016 2.858% 3/1/2035 Cusip: 26444GAD5, Standard & Poor's AAA	25,000.0000	85.86	21,465.75	21,726.25	(260.50)	238.17 714.50	0.0450
EDWARDS LIFESCIENCES CORP 4.3% 06/15/2028-2028 Cusip: 28176EAD0, Standard & Poor's BBB	30,000.0000	96.64	28,991.40	28,974.70	16.70	57.33 1,290.00	0.0530
ELECTRONIC ARTS 1.85% 02/15/2031-2030 Cusip: 285512AE9, Standard & Poor's BBB+	55,000.0000	81.71	44,942.15	44,719.40	222.75	384.39 1,017.50	0.0510
EMORY UNIV 2.143% 09/01/2030-2030 Cusip: 29157TAD8, Standard & Poor's AA	60,000.0000	85.39	51,235.20	51,078.60	156.60	428.60 1,285.80	0.0490
ENERGY TRANSFER L P SR 6.05% 12/01/2026 CALLABLE Cusip: 29273VAR1, Standard & Poor's BBB	35,000.0000	101.28	35,446.60	34,979.35	467.25	176.46 2,117.50	0.0550
ESTEE LAUDER COS INC 2.6% 04/15/2030-2030 Cusip: 29736RAQ3, Standard & Poor's A	45,000.0000	87.67	39,452.40	39,738.15	(285.75)	247.00 1,170.00	0.0510
EXTRA SPACE STORAGE L P DTD 12/1/2023 5.90% 1/15/2031 Cusip: 30225VAR8, Standard & Poor's BBB+	65,000.0000	102.12	66,379.95	65,421.80	958.15	2,237.08 3,835.00	0.0550
FACEBOOK INC 3.85% 08/15/2032-2032 Cusip: 30303M8H8, Standard & Poor's AA-	30,000.0000	92.97	27,889.50	29,992.50	(2,103.00)	436.33 1,155.00	0.0490



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Corporate Bonds							
FIFTH BANCORP SR VAR 6.339% 07/27/2029 CALLABLE Cusip: 316773DK3, Standard & Poor's BBB+	20,000.0000	102.51	20,501.80	20,000.00	501.80	542.34 1,267.80	0.0580
FORTIVE CORP SR 3.15% 06/15/2026 CALLABLE Cusip: 34959JAG3, Standard & Poor's BBB	50,000.0000	95.83	47,917.00	47,805.00	112.00	70.00 1,575.00	0.0540
GENERAL MILLS INC 5.241% 11/18/2025 Cusip: 370334CS1, Standard & Poor's BBB	20,000.0000	99.63	19,925.40	20,000.00	(74.60)	125.20 1,048.20	0.0550
GENERAL MTRS FINL CO INC 6.05% 10/10/2025 Cusip: 37045XDZ6, Standard & Poor's BBB	95,000.0000	100.36	95,342.95	94,874.60	468.35	1,293.19 5,747.50	0.0570
GOLDMAN SACHS GROUP 5.727% 04/25/2030 CALLABLE Cusip: 38141GA87, Standard & Poor's BBB+	15,000.0000	101.78	15,266.40	15,000.00	266.40	157.49 859.05	0.0540
GOLDMAN SACHS GROUP INC 5.7% 11/01/2024 Cusip: 38141GZV9, Standard & Poor's BBB+	30,000.0000	100.04	30,010.50	29,983.20	27.30	285.00 1,710.00	0.0550
HERSHEY CO 1.7% 06/01/2030-2030 Cusip: 427866BE7, Standard & Poor's A	30,000.0000	83.62	25,084.50	24,523.86	560.64	42.50 510.00	0.0490
HOME DEPOT INC SR 4.875% 06/25/2027 CALLABLE Cusip: 437076DB5, Standard & Poor's A	45,000.0000	99.80	44,908.20	44,851.05	57.15	36.56 2,193.75	0.0490
JPMORGAN CHASE & CO SR 0.00% 04/24/2034 Cusip: 46647PDR4, Standard & Poor's A-	40,000.0000	99.56	39,822.80	39,984.05	(161.25)	178.33 2,140.00	0.0540
JPMORGAN CHASE & CO SR 0.00% 10/23/2029 Cusip: 46647PDX1, Standard & Poor's A-	45,000.0000	103.32	46,494.90	46,389.90	105.00	517.40 2,739.15	0.0540
KEURIG DR PEPPER 5.2% 03/15/2031 CALLABLE Cusip: 49271VAU4, Standard & Poor's BBB	35,000.0000	99.80	34,930.00	34,362.65	567.35	576.33 1,820.00	0.0520
L3HARRIS TECHNOLOGIES 5.4% 01/15/2027 Cusip: 502431AP4, Standard & Poor's BBB	50,000.0000	100.40	50,202.00	50,065.00	137.00	1,245.00 2,700.00	0.0520
LOWES COMPANIES INC 4.4% 09/08/2025 Cusip: 548661EK9, Standard & Poor's BBB+	30,000.0000	98.71	29,613.30	29,603.70	9.60	414.33 1,320.00	0.0550
LOWES COMPANIES INC 4.5% 04/15/2030-2030 Cusip: 548661DU8, Standard & Poor's BBB+	65,000.0000	97.04	63,077.95	75,627.50	(12,549.55)	617.50 2,925.00	0.0510
MASTERCARD 4.875% 05/09/2034 CALLABLE Cusip: 57636QAZ7, Standard & Poor's A+	35,000.0000	98.87	34,605.20	34,629.00	(23.80)	246.46 1,706.25	0.0500



