

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 11/12/1952
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN
18300 CASCADE AVE. S TUKWILA, WA 98188 18300 CASCADE AVE S STE 141 TUKWILA, WA 98188
2b Employer Identification Number (EIN) 91-0597991
2c Plan Sponsor's telephone number 206-518-9730
2d Business code (see instructions) 238900

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																					
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">5684</td> </tr> </table>	5	5684																			
5	5684																					
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">5261</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">5406</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">291</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">5697</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;">6h</td> <td></td> </tr> </table>				6a(1)	6a(2)	5261	6b	6c	5406	6d	6e	291	6d	6e	5697	6f	6g(1)		6g(2)	6h	
6a(1)	6a(2)	5261																				
6b	6c	5406																				
6d	6e	291																				
6d	6e	5697																				
6f	6g(1)																					
6g(2)	6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">574</td> </tr> </table>	7	574																			
7	574																					

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<p>A Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN</p>	<p>D Employer Identification Number (EIN) 91-0597991</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	1359	66	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	644

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PROPEL INSURANCE - TACOMA **1201 PACIFIC AVE. #1000**
TACOMA, WA 98402

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	444969
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3027589
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 91-0597991

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE MAP ASSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
90-6030398	97985	WA07250W-000	1551	08/01/2023	07/31/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

6 Contracts With Allocated Funds:

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

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

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

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

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier	10a	73182
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 91-0597991

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1263473	73288	312284	374	08/01/2023	07/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1551975
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 91-0597991	

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

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

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

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

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

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

AETNA

06-6033492

(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 12 23 58 50	NONE	1899701	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENESYS ADMINISTRATORS

38-2383171

(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 12 14 15 36 38 49 50	NONE	1664198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RENALOGIC

22-3857341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	556177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ARCHIMEDES, LLC

81-1158028

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	306121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE URBAN LAW FIRM

75-2986189

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	278976	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTENSEN JAMES AND MARTIN

88-0330040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	175139	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PACIFIC HEALTH COALITION

94-3283661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	174635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUM SMITH BROWN

52-2385296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	161274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROPEL INSURANCE

91-0830024

(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?
22 53 50	NONE	126549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SMART SOURCE LLC

30-3830429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	124992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WASHINGTON CAPITAL MANAGEMENT

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	NONE	117303	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOVATIVE CARE MANAGEMENT

93-1087669

(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?
23 49 50	NONE	86544	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CANOPY WELLBEING

93-0774210

(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?
50	NONE	82552	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FERGUSON WELLMAN CAPITAL MANAGEMENT

93-0646988

(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?
51 99 50	NONE	70398	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISION SERVICE PLAN

23-7089668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	70199	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BERRY AND CO. CPA'S

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	66411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAREINGTON INTERNATIONAL CORP

75-2425662

(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?
14 23	NONE	63776	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUBIN BROWN LLP

7676 FORSYTH BLVD, SUITE 2100
SAINT LEWIS, MO 63105

(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?
50	NONE	52601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOCKTON

20-3354970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	40511	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	21000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PLATFORM CPA'S LLP

88-4342576

(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?
50 10	NONE	20813	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HOLLYWOOD IMPRESS PRINTING

5509 NE 122ND AVE 420
PORTLAND, OR 97230

(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?
50	NONE	19875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTH SERVICES COALITION

88-0492643

(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?
50	NONE	19850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK

31-0841368

(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?
50	NONE	13494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ELLIOTT FAMILY ENTERPRISES

13-4342386

(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?
99 50	NONE	7350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name: PLATFORM CPAS LLP	b EIN: 88-4342576
c Position: ACCOUNTANT	
d Address: 9020 SW WASHINGTON SQ RD PORTLAND, OR 97223	e Telephone:

Explanation: THE BOARD OF TRUSTEES PUT THE AUDIT OUT TO BID AND SELECTED ANASTASI MOORE MARTIN PLLC AS THE PLAN AUDITOR FOR THE FISCAL YEAR ENDED JULY 31, 2024.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	B Three-digit plan number (PN)	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 91-0597991	

