

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1958
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) BOARD OF TRUSTEES OF POINTERS, CLEANERS & CAULKERS PENSION FUND 66-05 WOODHAVEN BOULEVARD REGO PARK, NY 11374-5227
2b	Employer Identification Number (EIN) 13-3208565
2c	Plan Sponsor's telephone number 718-896-6266
2d	Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	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 ☒ 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 2605
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) 1515 6a(2) 1697 6b 615 6c 545 6d 2857 6e 86 6f 2943 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:

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 313299769
(2) Actuarial value of assets for funding standard account.....	1b(2) 329250431
c (1) Accrued liability for plan using immediate gain methods	1c(1) 303180469
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 303180469
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 585945601
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 31752493
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 15685678
(3) Expected plan disbursements for the plan year	1d(3) 16355678

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

SIGN HERE	03/20/2025
Signature of actuary FRANK SANTASIERO, FSA, FCA, MAAA	Date 23-06798
Type or print name of actuary THE SEGAL COMPANY	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	313299769
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	580	228797758
(2) For terminated vested participants	497	68885613
(3) For active participants:		
(a) Non-vested benefits		42598214
(b) Vested benefits		245664016
(c) Total active	1516	288262230
(4) Total	2593	585945601
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.47 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2024	23049259				
			Totals ▶	3(b)	23049259
					3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.85 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males.....	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.0 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	646012	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	6653090	682686
3	1033011	1033011
4	611735	62771

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	12990809

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	52208805	8365631
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 1494951**e** Total charges. Add lines 9a through 9d**9e** 22851391**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 53671573**g** Employer contributions. Total from column (b) of line 3**9g** 23049259**h** Amortization credits as of valuation date**9h** 24607194 3424601**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 4736229**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	60501098
9j(2)	222110896

9j(3)**k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 84881662**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 62030271**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-3208565

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☒

Yes

☐

No
- b

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

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

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

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

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

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

HOLM & OHARA

13-3591118

(b) 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	236821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROTHBERG, STRAUS & CONTRUBIS LLP

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	EMPL ASSOC. ATTY	92744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOULD, KOBRICK, & SCHLAPP, P.C.

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	100175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY

13-1835864

(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	58440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUANVEST CONSULTANT

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	77484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NINA FIRRINCILI

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?
30	NONE	53301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JAMES TIERNEY

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?
30	NONE	158772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYNTONIC SYSTEMS INC

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	33000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOBGO ASSOCIATES, INC.

13-2751089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	199968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THERESA GRILLO

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?
30	NONE	39455	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROLE PESIRI

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?
30	NONE	139090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LYNN CERINO

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?
30	NONE	60020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INVESCO NATIONAL TRUST COMPANY

46-3793325

(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	67693	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☒ No ☐

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

SEI TRUST COMPANY INTECH ENH PLUS

06-1271230

(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	45511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLENA SIDENKO

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?
30	NONE	61835	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ATLANTA SOSNOFF

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	253271	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☐ No ☒

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

AFL-CIO HOUSING INVESTMENT TRUST

2401 PENNSYLVANIA AVENUE NW SUITE
WASHINGTON, DC 20037

52-6220193

(b) 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	31285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(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	161732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HERMINIA GONZALEZ

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?
30	NONE	46923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

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	31114	Yes ☒ No ☐	Yes ☐ No ☒	16929	Yes ☐ No ☒

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

BJ DEONARAIN

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?
30	NONE	121450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANGELA TORRES

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?
30	NONE	41856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SABRINA ARTEAGA

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?
30	NONE	43400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERGRATED TECHNOLOGY SYSTEMS NYC

20-3986719

(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	34807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDREW BREW

13-3473497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	144408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILIP OCONNELL

13-3473497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	85739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

URAN REXHEPI

13-3473497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	5760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 SOUTH LENOLA ROAD
MAPLE SHADE, NJ 08052

(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	47727	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KINNARI RAMOLIA

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?
30	NONE	53931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

333 SOUTH 7TH STREET
MINEAPOLIS, MN 55402

82-4722389

(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 49	NONE	20827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADP, INC.

1 ADP BOULEVARD
ROSELAND, NJ 07068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ATALANTA SOSNOFF 20-0461050	68	8611
(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.	
COWEN WESTMINSTER 1633 BROADWAY 48TH FLR NEW YORK, NY 10019 20-5150276	SOFT DOLLAR.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO NATIONAL TRUST COMPANY 46-3	68	1608
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO ADVISERS, INC. 1555 PEACHTREE ST NE ATLANTA, GA 30309 58-1707262	SOFT DOLLAR.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ATALANTA SOSNOFF 20-0461050	68	2116
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STONEX GROUP 530 FIFTH AVENUE 15TH FLR NEW YORK, NY 10017 59-3514167	SOFT DOLLAR.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 PENSION FUND	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-3208565
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CORE FIXED INCOME TRUST

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

c EIN-PN 84-1126600-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46844100
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a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST-MEPT

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

c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11517811
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED-RISK ALLOCATION TR

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

c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17440965
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a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

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

c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14712851
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a Name of MTIA, CCT, PSA, or 103-12 IE: MACKEY SHIELDS CORE PLUS BOND CIT

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

c EIN-PN 47-1818241-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46831923
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTECH INSTL ENHANCED PLUS EQ FUND

b Name of sponsor of entity listed in (a): INTECH INVESTMENT MANAGEMENT, LLC

c EIN-PN 01-6217141-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-3208565	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5750259	5629078
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2232486	2280408
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9221684	13608153
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	108715364	187624955
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	4200002	4160001
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	171827453	137347650
(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)	18563170	19530241
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

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	192988	221753
f Total assets (add all amounts in lines 1a through 1e)	1f	320703406	370402239
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	461255	552532
i Acquisition indebtedness	1i		
j Other liabilities	1j	6942382	9429818
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7403637	9982350
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	313299769	360419889

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)	23046964	
(B) Participants	2a(1)(B)		
(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)		23046964
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	194946	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2307	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		197253
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	691277	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	484248	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1175525
(3) Rents	2b(3)		176937
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	54942730	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	54360036	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		582694
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-81566	
(B) Other	2b(5)(B)	39963033	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		39881467

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-252623
(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)		514109
c Other income	2c		25388
d Total income. Add all income amounts in column (b) and enter total	2d		65347714

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15736533	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15736533
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)	820032	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	199968	
(4) IQPA audit fees.....	2i(4)	100175	
(5) Investment advisory and investment management fees	2i(5)	636976	
(6) Bank or trust company trustee/custodial fees	2i(6)	31114	
(7) Actuarial fees	2i(7)	58440	
(8) Legal fees	2i(8)	316972	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	327384	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2491061
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18227594

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47120120
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 535814.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,		D Employer Identification Number (EIN) 13-3208565
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ADAMS EUROPEAN**

b EIN **13-3201275**

c Dollar amount contributed by employer **1983876**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

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

b EIN **22-3270937**

c Dollar amount contributed by employer **1096510**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer **NICHOLSON & GALLOWAY**

b EIN **11-2836932**

c Dollar amount contributed by employer **1132185**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer **KEL-TECH**

b EIN **11-3055332**

c Dollar amount contributed by employer **974557**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer **J & N CONSTRUCTION**

b EIN **27-3338841**

c Dollar amount contributed by employer **677888**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer **WHITESTONE CONSTRUCTION**

b EIN **11-2660268**

c Dollar amount contributed by employer **654515**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ZORIA HOUSING**

b EIN **20-0767144**

c Dollar amount contributed by employer **640293**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer **KINGS COUNTY WATERPROOFING**

b EIN **11-2496730**

c Dollar amount contributed by employer **560073**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer **WESTERN SPECIALTY (BRISK)**

b EIN **43-1111317**

c Dollar amount contributed by employer **553769**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer **C & D MAINTENANCE**

b EIN **05-0546546**

c Dollar amount contributed by employer **425379**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.85**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

0

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

0

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 55.2 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 26.6 %

High-Yield Debt: 2.5 % Real Assets: 10.8 % Cash or Cash Equivalents: _____ % Other: 4.9 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

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

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

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

**CONSOLIDATED 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

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

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Pointers, Cleaners & Caulkers Pension Fund & Subsidiary as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and accumulated plan benefits as of June 30, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pointers, Cleaners & Caulkers Pension Fund & Subsidiary's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

INDEPENDENT AUDITORS' REPORT (continued)

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

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter—Supplemental Schedules Required by ERISA

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

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

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

Anders, Kohnke & Adolph, P.C.