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Corporate Bonds							
MASTERCARD INC 3.35% 03/26/2030-2029 Cusip: 57636QAP9, Standard & Poor's A+	70,000.0000	92.53	64,770.30	65,767.80	(997.50)	618.82 2,345.00	0.0490
MCDONALDS CORP 3.7% DTD 12/9/2015 3.70% 1/30/2026 Cusip: 58013MEY6, Standard & Poor's BBB+	20,000.0000	97.71	19,541.00	19,348.60	192.40	310.39 740.00	0.0520
META PLATFORMS CORP SR 4.8% 05/15/2023 CALLABLE Cusip: 30303M8M7, Standard & Poor's AA-	60,000.0000	100.14	60,085.80	60,550.80	(465.00)	368.00 2,880.00	0.0480
META PLATFORMS INC SR 4.95% 05/15/2033 CALLABLE Cusip: 30303M8N5, Standard & Poor's AA-	30,000.0000	100.50	30,150.30	29,518.50	631.80	189.75 1,485.00	0.0490
MICRON TECHNOLOGY INC SR 5.3% 01/15/2031 CALLABLE Cusip: 595112CD3, Standard & Poor's BBB-	45,000.0000	99.78	44,898.75	44,990.70	(91.95)	1,119.63 2,385.00	0.0530
Morgan Stanley Ser I DTD 4/21/2023 5.164% 4/20/2029 Cusip: 61747YFD2, Standard & Poor's A-	45,000.0000	99.68	44,854.20	44,566.20	288.00	458.31 2,323.80	0.0520
Morgan Stanley Ser I DTD 4/21/2023 5.25% 4/21/2034 Cusip: 61747YFE0, Standard & Poor's A-	40,000.0000	98.44	39,374.40	38,493.20	881.20	408.33 2,100.00	0.0550
MORGAN STANLEY FR VAR 04/18/2030 CALLABLE Cusip: 61747YFQ3, Standard & Poor's A-	30,000.0000	101.69	30,508.20	30,000.00	508.20	339.36 1,696.80	0.0530
MOTOROLA SOLUTIONS 5.00% 04/15/2029 CALLABLE Cusip: 620076BY4, Standard & Poor's BBB	35,000.0000	99.23	34,729.45	34,919.85	(190.40)	466.67 1,750.00	0.0520
OGE ENERGY CORP SR NT 5.45% 05/15/2029 CALLABLE Cusip: 670837AD5, Standard & Poor's BBB	15,000.0000	100.77	15,114.90	14,980.35	134.55	118.08 817.50	0.0530
OWENS CORNING NEW SR 5.5% 06/15/2027 CALLABLE Cusip: 690742AN1, Standard & Poor's BBB	10,000.0000	100.87	10,086.60	9,998.00	88.60	47.36 550.00	0.0520
PACCAR FINANCIAL CORP 5.00% 05/13/2027 Cusip: 69371RT22, Standard & Poor's A+	50,000.0000	100.23	50,114.50	49,961.50	153.00	333.33 2,500.00	0.0490
PHILIP MORRIS INTL INC 5% 11/17/2025 Cusip: 718172CU1, Standard & Poor's A-	30,000.0000	99.50	29,848.80	29,928.90	(80.10)	183.33 1,500.00	0.0540
PROVIDENCE ST JOSEPH HEALTH OBLI DTD 5/4/2023 5.403% 10/1/2033 Cusip: 743820AC6, Standard & Poor's A	35,000.0000	99.20	34,718.25	35,448.60	(730.35)	472.76 1,891.05	0.0550