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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ASSET INCOME FUND		
b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC		
c EIN-PN 86-3454983-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12816240
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	B Three-digit plan number (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 91-0597991	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	17884063	17261404
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7573466	6981885
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5914757	3890907
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	517092	906006
(2) U.S. Government securities	1c(2)	20317464	19858778
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	818681	
(B) All other	1c(3)(B)	25846548	34254613
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10856302	12813058
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	12121128	12816240
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9840892	11387822
(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	111690393	120170713
Liabilities			
g Benefit claims payable	1g	40942000	38363000
h Operating payables	1h	453651	501471
i Acquisition indebtedness	1i		
j Other liabilities	1j	9664507	7749573
k Total liabilities (add all amounts in lines 1g through 1j)	1k	51060158	46614044
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	60630235	73556669

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)	78834205	
(B) Participants	2a(1)(B)	2718717	
(C) Others (including rollovers)	2a(1)(C)	1740295	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		83293217
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	196287	
(B) U.S. Government securities	2b(1)(B)	481057	
(C) Corporate debt instruments	2b(1)(C)	1334526	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2011870
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	323417	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	149482	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		472899
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	17594723	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17916072	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-321349
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3095113	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		695112
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1529641
c Other income.....	2c		30436
d Total income. Add all income amounts in column (b) and enter total.....	2d		90806939

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	66330385	
(2) To insurance carriers for the provision of benefits.....	2e(2)	5097715	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		71428100
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)	136079	
(2) Contract administrator fees.....	2i(2)	4037109	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	73415	
(5) Investment advisory and investment management fees.....	2i(5)	201196	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	1494	
(7) Actuarial fees.....	2i(7)	21000	
(8) Legal fees.....	2i(8)	454116	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	48184	
(11) Other expenses.....	2i(11)	1479812	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		6452405
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		77880505

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		12926434
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: ANASTASI, MOORE & MARTIN, PLLC

(2) EIN: 20-8149084

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

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		12816240
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

Employee Painters' Trust Health and Welfare Plan

Financial Statements and Independent Auditors' Report

July 31, 2024 and 2023



Employee Painters' Trust Health and Welfare Plan

July 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Employee Painters' Trust Health and Welfare Plan
Tukwila, Washington

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the Employee Painters' Trust Health and Welfare Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of July 31, 2024, the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Employee Painters' Trust Health and Welfare Plan (the Plan), as of July 31, 2024, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

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

2023 Financial Statements

The financial statements of the Plan as of July 31, 2023, were audited by other auditors whose report dated May 14, 2024, expressed an unmodified opinion on those financial statements.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we—

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

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

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment, reportable transactions, and administrative expenses are presented for purposes of additional analysis. The supplemental schedules of assets held for investment and reportable transactions 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Anastasi, More & Martin, PLLC

Spokane, Washington

May 12, 2025

Employee Painters' Trust Health and Welfare Plan

Statements of Net Assets Available for Benefits

July 31, 2024 and 2023

	2024	2023
ASSETS:		
Cash	\$ 17,261,404	\$ 17,885,181
Investments, at fair value:		
Money market account	906,006	515,974
Mutual funds	11,387,822	9,840,892
Common stocks	12,813,058	10,856,302
U.S. securities	19,858,778	20,909,094
Corporate bonds	34,254,613	26,073,599
103-12 investment entity	12,816,240	12,121,128
Total investments, at fair value	<u>92,036,517</u>	<u>80,316,989</u>
Receivables:		
Employers' contributions	6,981,885	7,573,466
Accrued interest	512,891	452,485
Stop-loss refunds	1,676,662	4,079,326
Prescription rebates	1,689,965	1,355,244
Other	-	1,160
Total receivables	<u>10,861,403</u>	<u>13,461,681</u>
Prepaid expenses	<u>11,389</u>	<u>26,542</u>
Total assets	<u>120,170,713</u>	<u>111,690,393</u>
LIABILITIES:		
Accounts payable	501,471	453,651
Due to other trusts and organizations	<u>7,749,573</u>	<u>9,664,507</u>
Total liabilities	<u>8,251,044</u>	<u>10,118,158</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 111,919,669</u>	<u>\$ 101,572,235</u>

Employee Painters' Trust Health and Welfare Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended July 31, 2024 and 2023