New York, NY
April 9, 2025

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

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

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 362,271,000	\$ 312,527,673
Receivables:		
Employer contributions	5,629,078	5,750,259
Due from related organizations	2,060,200	1,751,144
Other	64,107	273,071
Accrued investment income	36,623	41,494
Total Receivables	7,790,008	7,815,968
Other assets:		
Fixed assets, net of accumulated depreciation	221,753	192,988
Prepaid expenses	109,015	149,097
Withholdings	10,463	17,680
Total Other Assets	341,231	359,765
Total Assets	370,402,239	320,703,406
LIABILITIES		
Employer contribution exchanges	9,276,780	6,539,228
Accrued administrative expenses	552,532	461,255
Cash, operating account overdraft	138,138	245,104
Other	14,900	14,900
Due to broker	0	143,150
Total Liabilities	9,982,350	7,403,637
NET ASSETS AVAILABLE FOR BENEFITS	\$ 360,419,889	\$ 313,299,769

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

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

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

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	\$ 40,725,647	\$ 20,325,625
Interest, dividends, and other	1,303,925	1,088,194
Rent, net of expenses	(531,959)	(506,152)
	<u>41,497,613</u>	<u>20,907,667</u>
Less - Investment fees	668,090	706,241
Net Investment Income	<u>40,829,523</u>	<u>20,201,426</u>
Employer contributions	23,046,964	23,942,178
Employer delinquency interest	2,307	0
Other income	1,955	5,785
(Loss) due to bank fraud	(236,062)	0
Total Additions	<u>63,644,687</u>	<u>44,149,389</u>
DEDUCTIONS FROM NET ASSETS		
Benefits paid	15,736,533	15,282,793
Pre-retirement death benefit	0	93,000
Administrative expenses	788,034	737,577
Total Deductions	<u>16,524,567</u>	<u>16,113,370</u>
Net increase in net assets available for benefits	<u>47,120,120</u>	<u>28,036,019</u>
Net assets available for benefits:		
Beginning	<u>313,299,769</u>	285,263,750
Ending	<u>\$ 360,419,889</u>	<u>\$ 313,299,769</u>

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

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

**STATEMENT OF ACCUMULATED PLAN BENEFITS
JUNE 30, 2023
AND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JUNE 30, 2023**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits:	
Pensioners and beneficiaries currently receiving benefits	\$ 149,021,915
Other vested benefits	134,814,297
Total Vested Benefits	283,836,212
Non-vested benefits	19,344,257
Total actuarial present value of accumulated plan benefits	\$ 303,180,469

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

Actuarial present value of accumulated plan benefits - Beginning	\$ 282,142,493
Increase (decrease) during the period attributable to:	
Interest	19,166,976
Benefits accumulated, net experience gain or loss, changes in data	15,602,047
Change in actuarial assumptions	611,735
Plan amendments	1,033,011
Benefits paid	(15,375,793)
Net Increase	21,037,976
Actuarial present value of accumulated plan benefits - Ending	\$ 303,180,469

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

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

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

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

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

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

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

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

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

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

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

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

Contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (continued)

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

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

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

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

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

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Reclassification: Certain amounts in the 2023 financial statements have been reclassified for comparative purposes to conform to the presentation in the 2024 financial statements.

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

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

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

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

The actuarial present value of accumulated plan benefits is determined by an actuary from The Segal Company and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2023, were:

Actuarial Present Value of Accumulated Pension Plan Benefits:

Mortality rates:

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

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

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

Termination rates before retirement

Age	Male	Female	Disability
20	0.07%	0.02%	0.03%
25	0.07%	0.02%	0.04%
30	0.06%	0.02%	0.06%
35	0.07%	0.03%	0.10%
40	0.10%	0.05%	0.16%
45	0.16%	0.09%	0.26%
50	0.26%	0.13%	0.45%
55	0.38%	0.19%	0.84%
60	0.64%	0.31%	1.20%

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Age	Withdrawal (Years of Service)			
	< 2	2 - 4	5 - 9	> 10
20	17.99%	14.19%	15.00%	8.75%
25	21.74%	17.14%	12.96%	8.75%
30	18.61%	13.58%	8.39%	4.84%
35	16.78%	11.02%	7.15%	5.02%
40	15.91%	10.35%	6.01%	4.15%
45	15.48%	9.47%	5.82%	3.73%
50	15.60%	8.90%	5.32%	3.49%
55	13.52%	7.82%	2.59%	0.88%
60	13.63%	7.84%	2.12%	0.20%

Retirement rates:

Expected incidence of retirement

Retirement	
Age	Probability
55	50%
56-61	15% *
62	50%
63-66	40%
67-69	25%
70	100%

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

Future benefit accruals: 1.5 service credits per year.

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

Retirement age: 62 for inactive vested participants.

Percent married: 80%

Age of spouse: Females three years younger than males.

Net investment return: 7.00% (Same in 2022)

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

Administrative expenses: \$670,000 payable monthly, for the year beginning July 1, 2023 (equivalent to \$646,012 payable at the beginning of the year).

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

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Actuarial cost method:	Unit credit actuarial cost method. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated by service.
Current liability assumptions:	
Interest	2.85% (2.27% in 2022), within the permissible range projected under IRS Section 431(c)(6)(E).
Mortality	Mortality prescribed under IRS Regulation 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2021 (previously, Scale MP-2020 was used).
Change in actuarial assumptions:	For purposes of determining current liability, the current liability interest rate was changed from 2.27% to 2.85% due to a change in permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on the past experience and future expectations, the following actuarial assumption was changed: - Administrative expenses, previously \$620,000. - Turnover Rates, previously one half of the 2003 SOA Pension Plan Turnover Study Select and Ultimate Table - Retirement Rates for Active participants, previously:

Retirement		
Age	Probability	
55	50%	
56-61	15%	*
62	50%	
63	30%	* 50% for the first year of eligibility
64	50%	for the service pension
65-69	25%	
70	100%	

- Retirement Rates for Inactive Vested participants, previously:

Retirement	
Age	Probability
62	75%
63-64	40%
65	75%
66-69	25%
70	100%

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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

NOTE 3 – PLAN TERMINATION PRIORITIES

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

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

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

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

NOTE 4 – TAX STATUS

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

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

NOTE 5 – CONCENTRATION OF CREDIT RISK

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

Contributions receivable of \$5,629,078 (2024) and \$5,750,259 (2023) include amounts from employers totaling \$0 and \$325,024, respectively, which represent 5% or more of the total receivable (0% and 6% of the total receivable at June 30, 2024 and 2023). Of the \$5,629,078 receivable at June 30, 2024, approximately 10% remains uncollected as of the date of the audit report.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 6 – RISKS AND UNCERTAINTIES

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

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

NOTE 7 – FAIR VALUE MEASUREMENTS

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability.
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets at fair value. There have been changes in the methodologies used at June 30, 2024 and 2023.