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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
REALTY INCOME CORP 5.05% 01/13/2026-2024 Cusip: 756109BQ6, Standard & Poor's A-	55,000.0000	99.34	54,634.25	54,678.25	(44.00)	1,296.17 2,777.50	0.0550
RTX CORPORATION Cusip: 913017DD8, Standard & Poor's BBB+	20,000.0000	98.29	19,657.00	19,636.60	20.40	296.25 790.00	0.0550
SAN DIEGO 3% 03/15/2032-2022 Cusip: 797440CB8, Standard & Poor's A	50,000.0000	86.26	43,128.00	43,413.00	(285.00)	441.67 1,500.00	0.0520
SOUTHERN CAL EDISON 2.85% 08/01/2029-2029 Cusip: 842400GS6, Standard & Poor's A-	40,000.0000	89.78	35,912.00	40,936.20	(5,024.20)	475.00 1,140.00	0.0520
SOUTHERN CAL EDISON 5.95% 11/01/2032-2032 Cusip: 842400HT3, Standard & Poor's A-	45,000.0000	103.34	46,502.10	47,351.25	(849.15)	446.25 2,677.50	0.0540
SSM HEALTH CARE CORP 3.823% 06/01/2027-2027 Cusip: 784710AA3, Standard & Poor's A+	50,000.0000	96.59	48,294.00	48,147.50	146.50	159.29 1,911.50	0.0510
STANFORD UNIVERSITY 1.289% 06/01/2027-2027 Cusip: 85440KAC8, Standard & Poor's AAA	20,000.0000	90.22	18,044.60	18,056.60	(12.00)	21.48 257.80	0.0490
STARBUCKS CORP 4.75% 02/15/2026 Cusip: 855244BE8, Standard & Poor's BBB+	45,000.0000	99.28	44,677.80	44,996.05	(318.25)	807.50 2,137.50	0.0520
STATE STR CORP 4.857% DTD 1/26/2023 4.857% 1/26/2026 Cusip: 857477BZ5, Standard & Poor's A	30,000.0000	99.55	29,865.00	30,000.00	(135.00)	627.36 1,457.10	0.0520
STATE STR CORP SR NT 5.272% 08/03/2026 CALLABLE Cusip: 857477CD3, Standard & Poor's A	45,000.0000	100.19	45,085.95	45,000.00	85.95	975.32 2,372.40	0.0520
SUTTER HEALTH 5.164% 08/15/2033 CALLABLE Cusip: 86944BAK9, Standard & Poor's A+	40,000.0000	100.27	40,106.40	40,086.00	20.40	780.34 2,065.60	0.0510
TOYOTA MTR CR CORP FR 4.4% 09/20/2024 Cusip: 89236TKG9, Standard & Poor's A+	100,000.0000	99.71	99,709.00	99,996.00	(287.00)	1,234.44 4,400.00	0.0570
U S DEPT HSG & URBAN DEV GOVT 3.35% 08/01/2029-2024 Cusip: 911759ML9	40,000.0000	92.75	37,098.00	38,050.00	(952.00)	558.33 1,340.00	0.0500
US BANCORP VAR 01/23/2030 CALLABLE Cusip: 91159HJQ4, Standard & Poor's A	80,000.0000	100.27	80,214.40	80,050.75	163.65	1,890.38 4,307.20	0.0530



Detailed Holdings
For the Period July 01, 2023 - June 30, 2024

POINTERS, CLEAN & CAULK MEIS WEL PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
WELLS FARGO & CO FR VAR 04/22/2028 CALLABLE Cusip: 95000U3L5, Standard & Poor's BBB+	60,000.0000	100.87	60,519.00	59,955.90	563.10	656.31 3,424.20	0.0540
WESTINGHOUSE AIR BRAKE T 3.45% 11/15/2026-2026 Cusip: 960386AL4, Standard & Poor's BBB	56,000.0000	95.57	53,517.52	53,418.96	98.56	246.87 1,932.00	0.0550
WORKDAY INC 3.8% 04/01/2032-2031 Cusip: 98138HAJ0, Standard & Poor's BBB	5,000.0000	89.85	4,492.70	4,613.95	(121.25)	47.50 190.00	0.0540
ZIMMER BIOMET HOLDINGS, INC 3.05% 01/15/2026-2025 Cusip: 98956PAS1, Standard & Poor's BBB	15,000.0000	96.56	14,484.15	14,171.10	313.05	210.96 457.50	0.0540
Total Corporate Bonds			3,080,344.03	3,098,228.11	(17,884.08)	37,984.82 144,959.81	
Foreign Bonds and Notes							
CANADIAN IMPERIAL BK COMM TORO SR COCO Cusip: 13607L8C0, Standard & Poor's A-	15,000.0000	99.84	14,976.15	15,000.00	(23.85)	6.55 785.55	0.0530
PEPSICO SINGAPORE FING I PTE L SR NT Cusip: 713466AD2, Standard & Poor's A+	40,000.0000	97.50	39,000.80	39,921.20	(920.40)	705.00 1,880.00	0.0500
ROYAL BK CDA DTD 4/27/2023 4.95% 4/25/2025 Cusip: 78016FZY3, Standard & Poor's A	25,000.0000	99.52	24,880.50	24,983.75	(103.25)	226.88 1,237.50	0.0550
THE TORONTO-DOMINION BANK NTS CAD 4.285% 09/13/2024 Cusip: 89115A2J0, Standard & Poor's A	40,000.0000	99.67	39,868.80	40,000.00	(131.20)	514.20 1,714.00	0.0580
Total Foreign Bonds and Notes			118,726.25	119,904.95	(1,178.70)	1,452.63 5,617.05	
Private Placements							
BOEING CO CR SEN SR 6.388% 05/01/2031 CALLABLE Cusip: 097023DK8, Standard & Poor's BBB-	25,000.0000	101.81	25,451.50	25,000.00	451.50	266.17 1,597.00	0.0610
Total Private Placements			25,451.50	25,000.00	451.50	266.17 1,597.00	
Total Debt Securities			8,036,594.56	8,149,269.77	(112,675.21)	91,545.61 322,326.95	