	2024	2023
ADDITIONS:		
Contributions:		
Employers	\$ 78,834,205	\$ 82,415,489
Participants	2,718,717	2,712,178
Liquidated damages and fees	1,740,295	525,566
Total contributions	<u>83,293,217</u>	<u>85,653,233</u>
Investment income:		
Net appreciation in fair value	4,998,517	491,358
Interest and dividends	2,484,769	2,032,049
	<u>7,483,286</u>	<u>2,523,407</u>
Less investment expenses	(201,196)	(185,531)
Net investment income	<u>7,282,090</u>	<u>2,337,876</u>
Other income	30,436	111,207
Total additions	<u>90,605,743</u>	<u>88,102,316</u>
DEDUCTIONS:		
Benefits paid:		
Insurance premiums	5,097,715	4,716,584
Claims	76,686,917	78,933,772
Total benefits paid	<u>81,784,632</u>	<u>83,650,356</u>
Prescription rebates	(2,838,146)	(2,464,310)
Stop loss and subrogation settlements	(4,939,386)	(6,080,994)
Net benefits paid	<u>74,007,100</u>	<u>75,105,052</u>
Administrative expenses	6,251,209	5,903,757
Total deductions	<u>80,258,309</u>	<u>81,008,809</u>
NET INCREASE	10,347,434	7,093,507
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>101,572,235</u>	<u>94,478,728</u>
End of year	<u>\$ 111,919,669</u>	<u>\$ 101,572,235</u>

Employee Painters' Trust Health and Welfare Plan

Statements of Plan's Benefit Obligations

July 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS:		
Premiums and claims payable	\$ 13,123,000	\$ 12,902,000
Accumulated eligibility credits	15,661,000	18,870,000
Claims incurred but not reported	9,579,000	9,170,000
	<u>38,363,000</u>	<u>40,942,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Current retirees	7,414,000	8,337,000
Other participants fully eligible for benefits	10,003,000	13,095,000
Other participants not fully eligible for benefits	18,494,000	26,228,000
	<u>35,911,000</u>	<u>47,660,000</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 74,274,000</u>	<u>\$ 88,602,000</u>

Employee Painters' Trust Health and Welfare Plan

Statements of Changes in Plan's Benefit Obligations

Years Ended July 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS:		
Balance, beginning of year	\$ 40,942,000	\$ 39,010,000
Net change during the year:		
Premiums and claims payable	221,000	(128,000)
Accumulated eligibility credits	(3,209,000)	110,000
Claims incurred but not reported	409,000	1,950,000
Balance, end of year	<u>38,363,000</u>	<u>40,942,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Balance, beginning of year	47,660,000	47,762,000
Increase (decrease) during the year attributed to:		
Benefits earned	2,115,000	1,917,000
Discount rate	2,348,000	1,930,000
Expected benefit payments	(1,326,000)	(1,321,000)
Change in actuarial assumptions and methods	(14,886,000)	(2,628,000)
Balance, end of year	<u>35,911,000</u>	<u>47,660,000</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 74,274,000</u>	<u>\$ 88,602,000</u>

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements



Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 1 – Description of the Plan

The following brief description of the Employee Painters' Trust Health and Welfare Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

- a. **General** – The Plan is a multiemployer health and welfare plan established to provide benefits to employees of employers required to make contributions to the Plan. The Plan also allows certain retirees, their dependents, and widows to continue coverage under certain circumstances. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
- b. **Benefits** – The Plan provides hospital, medical, surgical, major medical, dental, vision, hearing, time loss, life insurance, and accidental death and dismemberment benefits to eligible participants. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).
- c. **Eligibility** – An employee is eligible for benefits on the first day of the second month following the month initial eligibility requirements are satisfied. Initial eligibility is established by accumulating at least 300 credited hours of employment in a 12-month period.

For bargaining unit employees, eligibility for benefits is determined through an "hour bank" eligibility formula. For active employees, hours reported by contributing employers are credited to the employee's hour bank. For each month the employee is covered under the Plan, 120 hours will be deducted from the hour bank. A participant will continue to be insured if there is 120 hours in the hour bank. There is a maximum number of hours which may be accumulated to an employee's credit. This maximum differs depending upon the eligibility method under which an employee participates.

Non-bargaining unit employees who comply with certain requirements are permitted to participate under a flat rate plan. These employees become eligible on the first day of the month after completing 80 hours of employment. Eligibility continues as long as an employee continues employment and works a minimum of 80 hours per month.