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

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

Real estate: The land and building at 66-05 Woodhaven Boulevard are carried at fair value as appraised by a licensed appraiser. The last appraisal of the property was completed February 19, 2025.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

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

Common/collective trusts: Valued at net asset value (NAV) of units held (or its equivalent, such as member units or an ownership interest in partners' capital). The NAV or its equivalent is used as a practical expedient to estimate fair value. The NAV or its equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV or its equivalent.

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 tables 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	\$ 13,608,153	\$ 0	\$ 0	\$ 13,608,153
Corporate stocks	187,624,955	0	0	187,624,955
Real estate	0	0	4,160,001	4,160,001
Registered investment companies	9,809,400	9,720,841	0	19,530,241
	<u>\$ 211,042,508</u>	<u>\$ 9,720,841</u>	<u>\$ 4,160,001</u>	<u>224,923,350</u>
Investments measured at NAV				137,347,650
Total Investments at Fair Value				<u>\$ 362,271,000</u>
June 30, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 9,221,684	\$ 0	\$ 0	\$ 9,221,684
Corporate stocks	108,715,364	0	0	108,715,364
Real estate	0	0	4,200,002	4,200,002
Registered investment companies	9,479,569	9,083,601	0	18,563,170
	<u>\$ 127,416,617</u>	<u>\$ 9,083,601</u>	<u>\$ 4,200,002</u>	<u>140,700,220</u>
Investments measured at NAV				171,827,453
Total Investments at Fair Value				<u>\$ 312,527,673</u>

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended June 30, 2024:

	Real estate
Balance, beginning of year	\$ 4,200,002
Unrealized (losses)	(81,566)
Amortization	41,565
Balance, end of year	\$ 4,160,001

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of June 30, 2024 and 2023, respectively.

Description	Fair Market Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	June 30, 2024	June 30, 2023			
Common/collective trusts:					
Invesco Core Plus Fixed Income Trust	\$ 46,844,100	\$ 38,938,427	N/A	Each business day	No later than 4pm on the trade date ET
Invesco Balanced-Risk Allocation Trust	17,440,965	14,121,513	N/A	Each business day	No later than 3pm on the trade date ET
Intech Institutional Enhanced Plus Equity Fund	0	46,329,700	N/A	Each business day	5 business days prior to request date
Multi-Employer Property Trust	11,517,811	13,229,499	N/A	Quarterly valuation date	Immediately after requests are made
Mackay Shields Core Plus Bond Cit	46,831,923	39,885,506	N/A	Each business day	At the end of current day
ASB Allegiance Real Estate Fund	14,712,851	19,322,808	N/A	Quarterly valuation date	7 business days
Total Investments measured at NAV	\$ 137,347,650	\$ 171,827,453			

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

NOTE 8 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through April 9, 2025, the date the financial statements were available to be issued.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 9 – FIXED ASSETS

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

	2024	2023
Software	\$ 245,982	\$ 245,982
Furniture and fixtures	224,317	195,605
Equipment	173,949	172,615
Automobile	21,222	0
	<u>665,470</u>	<u>614,202</u>
Less - Accumulated depreciation and amortization	443,717	421,214
Net Fixed Assets	<u>\$ 221,753</u>	<u>\$ 192,988</u>

NOTE 10 – LEASES

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

The Corporation has entered into a cancelable lease agreement to rent space to BAC Local 1, NY Benefit Plan, a related organization (see Note 10) at an annual rent of \$119,400. The term of the lease is January 1, 2020 through December 31, 2029.

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

The Corporation entered into a non-cancelable lease agreement to rent space to Fleet Street Properties. The term of the lease was October 1, 2006 through September 30, 2011, for a rent of \$10,800. This lease was not renewed. In December 2022, Fleet Street Properties moved out.

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

The Corporation has entered into a non-cancellable lease agreement to rent space to Clark Whitsett, Esq. The term of the lease is December 1, 2022 through November 30, 2025, at an annual rent of \$22,200 for the first year with a 3% rent increase thereafter.

The Corporation has entered into a non-cancelable lease agreement to rent space to AC Elevator NYC Inc. The term of the lease is November 1, 2022 through October 31, 2025, at an annual rent of \$10,200 for the first year with a 3% rent increase thereafter.

The annual minimum lease income under these non-cancelable leases as of June 30, 2024, is:

		Facilities
Periods ending June 30:	2025	\$ 33,982
	2026	13,420
Aggregate future minimum rentals		<u>\$ 57,215</u>

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 11 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

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

Most common general and administrative expenses (rent, payroll, equipment, stationery, printing, utilities, and some general professional fees) of the Plan and of the Pointers, Cleaners and Caulkers Welfare and Annuity Funds (together the “Plans”) are paid by the Plan’s General Operating Account. The amounts are then allocated based on usage and estimated time and space formulas. The General Operating Account also collects and remits certain contribution income on behalf of the Plans (See contribution exchanges below). The Plan’s subsidiary also leases facilities to related parties (see Note 10).

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

	Totals	Welfare Fund	Annuity Fund	Promotion Fund	Others
Beginning balances	\$ 1,751,144	\$ 1,562,707	\$ (25,063)	\$ 3,936	\$ 209,565
Current period activity:					
Payments	(635,855)	(790,599)	158,680	(3,936)	0
Expense allocations	1,371,808	812,635	499,840	4,624	54,709
Quarterly reimbursements	(640,000)	(360,000)	(280,000)	0	0
Contribution transfer error	(2,926)	0	(2,926)	0	0
Contribution exchanges	221,642	1,325,780	(1,104,138)	0	0
Delinquency interest allocation	(5,612)	(2,381)	(2,657)	(32)	(542)
Total Current Activity	309,057	985,435	(731,201)	656	54,167
Ending balances	\$ 2,060,200	\$ 2,548,142	\$ (756,264)	\$ 4,592	\$ 263,732

NOTE 12 – RETIREMENT PLANS

The Plan’s eligible employees are covered under various defined benefit retirement plans. Contributions to these retirement plans for the years ended June 30, 2024 and 2023 were \$217,634 and \$204,258, respectively. Information about these plans is as follows:

Retirement Income Plan			Pension Protection Act Zone Status		FIP/RP Status Pending / Implemented	Contributions			Surcharge Imposed	Expiration Date Of Collective Bargaining Agreement
Name	E.I.N.	Plan No.	2024	2023		2024	2023	2022		
Pointers, Cleaners & Caulkers Pension Fund	13-3208565	001	Green	Green	N/A	\$ 165,087	\$ 151,364	\$ 157,181	No	6/30/2024
Bricklayers & Trowel Trades International Pension Fund	52-6127746	001	Yellow	Yellow	N/A	35,551	34,212	65,955	No	6/30/2024
Bricklayers Pension Plan	51-6135291	001	Green	Green	N/A	16,996	18,682	12,007	No	6/30/2024
						\$ 217,634	\$ 204,258	\$ 235,143		

Non-contributory defined contribution plans cover the Plan’s eligible employees. Contributions to these plans for the years ended June 30, 2024 and 2023 were \$56,050 and \$48,557, respectively.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