Detailed Holdings
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POINTERS, CLEAN & CAULK MEIS WEL PUSD
Account Number: 1-106818.1

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA TREASURY INSTRUMENTS INST Cusip: SWFTIXX01, Bank: 38142B500	99,718.4700	1.00	99,718.47	99,718.47	0.00	580.31 5,148.97	
Total Short Term Investments			99,718.47	99,718.47	0.00	580.31 5,148.97	
Total Short Term Investments			99,718.47	99,718.47	0.00	580.31 5,148.97	
Total Market Value			8,136,313.03	8,248,988.24	(112,675.21)	92,125.92 327,475.92	



Detailed Holdings
For the Period July 01, 2023 - June 30, 2024

POINTERS, CLEAN & CAULK WEL ATALANT PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
U S Government Obligations							
UNITED STATES TREAS BDS 0% PIDI DTD 5/15/2020 1.125% 5/15/2040 1.125% 05/15/2040 Cusip: 912810SR0	95,000.0000	61.54	58,458.25	60,109.77	(1,651.52)	136.50 1,068.75	0.0460
UNITED STATES TREAS NTS 05/15/2034 Ser C-2034 DTD 5/15/2024 4.375% 5/15/20 Cusip: 91282CKQ3	215,000.0000	100.03	215,066.65	216,242.97	(1,176.32)	1,201.34 9,406.25	0.0440
UNITED STATES TREAS SEC STRIPPED 0% 08/15/2040 Cusip: 912834JB5	175,000.0000	46.64	81,618.25	83,611.50	(1,993.25)	0.00 0.00	
UNITED STATES TREASURY NOTE DTD 02/15/24 0.00% 02/15/2034 Cusip: 91282CJZ5	1,525,000.0000	97.06	1,480,210.75	1,475,447.22	4,763.53	0.00 0.00	
US TREASURY NOTE 0.00% 08/15/2033 Ser E-2033 DTD 8/15/2023 3.875% 8/15/20 Cusip: 91282CHT1, Standard & Poor's AAA	20,000.0000	96.20	19,240.60	18,769.84	470.76	291.69 775.00	0.0440
US TREASURY NOTE 11/15/2033 Cusip: 91282CJJ1	50,000.0000	100.92	50,461.00	51,559.46	(1,098.46)	287.36 2,250.00	0.0440
US TREASURY STRIP 0.00% 11/15/2033 DTD 5/15/2007 0.00% 11/15/2033 Cusip: 9128337U8	60,000.0000	65.93	39,558.60	39,899.40	(340.80)	0.00 2,127.82	
US TREASURY STRIP 08/15/2030 Cusip: 912833XY1	30,000.0000	76.48	22,943.10	22,186.40	756.70	0.00 1,159.51	
Total U S Government Obligations			1,967,557.20	1,967,826.56	(269.36)	1,916.89 16,787.33	
Mortgage Backed Securities							
FEDERAL NATL MTG ASSN 4.500 2052-07-01 USD 4.5% 07/01/2052 Cusip: 31418EE63	188,793.1300	94.41	178,241.48	186,433.27	(8,191.79)	707.97 8,495.69	
FEDERAL NATL MTG ASSN GTD MTG POOL NBR A18479 5% 08/01/2041 Cusip: 3138ANM59	50,502.6100	98.84	49,915.26	54,452.22	(4,536.96)	210.43 2,525.13	
FEDERAL NATL MTG ASSN GTD MTG POOL NBR AU4779 4.5% 09/01/2043 Cusip: 3138X4JZ4	25,297.0300	96.93	24,521.67	27,750.20	(3,228.53)	94.86 1,138.37	