- d. **Insured benefits** – The Plan offers a health maintenance organization (HMO) program for participants with certain groups of participating employers. The Plan fully insures the life insurance benefits and accidental death and disability benefits.
- e. **Self-insured benefits** – All remaining benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processor under an administrative service only arrangement and paid from the general assets of the Plan. Despite the Plan's utilization of a third-party claims processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes pharmacy benefit managers (PBM) which periodically make rebates to the Plan based on the Plan's actual utilization pattern of specific drugs.

Early retirees and their dependents who meet the eligibility rules established by the Trustees have medical and prescription coverage available. Medicare eligible retirees and their eligible dependents are offered a Medicare supplement plan and prescription benefits.

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 1 – Description of the Plan (Continued)

- f. **Stop-loss coverage** – The Plan has entered into a stop-loss insurance arrangement for individual participant claims and for aggregate claims exposure in an effort to limit its exposure for self-insured benefits.
- g. **Accumulated eligibility credits** – Benefits are accrued based upon eligibility earned during the year as they relate to the eligibility formula of the Plan. The Plan utilizes an hour bank system for determining eligibility. The hour bank is credited with contributions made to the Plan on behalf of participants by the employer. A deduction from the hour bank is made on the first day of every month for that month's coverage. The cost of a month of coverage is set from time to time by the Board of Trustees (Trustees).
- h. **Contributions** – Employers make contributions to the Plan based on a specified dollar amount per hour worked pursuant to a collective bargaining agreement. The contribution rate per hour is determined by the Board of Trustees of the Plan. Participants and their dependents who lost eligibility may make contributions for temporary health care coverage under the provisions of COBRA.

Retirees contribute specified amounts to maintain coverage under the Plan. The costs of the postretirement benefit plan are shared by the Plan and retirees. In addition to deductibles and co-payments, retirees must make contributions to the Plan in order to be eligible for benefits. The amount of contribution will vary dependent upon a participant's age, whether or not they are Medicare eligible, and the level of deductible selected.

Note 2 – Summary of Significant Accounting Policies

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

- a. **Basis of accounting** – The Plan's financial statements have been prepared on the accrual basis of accounting.
- b. **Investment valuation and income recognition** – 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 3 for discussion of fair value measurements.

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

- c. **Contributions receivable** – Represents the amount that employers are obligated to contribute under the terms of their labor agreements for work that participants performed during the year ended July 31. Those receivables typically are collected within 20 days, and management considers all contributions receivable to be fully collectible. Accordingly, there was no allowance for doubtful accounts.

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies (Continued)

- d. **Payments of benefits** – Benefits are recorded when paid.
- e. **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, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements.
- f. **Stop-loss** – Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds totaling \$4,569,333 and \$5,646,605 have been recognized for the years ended July 31, 2024 and 2023, respectively.
- g. **Prescription rebates** – Rebates from the Plan's PBM are recorded when earned. Rebates totaling \$2,838,146 and \$2,464,310 have been recognized for the years ended July 31, 2024 and 2023, respectively.
- h. **Administration** – The Plan is administered by a Board of Trustees that is assisted by a contract administration organization. Administrative expenses are borne by the Plan.
- i. **Benefit obligations** – The liabilities for insurance premiums and claims are those payments made in August and September following the Plan year end which relate to eligibility that was earned based on work performed during the Plan year.

The liability for accumulated eligibility credits represents the estimated cost of future benefits that will be provided based on the hours that participants have accumulated in their hour banks. For active employees, eligibility for benefits is determined through the use of an "hour bank" formula. All hours worked and reported by contributing employers are credited to the employee's hour bank. Once an employee becomes eligible for benefits, 120 hours will be deducted from the hour bank for each month the employee is covered under the Plan. A participant will continue to be insured if there are 120 or more hours in their hour bank. Generally, employees in the painting industry may accumulate up to three months of coverage in their bank, while employees in the drywall, striping and floor covering industries may accumulate up to six months of coverage. The estimated liability associated with hours that have accumulated in participants' hour banks is based on the number of months of coverage that have been accumulated and the estimated monthly cost of providing benefits.

The liability for claims incurred but not paid is the estimated amount of claims that was incurred prior to October 1st following the plan year and that will be paid after the last day of September following the plan year end which related to eligibility that was earned based on work performed during the plan year.