NOTE 13 – ADMINISTRATIVE EXPENSES

	2024	2023
Administrative overhead (see below)	\$ 487,065	\$ 466,919
Less: rent expense eliminated in consolidation	62,250	62,250
	<u>424,815</u>	<u>404,669</u>
Professional fees:		
Auditing	100,175	118,850
Legal	68,441	67,222
Actuary and consultant	58,440	55,795
Other	4,620	5,605
Pension Benefit Guaranty Corporation	91,175	81,952
Research services	20,827	0
Other	14,813	0
Other general and administrative	4,279	3,484
Bonding insurance	449	0
Total Administrative Expenses - Pension Fund	<u>\$ 788,034</u>	<u>\$ 737,577</u>
General operating account administrative expenses:		
Payroll	\$ 1,089,397	\$ 1,076,368
Legal and collection fees	248,531	258,108
Employer payroll compliance audits	199,968	165,449
Equipment rental and maintenance	133,589	79,814
Rent	62,250	62,250
Staff training and development	55,740	55,908
Insurance	48,009	50,174
Telephone	30,609	26,071
Stationery, supplies and postage	27,590	66,844
Other general and administrative	23,529	17,995
Depreciation	12,214	3,016
Auto expenses	11,841	14,292
Payroll services	5,500	3,879
Meetings and educational conferences	85	0
	<u>1,948,852</u>	<u>1,880,168</u>
Less:		
General operating accounts interest income	66,546	31,932
Other income	23,433	30,030
Net Administrative Expenses	<u>\$ 1,858,873</u>	<u>\$ 1,818,206</u>
Allocations:		
Welfare fund	\$ 812,635	\$ 818,573
Annuity Fund	499,840	480,904
Pension Fund	487,065	466,919
B.A.C. Union Local 1	33,784	27,193
I.M.I. Fund	10,800	10,674
International Pension Fund	10,125	10,007
Promotion Fund	4,624	3,936
Total Allocation to Organizations	<u>\$ 1,858,873</u>	<u>\$ 1,818,206</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>		
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		
1 a Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND		1b Three-digit plan number (PN).... <u>001</u>
		1c Effective date of plan <u>07/01/1958</u>
2 a 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) <u>13-3208565</u>
		2c Plan Sponsor's telephone number <u>718-896-6266</u>
		2d Business code (see instructions) <u>525100</u>
BOARD OF TRUSTEES OF POINTERS, CLEANERS & CAULKERS PENSION 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.

SIGN HERE	☒ <u>Jack Argila</u>	☒ <u>3/18/2025</u>	Jack Argila
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	☒ <u>Robert DeLomonico</u>	☒ <u>3/18/2025</u>	Robert DeLomonico
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

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

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Equity Securities							
Communication Services							
ALPHABET INC CL A Cusip: 02079K305	18,063.0000	182.15	3,290,175.45	1,789,723.76	1,500,451.69	0.00 14,450.40	
FACEBOOK INC Cusip: 30303M102	5,131.0000	504.22	2,587,152.82	1,122,842.94	1,464,309.88	0.00 10,262.00	
NETFLIX.COM INC Cusip: 64110L106	1,662.0000	674.88	1,121,650.56	535,271.96	586,378.60	0.00 0.00	
T-MOBILE US INC Cusip: 872590104	4,200.0000	176.18	739,956.00	522,079.37	217,876.63	0.00 10,920.00	
Total Communication Services			7,738,934.83	3,969,918.03	3,769,016.80	0.00 35,632.40	
Consumer Discretionary							
AMAZON COM INC Cusip: 023135106	17,260.0000	193.25	3,335,495.00	2,194,878.28	1,140,616.72	0.00 0.00	
DICKS SPORTING GOODS INC Cusip: 253393102	3,200.0000	214.85	687,520.00	368,723.44	318,796.56	0.00 14,080.00	
HOME DEPOT INC Cusip: 437076102	1,400.0000	344.24	481,936.00	453,354.01	28,581.99	0.00 12,600.00	
LULULEMON ATHLETICA INC Cusip: 550021109	1,210.0000	298.70	361,427.00	428,230.57	(66,803.57)	0.00 0.00	
MCDONALDS CORP Cusip: 580135101	1,275.0000	254.84	324,921.00	320,118.09	4,802.91	0.00 8,517.00	
Total Consumer Discretionary			5,191,299.00	3,765,304.39	1,425,994.61	0.00 35,197.00	
Consumer Staples							
COCA COLA CO Cusip: 191216100	17,800.0000	63.65	1,132,970.00	1,089,538.43	43,431.57	8,633.00 34,532.00	
COSTCO WHOLESALE CORP Cusip: 22160K105	1,596.0000	849.99	1,356,584.04	627,780.89	728,803.15	0.00 7,405.44	
PEPSICO INC Cusip: 713448108	3,655.0000	164.93	602,819.15	636,743.63	(33,924.48)	0.00 19,810.10	
TARGET CORP Cusip: 87612E106	3,675.0000	148.04	544,047.00	628,557.17	(84,510.17)	0.00 16,464.00	
Total Consumer Staples			3,636,420.19	2,982,620.12	653,800.07	8,633.00 78,211.54	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

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

Page 5 of 95

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Energy							
CONOCOPHILLIPS Cusip: 20825C104	9,700.0000	114.38	1,109,486.00	867,293.22	242,192.78	0.00	
						22,504.00	
EXXON MOBIL CORPORATION Cusip: 30231G102	12,400.0000	115.12	1,427,488.00	1,092,317.74	335,170.26	0.00	
						47,120.00	
Total Energy			2,536,974.00	1,959,610.96	577,363.04	0.00	
						69,624.00	
Financials							
ALLSTATE CORP Cusip: 020002101	3,900.0000	159.66	622,674.00	631,249.69	(8,575.69)	3,588.00	
						14,352.00	
AMERICAN EXPRESS CO Cusip: 025816109	4,800.0000	231.55	1,111,440.00	808,741.42	302,698.58	0.00	
						13,440.00	
BANK OF AMERICA CORP Cusip: 060505104	16,445.0000	39.77	654,017.65	572,255.65	81,762.00	0.00	
						15,787.20	
GOLDMAN SACHS GROUP INC Cusip: 38141G104	2,785.0000	452.32	1,259,711.20	951,592.93	308,118.27	0.00	
						30,635.00	
JPMORGAN CHASE & CO Cusip: 46625H100	9,400.0000	202.26	1,901,244.00	1,260,195.03	641,048.97	0.00	
						43,240.00	
KKR CO INC CL- A Cusip: 48251W104	6,325.0000	105.24	665,643.00	641,386.37	24,256.63	0.00	
						4,427.50	
MORGAN STANLEY Cusip: 617446448	8,600.0000	97.19	835,834.00	656,424.62	179,409.38	0.00	
						29,240.00	
SCHWAB CHARLES CORP Cusip: 808513105	13,200.0000	73.69	972,708.00	832,334.77	140,373.23	0.00	
						13,200.00	
VISA INC CL A Cusip: 92826C839	3,230.0000	262.47	847,778.10	523,172.97	324,605.13	0.00	
						6,718.40	
Total Financials			8,871,049.95	6,877,353.45	1,993,696.50	3,588.00	
						171,040.10	
Health Care							
ABBVIE INC Cusip: 00287Y109	4,703.0000	171.52	806,658.56	701,589.96	105,068.60	0.00	
						29,158.60	
AMGEN INC Cusip: 031162100	1,968.0000	312.45	614,901.60	588,859.70	26,041.90	0.00	
						17,712.00	
BOSTON SCIENTIFIC CORP Cusip: 101137107	12,900.0000	77.01	993,429.00	565,618.52	427,810.48	0.00	
						0.00	
LILLY ELI & CO Cusip: 532457108	1,971.0000	905.38	1,784,503.98	490,000.30	1,294,503.68	0.00	
						10,249.20	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