Detailed Holdings
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POINTERS, CLEAN & CAULK WEL ATALANT PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mortgage Backed Securities							
FEDERAL NATL MTG ASSN GTD MTG POOL NBR AV1030 5% 11/01/2043 Cusip: 3138XCEC2	4,407.2300	98.04	4,321.02	4,895.90	(574.88)	18.36 220.36	
FEDERAL NATL MTG ASSN GTD MTG POOL NUMBER AV1004 5% 10/01/2043 Cusip: 3138XCDJ8	2,883.6800	98.13	2,829.81	3,204.75	(374.94)	12.02 144.18	
FEDERAL NATL MTG ASSN GTD MTG PA POOL NBR AE0042 5.5% 05/01/2040 Cusip: 31419ABL0	14,252.3200	100.37	14,304.62	17,262.70	(2,958.08)	65.32 783.88	
FEDERAL NATL MTG ASSN POOL NUMBER AU7367 5% 09/01/2043 Cusip: 3138X7FH1	1,084.3000	98.68	1,070.00	1,204.67	(134.67)	4.52 54.22	
FEDERAL NATL MTG ASSN POOL NBR AH1684 4% 09/01/2041 Cusip: 3138A22S7	18,289.4800	94.33	17,251.92	21,464.36	(4,212.44)	60.96 731.58	
FEDERAL NATL MTG ASSN POOL NBR AL5165 4.5% 04/01/2044 Cusip: 3138EMW31	32,466.4800	97.23	31,566.51	35,798.86	(4,232.35)	121.75 1,460.99	
FEDERAL NATL MTG ASSN POOL NBR AU7388 5% 10/01/2043 Cusip: 3138X7F65	2,894.3400	98.64	2,854.89	3,232.52	(377.63)	12.06 144.72	
FEDERAL NATL MTG ASSN POOL NBR AU8053 4.5% 09/01/2043 Cusip: 3138X75P4	50,655.2300	97.23	49,251.06	55,563.55	(6,312.49)	189.96 2,279.49	
FHLMC POOL #SD-8368 6.00% 10/01/2053 Cusip: 3132DWJM6	888,416.2100	100.30	891,063.69	883,835.32	7,228.37	4,442.08 53,304.97	
FHLMC POOL #SD-8408 5.5% 03/01/2054 Cusip: 3132DWKV4	364,740.9000	98.64	359,780.42	361,720.38	(1,939.96)	1,671.73 20,060.75	
FNMA POOL #MA5009 5.00% 05/01/2053 Cusip: 31418ER77	206,388.8800	96.66	199,493.43	204,905.47	(5,412.04)	859.95 10,319.44	
FNMA POOL #MA5071 5.00% 07/01/2053 Cusip: 31418ET59	287,449.4000	96.67	277,865.83	284,619.82	(6,753.99)	1,197.71 14,372.47	
FNMA POOL #MA5072 5.5% 07/01/2053 Cusip: 31418ET67	874,412.5300	98.64	862,520.52	874,002.64	(11,482.12)	4,007.72 48,092.69	
GNMA II GTD CTF MULTI ISSUER 4.000 2048-08-20 USD 4% 08/20/2048 Cusip: 36179T7K5	10,064.8000	93.50	9,410.79	10,954.11	(1,543.32)	12.30 402.59	
GNMA II GTD CTF MULTI ISSUER POOL NBR MA4653 4% 08/20/2047 Cusip: 36179TE27	64,397.6400	93.77	60,383.09	69,710.70	(9,327.61)	78.71 2,575.91	



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POINTERS, CLEAN & CAULK WEL ATALANT PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mortgage Backed Securities							
GNMA II GTD CTF MULTI ISSUER POOL NBR MA5192 4% 05/20/2048 Cusip: 36179TXV2	15,098.9400	93.55	14,124.91	16,502.49	(2,377.58)	18.45 603.96	
GOVERNMENT NATL MTG ASSN 3.5% 09/20/2048 Cusip: 36179UCA8	17,857.7900	90.76	16,207.91	18,925.32	(2,717.41)	19.10 625.02	
GOVERNMENT NATL MTG ASSN 4.500 2052-08-20 USD 4.5% 08/20/2052 Cusip: 36179XDE3	214,077.8000	95.31	204,031.13	211,535.62	(7,504.49)	294.36 9,633.50	
GOVERNMENT NATL MTG ASSN MBS 5% 04/20/2053 Cusip: 36179XX50	235,088.2400	97.41	229,004.16	233,986.27	(4,982.11)	359.16 11,754.41	
Total Mortgage Backed Securities			3,500,014.12	3,581,961.14	(81,947.02)	14,459.48 189,724.32	
Collateralized Mtg Obligations							
GS MTG SECS TR 2015-GC28 CMO 3.396% 02/10/2048 Cusip: 36251FAW6	105,000.0000	99.03	103,985.90	108,543.75	(4,557.85)	297.15 3,565.80	
Total Collateralized Mtg Obligations			103,985.90	108,543.75	(4,557.85)	297.15 3,565.80	
Corporate Bonds							
AMGEN INC 5.25% 03/02/2033-2023 Cusip: 031162DR8, Standard & Poor's BBB+	40,000.0000	99.71	39,883.60	39,756.54	127.06	694.17 2,100.00	0.0530
ANADARKO PETE CORP 5.55% 03/15/2026-2025 Cusip: 032511BN6, Standard & Poor's BB+	20,000.0000	99.81	19,962.20	22,542.20	(2,580.00)	326.83 1,110.00	0.0570
APA CORPORATION SR 6.00% 01/15/2037 Cusip: 037411AR6, Standard & Poor's BB+	45,000.0000	99.22	44,647.65	44,708.79	(61.14)	1,245.00 2,700.00	0.0610
APACHE CORP NT 5.1% 09/01/2040-2040 Cusip: 037411AW5, Standard & Poor's BB+	45,000.0000	85.34	38,400.75	38,464.00	(63.25)	765.00 2,295.00	0.0660
BANK AMERICA CORP VAR 01/23/2035 CALLABLE Cusip: 06051GMA4, Standard & Poor's A-	80,000.0000	99.90	79,919.20	80,262.56	(343.36)	1,919.88 4,374.40	0.0550