- j. **Postretirement benefits** – The Plan presently has provisions to pay a portion of the cost to provide benefits to eligible retirees. Such benefits are provided only to the extent that monies are currently available and may be available in the future to pay the cost of retiree benefits. The Board of Trustees retains full and exclusive authority, at its discretion, to determine the extent to which monies are available for retiree benefits. Such benefits are not guaranteed to continue indefinitely and may be terminated or modified at any time by the Board of Trustees.

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies (Continued)

- j. **Postretirement benefits (continued)** – The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to July 31, the measurement date. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service in the industry, rendered to the valuation date.

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

For measurement purposes the assumed trend in health care cost trend rates used in the 2023 valuation range from 6.8% post-65 and 6.7% pre-65, both trending downward to 3.7% in 2074.

The health care cost trend rate assumptions have a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, that would increase the obligation as of July 31, 2024 and 2023, by \$5,154,000 and \$7,228,000, respectively.

In addition to deductibles and co-payments, retiree contributions are expected to fund approximately 82% post-65 and 72% pre-65 of the total cost of benefits for the year ended July 31, 2024. Retiree contributions are expected to fund approximately 82% post-65 and 57% pre-65 of the total cost of benefits for the year ended July 31, 2023.

The following significant assumptions were used in the valuations as of July 31, 2024 and 2023:

Discount rate:	5.2% for 2024 and 5.0% for 2023
Actuarial cost method:	Projected Unit Credit
Mortality:	109% of Pri-2012 amount-weighted Mortality tables, with blue collar adjustment, sex-distinct, projected generationally using scale MP-2021
Marital status:	65% of future retirees assumed to be married for 2024 and 2023
Administrative expenses:	6 % of total claims cost for 2024 and 2023

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

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies (Continued)

j. **Postretirement benefits (continued)** –

Changes since prior valuation:

An increase in the claims inflation assumptions resulted in the decrease in postretirement benefit obligations of approximately \$8,712,000.

A change in the contribution assumptions resulted in the decrease in postretirement benefit obligations of approximately \$5,094,000.

An increase in the discount rate from 5.0% to 5.2% resulted in the decrease in postretirement benefit obligations of approximately \$1,080,000 for the year ended July 31, 2024.

- k. **Reclassifications** – Certain amounts in the 2023 financial statements have been reclassified for comparative purposes to conform with the 2024 presentation with no effect on previously reported net assets available for benefits.
- l. **Subsequent events** – In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through May 12, 2025, the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

The 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 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; and
- 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.

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 3 – Fair Value Measurements (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at July 31, 2024 and 2023.

Level 1 – Money market account, mutual funds, and common stocks – Valued at the closing price in the active markets in which the individual securities are traded. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are actively traded.

Level 2 – U.S. securities – Valued at the closing price reported in the active market in which the individual security is traded. Other U.S. securities are valued using the latest bid price or using valuations based on a matrix system which considers such factors as security prices, yields, maturities, and ratings.

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

Level 3 – The Plan had no investments that are classified as Level 3 for years ended July 31, 2024 or 2023.

Investments measured at net asset value (NAV):

103-12 investment entities: Valued at the NAV provided by the investment manager.

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, while 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.

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 3 – Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	As of July 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market account	\$ 906,006	\$ -	\$ -	\$ 906,006
Mutual funds	11,387,822	-	-	11,387,822
Common stocks	12,813,058	-	-	12,813,058
U.S. securities	-	19,858,778	-	19,858,778
Corporate bonds	-	34,254,613	-	34,254,613
Investments measured at fair value	<u>\$ 25,106,886</u>	<u>\$ 54,113,391</u>	<u>\$ -</u>	79,220,277
Investments measured at NAV				<u>12,816,240</u>
Total investments at fair value				<u>\$ 92,036,517</u>

	As of July 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market account	\$ 515,974	\$ -	\$ -	\$ 515,974
Mutual funds	9,840,892	-	-	9,840,892
Common stocks	10,856,302	-	-	10,856,302
U.S. securities	-	20,909,094	-	20,909,094
Corporate bonds	-	26,073,599	-	26,073,599
Investments measured at fair value	<u>\$ 21,213,168</u>	<u>\$ 46,982,693</u>	<u>\$ -</u>	68,195,861
Investments measured at NAV				<u>12,121,128</u>
Total investments at fair value				<u>\$ 80,316,989</u>

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate NAV per share (or its equivalent):

	Fair Value at July 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
103-12 investment entities:					
Washington Capital Management					
Real Asset Income Fund LLC	<u>\$ 12,816,240</u>	<u>\$ 12,121,128</u>	\$ -	Daily	10 days

103-12 Investment Entities: These entities are direct filing entities that are reported in the Schedule D of the Plan's Form 5500, and investment objectives are no longer required to be disclosed on the Plan's financial statements under FASB *Accounting Standards Update* 2015-07.