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

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Health Care							
MCKESSON CORP Cusip: 58155Q103	594.0000	584.04	346,919.76	312,379.31	34,540.45	368.28 1,473.12	
MERCK & CO INC Cusip: 58933Y105	8,700.0000	123.80	1,077,060.00	663,082.34	413,977.66	6,699.00 26,796.00	
THE CIGNA GROUP Cusip: 125523100	3,306.0000	330.57	1,092,864.42	1,010,817.43	82,046.99	0.00 18,513.60	
UNITEDHEALTH GROUP INC Cusip: 91324P102	2,102.0000	509.26	1,070,464.52	776,335.63	294,128.89	0.00 17,656.80	
VERTEX PHARMACEUTICALS INC Cusip: 92532F100	2,153.0000	468.72	1,009,154.16	680,721.84	328,432.32	0.00 0.00	
Total Health Care			8,795,956.00	5,789,405.03	3,006,550.97	7,067.28 121,559.32	
Industrials							
RTX Corporation Cusip: 75513E101	9,635.0000	100.39	967,257.65	952,942.85	14,314.80	0.00 24,280.20	
UNITED RENTALS INC Cusip: 911363109	1,467.0000	646.73	948,752.91	638,178.75	310,574.16	0.00 9,124.74	
Total Industrials			1,916,010.56	1,591,121.60	324,888.96	0.00 33,404.94	
Information Technology							
ADOBE SYS INC Cusip: 00724F101	1,268.0000	555.54	704,424.72	633,943.29	70,481.43	0.00 0.00	
ADVANCED MICRO DEVICES INC Cusip: 007903107	7,340.0000	162.21	1,190,621.40	933,823.52	256,797.88	0.00 0.00	
APPLE INC Cusip: 037833100	18,893.0000	210.62	3,979,243.66	2,480,186.51	1,499,057.15	0.00 18,893.00	
BROADCOM INC Cusip: 11135F101	1,191.0000	1,605.53	1,912,186.23	761,808.27	1,150,377.96	0.00 25,011.00	
CISCO SYS INC Cusip: 17275R102	6,400.0000	47.51	304,064.00	324,286.71	(20,222.71)	0.00 10,240.00	
DATADOG INC CLASS A Cusip: 23804L103	2,485.0000	129.69	322,279.65	283,319.32	38,960.33	0.00 0.00	
IBM CORP Cusip: 459200101	6,600.0000	172.95	1,141,470.00	973,701.96	167,768.04	0.00 44,088.00	
INTUIT INC Cusip: 461202103	1,265.0000	657.21	831,370.65	576,293.36	255,077.29	0.00 4,554.00	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

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

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Information Technology							
LAM RESH CORP Cusip: 512807108	685.0000	1,064.85	729,422.25	404,906.97	324,515.28	1,370.00 5,480.00	
MICRON TECHNOLOGY INC Cusip: 595112103	6,800.0000	131.53	894,404.00	406,547.64	487,856.36	0.00 3,128.00	
MICROSOFT CORP Cusip: 594918104	7,465.0000	446.95	3,336,481.75	1,565,713.04	1,770,768.71	0.00 22,395.00	
NVIDIA CORP Cusip: 67066G104	32,810.0000	123.54	4,053,347.40	696,293.59	3,357,053.81	0.00 1,312.40	
PALO ALTO NETWORKS INC Cusip: 697435105	3,201.0000	339.01	1,085,171.01	641,884.62	443,286.39	0.00 0.00	
SERVICENOW INC Cusip: 81762P102	1,367.0000	786.67	1,075,377.89	768,717.46	306,660.43	0.00 0.00	
SYNOPSYS INC Cusip: 871607107	800.0000	595.06	476,048.00	460,485.96	15,562.04	0.00 0.00	
Total Information Technology			22,035,912.61	11,911,912.22	10,124,000.39	1,370.00 135,101.40	
Materials							
FREEPORT-MCMORAN COPPER & GOLD B Cusip: 35671D857	10,200.0000	48.60	495,720.00	486,210.48	9,509.52	0.00 6,120.00	
MARTIN MARIETTA MATERIALS INC Cusip: 573284106	1,033.0000	541.80	559,679.40	411,185.48	148,493.92	0.00 3,057.68	
Total Materials			1,055,399.40	897,395.96	158,003.44	0.00 9,177.68	
Foreign Stock							
EATON CORP PLC Cusip: G29183103	4,200.0000	313.55	1,316,910.00	950,763.22	366,146.78	0.00 15,792.00	
SHOPIFY INC Cusip: 82509L107	5,435.0000	66.05	358,981.75	327,014.02	31,967.73	0.00 0.00	
Total Foreign Stock			1,675,891.75	1,277,777.24	398,114.51	0.00 15,792.00	
Mutual Funds - Closed End							
INVESCO QQQ TR SERIES 1 Cusip: 46090E103	3,460.0000	479.11	1,657,720.60	1,303,661.88	354,058.72	2,634.79 9,269.34	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

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

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mutual Funds - Closed End							
Total Mutual Funds - Closed End			1,657,720.60	1,303,661.88	354,058.72	2,634.79 9,269.34	
Real Estate Investment Trusts							
AMERICAN TOWER REIT Cusip: 03027X100	2,400.0000	194.38	466,512.00	508,517.16	(42,005.16)	3,888.00 15,744.00	
Total Real Estate Investment Trusts			466,512.00	508,517.16	(42,005.16)	3,888.00 15,744.00	
Total Equity Securities			65,578,080.89	42,834,598.04	22,743,482.85	27,181.07 729,753.72	
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA TREASURY INSTRUMENTS INST Cusip: SWFTIXX01, Bank: 38142B500	2,562,134.1400	1.00	2,562,134.14	2,562,134.14	0.00	9,441.71 132,296.03	
Total Short Term Investments			2,562,134.14	2,562,134.14	0.00	9,441.71 132,296.03	
Total Short Term Investments			2,562,134.14	2,562,134.14	0.00	9,441.71 132,296.03	
Total Market Value			68,140,215.03	45,396,732.18	22,743,482.85	36,622.78 862,049.75	

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BOARD OF TRUSTEES OF POINTERS,

PLAN NO. 001

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STATEMENT 1

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

OTHER RECEIVABLES

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

	BEGINNING	ENDING
DUE FROM MEMBERS.....	\$ 15,191.	\$ 40,837.
DUE FROM RELATED ORGANIZATIONS.....	1,751,144.	2,060,200.
INVESTMENT INCOME RECEIVABLE.....	41,494.	36,623.
OTHER RECEIVABLE.....	257,880.	23,270.
PREPAID EXPENSES.....	149,097.	109,015.
WITHHOLDINGS.....	17,680.	10,463.
TOTAL	\$ 2,232,486.	\$ 2,280,408.

STATEMENT 2

SCHEDULE H, PAGE 2, LINE 1J

OTHER LIABILITIES

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

	BEGINNING	ENDING
CASH, OPERATING ACCOUNT OVERDRAFT.....	\$ 245,104.	\$ 138,138.
CONTRIBUTION EXCHANGE.....	6,539,228.	9,276,780.
DUE TO BROKER.....	143,150.	0.
SECURITY DEPOSIT.....	14,900.	14,900.
TOTAL	\$ 6,942,382.	\$ 9,429,818.