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POINTERS, CLEAN & CAULK WEL ATALANT PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
BK OF AMERICA CORP FR 4.25% 10/22/2026 Cusip: 06051GFL8, Standard & Poor's BBB+	25,000.0000	97.52	24,379.50	25,068.78	(689.28)	203.65 1,062.50	0.0540
BK OF AMERICA CORP FR 4.271% 07/23/2029-2028 Cusip: 06051GHM4, Standard & Poor's A-	30,000.0000	96.35	28,905.30	28,983.90	(78.60)	562.35 1,281.30	0.0510
BP CAP MARKETS AMERICA PIDI NTS 10/08/2030 USD (SEC REGD) 1.749% 08/10/2030 Cusip: 10373QBM1, Standard & Poor's A-	50,000.0000	83.02	41,507.50	49,176.09	(7,668.59)	342.51 874.50	0.0500
CITIGROUP INC 1.122% 01/28/2027-2026 Cusip: 17327CAM5, Standard & Poor's BBB+	30,000.0000	93.27	27,979.50	27,733.29	246.21	143.06 336.60	0.0390
CITIGROUP INC 3.29% 03/17/2026-2026 Cusip: 172967NL1, Standard & Poor's BBB+	55,000.0000	98.22	54,018.25	53,900.00	118.25	522.74 1,809.50	0.0440
CITIGROUP INC 3.785% 03/17/2033-2032 Cusip: 172967NN7, Standard & Poor's BBB+	35,000.0000	89.10	31,186.05	31,381.00	(194.95)	382.71 1,324.75	0.0540
CITIGROUP INC 3.98% 03/20/2030-2029 Cusip: 172967ME8, Standard & Poor's BBB+	35,000.0000	94.40	33,040.35	33,184.20	(143.85)	390.81 1,393.00	0.0510
DCP MIDSTREAM OPER LP 3.25% 02/15/2032-2031 Cusip: 23311VAK3, Standard & Poor's BBB+	20,000.0000	85.66	17,131.80	17,374.73	(242.93)	245.56 650.00	0.0560
DUKE ENERGY CORP 2.65% 09/01/2026-2026 Cusip: 26441CAS4, Standard & Poor's BBB	100,000.0000	94.53	94,534.00	93,625.00	909.00	883.33 2,650.00	0.0540
DUKE ENERGY FLA LLC 3.8% 07/15/2028-2028 Cusip: 26444HAE1, Standard & Poor's A	55,000.0000	95.52	52,538.20	55,152.35	(2,614.15)	963.72 2,090.00	0.0500
ENERGY TRANSFER L P SR 5.55% 05/15/2034 CALLABLE Cusip: 29273VAY6, Standard & Poor's BBB	45,000.0000	98.97	44,535.60	44,531.75	3.85	319.13 2,497.50	0.0570
ENERGY TRANSFER L P SR 6.4% 12/01/2030 CALLABLE Cusip: 29273VAT7, Standard & Poor's BBB	30,000.0000	105.15	31,545.60	31,619.91	(74.31)	160.00 1,920.00	0.0540
FLORIDA PWR & LT CO 5.6% 06/15/2054 CALLABLE Cusip: 341081GV3, Standard & Poor's A+	55,000.0000	101.02	55,558.80	54,974.68	584.12	239.56 3,080.00	0.0550