STATEMENT 3

SCHEDULE H, PAGE 2, LINE 2B(1)(F)

OTHER INTEREST

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

EMPLPOYER DELINQUENCY.....	\$ 2,307.
TOTAL	\$ 2,307.

STATEMENT 4

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

OTHER UNREALIZED APPRECIATION

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

PUBLICLY TRADED SECURITIES.....	\$ 39,963,033.
TOTAL	\$ 39,963,033.

STATEMENT 5

SCHEDULE H, PAGE 3, LINE 2C

OTHER INCOME

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

MISCELLANEOUS.....	\$ 25,388.
TOTAL	\$ 25,388.

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BOARD OF TRUSTEES OF POINTERS,

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STATEMENT 6

SCHEDULE H, PAGE 3, LINE 2I(11)

OTHER ADMINISTRATIVE EXPENSES

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

BUILDING OPERATIONS.....	\$	689,444.
COMPUTER SERVICES.....		119,085.
DEPRECIATION.....		36,871.
EMPLOYEE BENEFITS & TAXES.....		269,365.
EQUIPMENT RENTAL & MAINTENANCE.....		14,504.
INSURANCE.....		139,633.
INVESTIGATOR.....		11,841.
LOSS DUE TO BANK FRAUD.....		236,062.
O/H ADMIN EXPENSE REIMBURSEMENT.....		-1,371,808.
OTHER GENERAL & ADMINISTRATIVE.....		10,754.
PAYROLL SERVICES.....		5,500.
RESEARCH SERVICES.....		20,827.
STAFF TRAINING.....		55,740.
STATIONERY & POSTAGE.....		44,059.
SWT OVERPAYMENT WRITTEN-OFF.....		14,813.
TELEPHONE.....		30,609.
TRAVEL.....		85.
TOTAL	\$	327,384.

STATEMENT 7

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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

PARTY IN INTEREST	IDENTIFICATION	DESCRIPTION	COST	CURRENT AMOUNT
ASB ALLEGIANCE REF		CASH EQUIVALENTS	\$ 12.	\$ 12.
NEW TOWER-MEPT		CASH EQUIVALENTS	1.	1.
ASB ALLEGIANCE REF		COMMON COLLECT TRUST	10,000,000.	14,712,851.
INVESCO TRUST CO.		COMMON COLLECT TRUST	13,880,039.	17,440,965.
INVESCO TRUST CO.		COMMON COLLECT TRUST	45,122,912.	46,844,100.
NEW TOWER-MEPT		COMMON COLLECT TRUST	6,507,360.	11,517,811.
TROWEL TRADES		DOMESTIC EQUITIES	83,986,421.	122,046,874.
LENDING CLUB BANK		ESCROW MMA	36,024.	36,295.
ABNY		INTEREST BEAR CASH	302,942.	302,942.
LENDING CLUB BANK		INTEREST BEAR CASH	7,337,716.	7,337,716.
MACKAY SHEILDS		LIMITED PARTNERSHIP	44,955,088.	46,831,923.
LENDING CLUB BANK		MONEY MARKET A/C	3,212,877.	3,212,877.
AFL-CIO HOUSING TRST		MUTUAL FUND	11,112,242.	9,809,400.
LAZARD ASSET MGMT		MUTUAL FUND	8,430,934.	9,720,841.
LENDING CLUB BANK		SECURITY ESCROW	156,176.	156,176.
COMERICA-A/C106817		SEE ATTACHED	45,396,732.	68,140,215.
66-05 WDVN BLVD CORP		TITLE HLDNG COMPANY	730,539.	4,160,001.

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BOARD OF TRUSTEES OF POINTERS,

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PLAN NO. 001

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STATEMENT 8
SCHEDULE H, PAGE 4, LINE 4J
SCHEDULE OF REPORTABLE TRANSACTIONS
POINTERS, CLEANERS, & CAULKERS PENSION FUND 13-3208565 001

<u>IDENTITY OF PARTY</u>	<u>DESCRIPTION</u>	<u>PURCHASE PRICE</u>	<u>SELLING PRICE</u>	<u>LEASE RENTAL</u>	<u>EXPENSES</u>	<u>COST OF ASSET</u>	<u>CURRENT VALUE</u>	<u>NET GAIN (LOSS)</u>
COMERICA	TROWEL TRADES LG CAP	\$ 44,002,436.					\$ 44,002,436.	

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BOARD OF TRUSTEES OF POINTERS,

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STATEMENT 8
SCHEDULE H, PAGE 4, LINE 4J
SCHEDULE OF REPORTABLE TRANSACTIONS
POINTERS, CLEANERS, & CAULKERS PENSION FUND 13-3208565 001

<u>IDENTITY OF PARTY</u>	<u>DESCRIPTION</u>	<u>PURCHASE PRICE</u>	<u>SELLING PRICE</u>	<u>LEASE RENTAL</u>	<u>EXPENSES</u>	<u>COST OF ASSET</u>	<u>CURRENT VALUE</u>	<u>NET GAIN (LOSS)</u>
COMERICA	TROWEL TRADES LG CAP	\$ 44,002,436.					\$ 44,002,436.	

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BOARD OF TRUSTEES OF POINTERS,

PLAN NO. 001

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STATEMENT 7

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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

PARTY IN INTEREST	IDENTIFICATION	DESCRIPTION	COST	CURRENT AMOUNT
	ASB ALLEGIANCE REF	CASH EQUIVALENTS	\$ 12.	\$ 12.
	NEW TOWER-MEPT	CASH EQUIVALENTS	1.	1.
	ASB ALLEGIANCE REF	COMMON COLLECT TRUST	10,000,000.	14,712,851.
	INVESCO TRUST CO.	COMMON COLLECT TRUST	13,880,039.	17,440,965.
	INVESCO TRUST CO.	COMMON COLLECT TRUST	45,122,912.	46,844,100.
	NEW TOWER-MEPT	COMMON COLLECT TRUST	6,507,360.	11,517,811.
	TROWEL TRADES	DOMESTIC EQUITIES	83,986,421.	122,046,874.
	LENDING CLUB BANK	ESCROW MMA	36,024.	36,295.
	ABNY	INTEREST BEAR CASH	302,942.	302,942.
	LENDING CLUB BANK	INTEREST BEAR CASH	7,337,716.	7,337,716.
	MACKAY SHEILDS	LIMITED PARTNERSHIP	44,955,088.	46,831,923.
	LENDING CLUB BANK	MONEY MARKET A/C	3,212,877.	3,212,877.
	AFL-CIO HOUSING TRST	MUTUAL FUND	11,112,242.	9,809,400.
	LAZARD ASSET MGMT	MUTUAL FUND	8,430,934.	9,720,841.
	LENDING CLUB BANK	SECUIRITY ESCROW	156,176.	156,176.
	COMERICA-A/C106817	SEE ATTACHED	45,396,732.	68,140,215.
	66-05 WDVN BLVD CORP	TITLE HLDNG COMPANY	730,539.	4,160,001.

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

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

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

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

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

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

Annuitant Mortality Rates

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

¹ Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Termination Rates	Rate (%)							
		Mortality ¹			Disability	Withdrawal Years of Service		
	Age	Male	Female		Less than 2 Years	2-4 years	5-9 Years	10 Years or more
	20	0.07	0.02	0.03	17.99	14.19	15.00	8.75
	25	0.07	0.02	0.04	21.74	17.14	12.96	8.75
	30	0.06	0.02	0.06	18.61	13.58	8.39	4.84
	35	0.07	0.03	0.10	16.78	11.02	7.15	5.02
	40	0.10	0.05	0.16	15.91	10.35	6.01	4.15
	45	0.16	0.09	0.26	15.48	9.47	5.82	3.73
	50	0.26	0.13	0.45	15.60	8.90	5.32	3.49
55	0.38	0.19	0.84	13.52	7.82	2.59	0.88	
60	0.64	0.31	1.20	13.63	7.84	2.12	0.20	

¹ Mortality rates shown for base table.