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POINTERS, CLEAN & CAULK WEL ATALANT PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
HALLIBURTON CO 3.8% 11/15/2025-2025 Cusip: 406216BG5, Standard & Poor's BBB+	10,000.0000	97.85	9,785.40	10,336.00	(550.60)	48.56 380.00	0.0540
HESS CORP 4.3% 04/01/2027-2027 Cusip: 42809HAG2, Standard & Poor's BBB-	25,000.0000	97.50	24,376.00	24,073.25	302.75	268.75 1,075.00	0.0530
L3HARRIS TECHNOLOGIES 5.35% 06/01/2034 CALLABLE Cusip: 502431AU3, Standard & Poor's BBB	60,000.0000	99.29	59,572.20	59,183.67	388.53	267.50 3,210.00	0.0540
MARATHON OIL CORP 6.8% 03/15/2032 Cusip: 565849AB2, Standard & Poor's BBB-	15,000.0000	108.79	16,318.05	15,639.90	678.15	300.33 1,020.00	0.0540
PHILLIPS 66 3.9% 03/15/2028-2027 Cusip: 718546AR5, Standard & Poor's BBB+	15,000.0000	95.83	14,373.75	13,844.00	529.75	172.25 585.00	0.0510
PHILLIPS 66 CO SR 3.75% 03/01/2028 CALLABLE Cusip: 718547AH5, Standard & Poor's BBB+	25,000.0000	95.42	23,856.00	23,441.00	415.00	312.50 937.50	0.0510
PLAINS ALL AMERN 5.7% 09/15/2034 CALLABLE Cusip: 72650RBP6, Standard & Poor's BBB	50,000.0000	99.08	49,541.00	50,095.45	(554.45)	31.67 2,850.00	0.0580
PLAINS ALL AMERN PIPELINE L P / 3.8% 09/15/2030-2030 Cusip: 72650RBN1, Standard & Poor's BBB	30,000.0000	91.35	27,403.50	27,429.29	(25.79)	335.67 1,140.00	0.0550
RTX CORPORATION DTD 5/4/2017 3.125% 5/4/2027 Cusip: 913017CR8, Standard & Poor's BBB+	40,000.0000	94.78	37,911.60	44,710.00	(6,798.40)	197.92 1,250.00	0.0510
SABINE PASS LIQUEFACTION LLC 5.875% 06/30/2026-2025 Cusip: 785592AV8, Standard & Poor's BBB+	30,000.0000	100.40	30,120.30	29,721.10	399.20	886.15 1,762.50	0.0570
SPECTRA ENERGY PARTNERS LP SR NT 3.375% 10/15/2026 Cusip: 84756NAH2, Standard & Poor's BBB+	15,000.0000	95.74	14,360.25	16,494.01	(2,133.76)	106.88 506.25	0.0540
TARGA RES CORP SR 6.5% 03/30/2034 CALLABLE Cusip: 87612GAF8, Standard & Poor's BBB	30,000.0000	105.89	31,767.90	32,011.04	(243.14)	492.92 1,950.00	0.0570
UNUM GROUP SR NT 6.00% 06/15/2054 CALLABLE Cusip: 91529YAT3, Standard & Poor's BBB	55,000.0000	96.04	52,822.55	53,680.00	(857.45)	192.50 3,300.00	0.0630
VALERO ENERGY CORP 4.35% 06/01/2028-2028 Cusip: 91913YAV2, Standard & Poor's BBB	10,000.0000	96.77	9,676.80	10,427.00	(750.20)	36.25 435.00	0.0530



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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
VALERO ENERGY CORP 7.5% 04/15/2032 Cusip: 91913YAE0, Standard & Poor's BBB	15,000.0000	112.86	16,929.00	16,586.85	342.15	237.50 1,125.00	0.0550
VALERO ENERGY PARTNERS LP 4.5% 03/15/2028-2027 Cusip: 91914JAB8, Standard & Poor's BBB	30,000.0000	97.45	29,235.90	28,209.63	1,026.27	397.50 1,350.00	0.0530
WELLS FARGO & CO FR VAR 04/22/2028 CALLABLE Cusip: 95000U3L5, Standard & Poor's BBB+	180,000.0000	100.87	181,557.00	180,000.00	1,557.00	1,968.92 10,272.60	0.0540
WESTERN MIDSTREAM OPER 3.95% 06/01/2025 CALLABLE Cusip: 958254AE4, Standard & Poor's BBB-	10,000.0000	98.11	9,811.20	9,701.30	109.90	32.92 395.00	0.0610
WESTERN MIDSTREAM OPERATING LP 6.15% 04/01/2033-2033 Cusip: 958667AE7, Standard & Poor's BBB-	25,000.0000	102.51	25,627.75	25,447.00	180.75	384.38 1,537.50	0.0580
Total Corporate Bonds			1,424,720.00	1,443,470.26	(18,750.26)	16,981.08 68,630.40	
Foreign Bonds and Notes							
BP CAPITAL MARKETS PLC 3.279% 09/19/2027-2027 Cusip: 05565QDN5, Standard & Poor's A-	70,000.0000	94.76	66,333.40	78,338.96	(12,005.56)	650.34 2,295.30	0.0510
BROOKFIELD FIN INC SR NT Cusip: 11271LAL6, Standard & Poor's A-	25,000.0000	98.90	24,724.50	25,134.75	(410.25)	484.90 1,492.00	0.0600
ENBRIDGE INC 5.7% DTD 3/8/2023 5.70% 3/8/2033 Cusip: 29250NBR5, Standard & Poor's BBB+	30,000.0000	100.79	30,235.80	30,445.86	(210.06)	536.75 1,710.00	0.0560
ENBRIDGE INC SR NT Cusip: 29250NCD5, Standard & Poor's BBB+	20,000.0000	99.21	19,841.80	20,108.09	(266.29)	284.28 1,190.00	0.0600
ENBRIDGE INC SR NT Cusip: 29250NCC7, Standard & Poor's BBB+	70,000.0000	99.84	69,884.50	70,138.72	(254.22)	940.63 3,937.50	0.0560
ROYAL BK CDA VR 0.875% SNR GMTN DTD 1/19/2021 0.875% 1/20/2026 01/20/2026 Cusip: 78016EYM3, Standard & Poor's A	30,000.0000	93.52	28,056.90	29,804.14	(1,747.24)	116.67 262.50	0.0530
ROYAL BK CDA VR 1.6% 01/21/2025 DTD 1/21/2022 1.60% 1/21/2025 Cusip: 78016EYM3, Standard & Poor's A	40,000.0000	97.79	39,116.00	37,709.60	1,406.40	284.44 640.00	0.0570