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

Retirement Rates

Age	Annual Retirement Rates
55	50%
56 – 61	15% ¹
62	50%
63-66	40%
67-69	25%
70	100%

¹ 50% for the first year of eligibility for the service pension

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

Description of Weighted Average Retirement Age

Age 61, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2023 actuarial valuation.

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Inactive Vested Participants	Age	Annual Retirement Rates
	55-61	25%
	62	75%
	63-64	40%
	65	75%
	66-69	25%
	70	100%
The retirement rates for inactive vested participants were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the last several years.		
Future Benefit Accruals	1.5 service credits per year The future benefit accruals were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the last several years.	
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.	
Definition of Active Participants	Active participants are defined as those with at least 300 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.	
Liability for Pensioner Bonus	The present value of the future working lifetime of active employees hired before August 1, 2005 multiplied by the actual bonus checks paid for the year and divided by the count of active employees hired before August 1, 2005.	
Percent Married	80%	
Age of Spouse	Females three years younger than males	
Benefit Election	- Twenty percent of participants are assumed to elect the 50% Husband-and-Wife pension with pop-up form - Ten percent of participants are assumed to elect the 75% Husband-and-Wife pension with pop-up form - Thirty percent of participants are assumed to elect the 100% Husband-and-Wife pension with pop-up form - Forty percent of participants are assumed to elect the single life annuity with 36 months guarantee.	
Eligibility for Delayed Retirement Factors	Inactive vested participants after attaining normal retirement age.	
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.	

Section 3: Certificate of Actuarial Valuation

Annual Administrative Expenses	\$670,000, payable monthly, for the year beginning July 1, 2023 (equivalent to \$646,012 payable at the beginning of the year) The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit K</i>.
Elections under the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010	<i>Extended Amortization of Net Investment Losses (IRC Section 431(b)(8)(A))</i>: Effective July 1, 2014, the Trustees elected to discontinue the special amortization rule in accordance with IRS Notice 2010-83.
Current Liability Assumptions	<i>Interest</i>: 2.85%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality</i>: Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2021 (previously, the MP-2020 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g)</i>: 5.67%, for the Plan Year ending June 30, 2023 <i>On current (market) value of assets (Schedule MB, line 6h)</i>: 7.02%, for the Plan Year ending June 30, 2023
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1997	\$6,367	4	\$1,757
Plan amendment	07/01/1998	119,567	5	27,254
Assumption change	07/01/2001	786,186	8	123,047
Plan amendment	07/01/2001	823,553	8	128,896
Plan amendment	07/01/2002	65,903	9	9,453
Plan amendment	07/01/2003	486,510	10	64,737
Assumption change	07/01/2004	1,440,148	11	179,489
Assumption change	07/01/2006	238,435	13	26,663
Actuarial loss	07/01/2009	186,954	1	186,954
Investment loss subject to funding relief	07/01/2009	3,547,913	15	364,058
Investment loss subject to funding relief	07/01/2011	2,039,636	15	209,291
Assumption change	07/01/2011	3,062,552	3	1,090,645
Actuarial loss	07/01/2012	13,539	4	3,736
Investment loss subject to funding relief	07/01/2012	2,138,086	15	219,393
Investment loss subject to funding relief	07/01/2013	2,246,900	15	230,558
Actuarial loss	07/01/2014	1,348,038	6	264,311
Assumption change	07/01/2014	1,932,016	6	378,812
Actuarial loss	07/01/2015	2,501,625	7	433,817
Actuarial loss	07/01/2016	1,652,838	8	258,689
Plan amendment	07/01/2017	3,221,529	9	462,113
Actuarial loss	07/01/2018	1,734,797	10	230,837
Assumption change	07/01/2018	1,905,588	10	253,563
Actuarial loss	07/01/2019	83,079	11	10,354
Assumption change	07/01/2020	10,293,767	12	1,211,220

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	07/01/2022	2,035,443	14	217,516
Change in assumptions	07/01/2023	611,735	15	62,771
Plan amendment	07/01/2023	1,033,011	1	1,033,011
Actuarial loss	07/01/2023	6,653,090	15	682,686
Total		\$52,208,805		\$8,365,631

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	07/01/1994	\$73,037	1	\$73,037
Actuarial gain	07/01/2010	488,908	2	252,721
Investment loss subject to funding relief	07/01/2010	533,304	15	54,723
Actuarial gain	07/01/2011	234,153	3	83,387
Actuarial gain	07/01/2013	2,062,373	5	470,087
Actuarial gain	07/01/2017	754,291	9	108,199
Assumption change	07/01/2019	7,403,339	11	922,698
Actuarial gain	07/01/2020	371,785	12	43,746
Actuarial gain	07/01/2021	12,164,254	13	1,360,246
Change in assumptions	07/01/2022	521,750	14	55,757
Total		\$24,607,194		\$3,424,601

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.27% to 2.85% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed:

- Administrative expenses, previously \$620,000, payable monthly.
- Turnover Rates, previously one half of the 2003 SOA Pension Plan Turnover Study Select and Ultimate Table
- Retirement Rates for Active participants, previously:

Age	Annual Retirement Rates
55	50%
56 – 61	15% ¹
62	50%
63	30%
64	50%
65 – 69	25%
70	100%

¹ 50% for the first year of eligibility for the service pension

- Retirement Rates for Inactive Vested participants, previously:

Age	Annual Retirement Rates
62	75%
63-64	40%
65	75%
66-69	25%
70	100%

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$732,599	\$387,748	\$14,549,435	\$15,669,782
2024	1,657,117	705,959	14,301,958	16,665,034
2025	2,495,848	972,749	14,060,551	17,529,148
2026	3,320,448	1,173,829	13,812,890	18,307,167
2027	4,183,065	1,342,253	13,559,881	19,085,199
2028	5,064,169	1,561,825	13,296,820	19,922,814
2029	5,996,046	1,772,102	13,023,163	20,791,311
2030	6,997,390	2,011,746	12,738,293	21,747,429
2031	7,808,668	2,148,859	12,441,578	22,399,105
2032	8,690,877	2,296,201	12,132,367	23,119,445
2033	9,583,909	2,483,432	11,809,991	23,877,332
2034	10,401,866	2,607,860	11,473,823	24,483,549
2035	11,138,655	2,753,061	11,123,313	25,015,029
2036	11,915,427	2,854,954	10,758,054	25,528,435
2037	12,589,164	2,951,768	10,377,845	25,918,777
2038	13,186,683	3,064,650	9,982,711	26,234,044
2039	13,723,814	3,142,322	9,572,940	26,439,076
2040	14,194,643	3,234,016	9,149,180	26,577,839