Detailed Holdings
For the Period July 01, 2023 - June 30, 2024

POINTERS, CLEAN & CAULK WEL ATALANT PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Foreign Bonds and Notes							
VALE OVERSEAS LTD DTD 6/28/2024 6.40% 6/28/2054 Cusip: 91911TAS2, Standard & Poor's BBB-	65,000.0000	98.87	64,265.50	64,810.20	(544.70)	34.67 4,160.00	0.0650
Total Foreign Bonds and Notes			342,458.40	356,490.32	(14,031.92)	3,332.68 15,687.30	
Private Placements							
ABBVIE INC PP 144A 2.95% 11/21/2026-2026 Cusip: 00287YBU2, Standard & Poor's A-	35,000.0000	95.33	33,363.75	38,061.61	(4,697.86)	114.72 1,032.50	0.0500
ANGLO AMERICAN CAPITAL PLC SR 144A Cusip: 034863BE9, Standard & Poor's BBB	80,000.0000	99.79	79,834.40	80,145.92	(311.52)	1,098.89 4,600.00	0.0580
ANGLO AMERICAN CAPITAL PLC SR 144A NT Cusip: 034863BF6, Standard & Poor's BBB	20,000.0000	98.91	19,781.40	19,804.82	(23.42)	286.67 1,200.00	0.0610
GLENCORE FDG LLC SR 6.5% 10/06/2033 CALLABLE Cusip: 378272BQ0, Standard & Poor's BBB+	30,000.0000	104.17	31,250.40	31,994.70	(744.30)	460.42 1,950.00	0.0590
RTX Corporation DTD 3/15/2020 3.50% 3/15/2027 Cusip: 75513EBE0, Standard & Poor's BBB+	50,000.0000	95.82	47,910.00	56,498.50	(8,588.50)	515.28 1,750.00	0.0520
Total Private Placements			212,139.95	226,505.55	(14,365.60)	2,475.98 10,532.50	
Total Debt Securities			7,550,875.57	7,684,797.58	(133,922.01)	39,463.26 304,927.65	
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA TREASURY INSTRUMENTS INST Cusip: SWFTIXX01, Bank: 38142B500	44,507.7200	1.00	44,507.72	44,507.72	0.00	126.90 2,298.16	
Total Short Term Investments			44,507.72	44,507.72	0.00	126.90 2,298.16	



Detailed Holdings
For the Period July 01, 2023 - June 30, 2024

POINTERS, CLEAN & CAULK WEL ATALANT PUSD

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Cash							
U.S. DOLLAR PAYABLE - PRINCIPAL Bank: USD	-282,326.2900	1.00	(282,326.29)	(282,326.29)	0.00	0.00	0.00
U.S. DOLLAR RECEIVABLE - PRINCIPAL Bank: USD	241,283.2900	1.00	241,283.29	241,283.29	0.00	0.00	0.00
Total Cash			(41,043.00)	(41,043.00)	0.00	0.00	0.00
Total Short Term Investments			3,464.72	3,464.72	0.00	126.90	2,298.16
Total Market Value			7,554,340.29	7,688,262.30	(133,922.01)	39,590.16	307,225.81
		Add: Due to broker	41,043.00	41,043.00			
			7,595,383.29	7,729,302.30			

4/14/25

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STATEMENT 9
SCHEDULE H, PAGE 4, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 POINTERS CLEANERS & CAULKERS WELFARE FUND 13-1831867 501

<u>PARTY IN INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT AMOUNT</u>
	AMALGAMATED BANK	MONEY MARKET ACCOUNT	\$ 2,676.	\$ 2,676.
	VANGUARD	REGISTERED INVT COS.	9,920,854.	12,733,774.
	COMERICA #106818.1	SCHEDULE ATTACHED	8,248,988.	8,136,313.
	COMERICA #106818.2	SCHEDULE ATTACHED	7,729,302.	7,595,383.
	EMPOWER ANN INS CO.	STABLE VALUE FUND	12,634,103.	12,634,103.