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$14,591,868	\$3,329,047	\$8,712,471	\$26,633,386
2042	14,914,404	3,382,122	8,264,167	26,560,693
2043	15,175,351	3,451,134	7,805,912	26,432,397
2044	15,392,577	3,501,020	7,339,702	26,233,299
2045	15,572,622	3,577,017	6,867,908	26,017,547
2046	15,654,359	3,692,206	6,393,282	25,739,847
2047	15,693,435	3,756,705	5,918,978	25,369,118
2048	15,691,043	3,782,111	5,448,500	24,921,654
2049	15,608,525	3,740,149	4,985,654	24,334,328
2050	15,496,886	3,708,976	4,534,363	23,740,225
2051	15,339,410	3,651,269	4,098,471	23,089,150
2052	15,123,179	3,584,299	3,681,576	22,389,054
2053	14,845,923	3,502,754	3,286,855	21,635,532
2054	14,556,174	3,408,348	2,916,934	20,881,456
2055	14,219,644	3,309,521	2,573,874	20,103,039
2056	13,827,495	3,180,495	2,259,139	19,267,129
2057	13,409,431	3,044,270	1,973,488	18,427,189
2058	12,964,843	2,922,695	1,717,034	17,604,572

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$12,480,945	\$2,780,253	\$1,489,300	\$16,750,498
2060	11,971,958	2,635,841	1,289,249	15,897,048
2061	11,442,432	2,488,165	1,115,385	15,045,982
2062	10,896,907	2,341,272	965,857	14,204,036
2063	10,335,152	2,197,841	838,563	13,371,556
2064	9,767,232	2,054,845	731,230	12,553,307
2065	9,193,708	1,914,960	641,553	11,750,221
2066	8,616,377	1,778,558	567,274	10,962,209
2067	8,039,487	1,646,047	506,258	10,191,792
2068	7,467,827	1,517,691	456,526	9,442,044
2069	6,906,097	1,393,702	416,261	8,716,060
2070	6,357,020	1,274,263	383,854	8,015,137
2071	5,823,810	1,159,535	357,912	7,341,257
2072	5,309,487	1,049,657	337,247	6,696,391

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

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

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

Section 3: Certificate of Actuarial Valuation

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

Section 3: Certificate of Actuarial Valuation

Participation	After completion of 1,000 hours of work in Covered Employment within the 12 month period following date of initial employment.
Service Credit	One-half of one credit for 500 hours worked, increasing by one-tenth of a credit for each additional 100 hours worked in a Plan Year.
Vesting Credit	Three-tenths of one credit for 300 hours worked increasing by one-tenth of a credit for each additional 100 hours with a maximum of one credit in a Plan year.
Contribution Rate	\$8.70 per hour effective July 1, 2016 \$8.85 per hour effective July 1, 2023
Changes in Plan Provisions	• The Trustees approved a full 13th check based on the total June 2022 monthly payments made to pensioners and beneficiaries on the rolls for more than one year as of December 31, 2021, paid in December of 2022. • The Trustees also approved a bonus 13th check in the amount of 75% of the total June 2023 monthly payments, made to pensioners and beneficiaries on the rolls for more than one year as of December 31, 2022, paid in December of 2023. This will be reflected in the July 1, 2024 Funding Standard Account (FSA).

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 313,299,769
(2) Actuarial value of assets for funding standard account.....	1b(2) 329,250,431
c (1) Accrued liability for plan using immediate gain methods	1c(1) 303,180,469
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 303,180,469
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 585,945,601
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 31,752,493
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 15,685,678
(3) Expected plan disbursements for the plan year	1d(3) 16,355,678

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

SIGN HERE Frank Santasiero <i>Frank Santasiero</i> Signature of actuary FRANK SANTASIERO, FSA, FCA, MAAA Type or print name of actuary SEGal Firm name 66 Hudson Blvd E NEW YORK NY 10001-2192 Address of the firm	03/20/2025 Date 2306798 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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a Current value of assets (see instructions)		2a	313,299,769
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	580	228,797,758
(2)	For terminated vested participants	497	68,885,613
(3)	For active participants:		
(a)	Non-vested benefits		42,598,214
(b)	Vested benefits		245,664,016
(c)	Total active	1,516	288,262,230
(4)	Total	2,593	585,945,601
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	53.46 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2024	23,049,259				

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

a	☐ Attained age normal	b	☐ Entry age normal	c	☒ Accrued benefit (unit credit)	d	☐ Aggregate
e	☐ Frozen initial liability	f	☐ Individual level premium	g	☐ Individual aggregate	h	☐ Shortfall
i	☐ Other (specify):						
i If box h is checked, enter period of use of shortfall method						5j	

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.0 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	646,012
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	6,653,090	682,686
3	1,033,011	1,033,011
4	611,735	62,771

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	

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

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

a Prior year funding deficiency, if any

9a

0

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

9b

12,990,809

c Amortization charges as of valuation date:

Outstanding balance

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

9c(1)

52,208,805

8,365,631

(2) Funding waivers

9c(2)

0

0

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

9c(3)

0

0

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

9d

1,494,951

e Total charges. Add lines 9a through 9d

9e

22,851,391

Credits to funding standard account:

f Prior year credit balance, if any

9f

53,671,573

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

9g

23,049,259

Outstanding balance

h Amortization credits as of valuation date

9h

24,607,194

3,424,601

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

9i

4,736,229

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

60,501,098

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

9j(2)

222,110,896

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

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

9l

84,881,662

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

9m

62,030,271

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

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

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

9o(1)

0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

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

10

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

☒ Yes ☐ No

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

The participant data is for the year ended June 30, 2023

Age	Total	Pension Credits/monthly accrued benefit									Unknown
		Less than 5	5 - 9	10 -14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over	
Under 20	1	1	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
20 - 24	20	15	5	-	-	-	-	-	-	-	-
	\$370	-	-	-	-	-	-	-	-	-	-
25 - 29	75	44	26	5	-	-	-	-	-	-	-
	\$465	\$261	\$658	-	-	-	-	-	-	-	-
30 - 34	156	63	61	27	4	1	-	-	-	-	-
	\$678	\$332	\$709	\$1,197	-	-	-	-	-	-	-
35 - 39	205	60	75	38	14	10	8	-	-	-	-
	\$913	\$299	\$757	\$1,202	-	-	-	-	-	-	-
40 - 44	266	66	68	46	36	28	12	7	2	1	-
	\$1,183	\$295	\$701	\$1,229	\$1,722	\$2,240	-	-	-	-	-
45 - 49	279	42	61	49	32	34	25	19	9	8	-
	\$1,612	\$283	\$728	\$1,260	\$1,738	\$2,252	\$2,746	-	-	-	-
50 - 54	198	22	44	32	28	24	19	14	9	6	-
	\$1,710	\$326	\$700	\$1,205	\$1,727	\$2,274	-	-	-	-	-
55 - 59	186	30	38	32	24	19	13	13	8	9	-
	\$1,667	\$278	\$759	\$1,242	\$1,760	-	-	-	-	-	-
60 - 64	102	23	16	17	15	16	7	5	1	2	-
	\$1,464	\$312	-	-	-	-	-	-	-	-	-
65 - 69	16	6	5	-	2	-	1	1	1	-	-
	-	-	-	-	-	-	-	-	-	-	-
70 & over	2	1	1	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Unknown	10	10	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Total	1,516	383	400	246	155	132	85	59	30	26	-
	\$1,266	\$295	\$720	\$1,226	\$1,732	\$2,247	\$2,721	\$3,217	\$3,677	\$4,640	-

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$19,666,350		\$19,666,350
2024	\$19,666,350		\$19,666,350
2025	\$19,666,350		\$19,666,350
2026	\$19,666,350		\$19,666,350
2027	\$19,666,350		\$19,666,350
2028	\$19,666,350		\$19,666,350
2029	\$19,666,350		\$19,666,350
2030	\$19,666,350		\$19,666,350
2031	\$19,666,350		\$19,666,350
2032	\$19,666,350		\$19,666,350



OtherAttachment_SchMB_Line8b(3)