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 4 – Plan Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of July 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5 – Plan Termination

The Plan's Board of Trustees has the right under the Plan to modify the benefits provided. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA. In the event the Plan terminates, assets remaining after payment of all expenses shall be used for the continuance of benefits and payment of liabilities until such assets have been depleted. In no event shall any of the funds revert to or be recoverable by any employee, retired employee, employer, or union. If the assets are insufficient to pay all accrued benefits and liabilities, distributions of the assets shall be made in accordance with plan termination provisions and requirements of ERISA and applicable government regulations.

Note 6 – Risks and Uncertainties

The Plan invests in a variety of investments, which in general are exposed to various risks, such as interest rate, credit, political, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care trend 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.

The Plan maintains its cash balances with one financial institution. Such balances are insured up to \$250,000 by the Federal Deposit Insurance Corporation. At times during the plan year, the Plan's cash in bank balances exceeded the federally insured limits.

Employee Painters' Trust Health and Welfare Plan

Notes to Financial Statements

Note 7 – Due to Other Trusts and Organizations

The Plan maintains a joint contribution bank account for receipt of employer contributions to the Plan and related trusts and organizations. Joint contribution account deposits are swept overnight to an interest-bearing bank money market account. The Plan's third-party administrator allocates employer contributions among related trusts and organizations and transfers those contributions via wire transfers. The Plan administrator reported joint contribution account deposits payable to other trusts and organizations of \$7,749,573 and \$9,664,507 at July 31, 2024 and 2023, respectively.

Note 8 – Reconciliation of Financial Statements to Form 5500

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

	July 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 111,919,669	\$ 101,572,235
Less:		
Premiums and claims payable	(13,123,000)	(12,902,000)
Accumulated eligibility credits	(15,661,000)	(18,870,000)
Claims incurred but not reported	(9,579,000)	(9,170,000)
	<u>(38,363,000)</u>	<u>(40,942,000)</u>
Net assets available for benefits per Form 5500	<u>\$ 73,556,669</u>	<u>\$ 60,630,235</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the year ended July 31, 2024:

Benefits paid per the financial statements	\$ 74,007,100
Add amounts payable at July 31, 2024	38,363,000
Less amounts payable at July 31, 2023	<u>(40,942,000)</u>
Benefit payments per Form 5500	<u>\$ 71,428,100</u>

Note 9 – Party-in-interest Transactions

U.S. Bank is the Plan's investment custodian and is responsible for managing certain plan assets. BeneSys Administrators is the Plan's third-party administrator and is responsible for the day-to-day plan accounting and administration. Transactions between the Plan, U.S. Bank, and BeneSys Administrators qualify as party-in-interest transactions. The Plan also engages in other exempt party-in-interest transactions with other service providers.

Such transactions with the Plan's service providers, while considered party-in-interest transactions under ERISA, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. This is because the Trustees have determined that the transactions are for reasonable compensation and are necessary for the operation of the Plan.

Employee Painters' Trust Health and Welfare Plan

Supplementary Information

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
MONEY MARKET ACCOUNT:					
First American US Treasury	Fluctuates daily	Due on demand	906,006	\$ 906,006	\$ 906,006
MUTUAL FUNDS:					
Fidelity Total Market Index Fund			62,994	7,029,551	9,585,230
Harding Loevner Institutional Emerging Markets Fund			53,277	1,187,104	974,983
Ishares MSCI EAFE Small-Cap ETF			5,180	323,571	335,612
Ishares MSCI Emerging Ex China ETF			8,170	422,578	491,997
				<u>8,962,804</u>	<u>11,387,822</u>
U.S. SECURITIES:					
FHLMC	2.000%	08/15/2040	1,690	1,702	1,686
FHLMC	3.133%	08/25/2024	100,000	97,898	99,607
FHLMC	3.500%	10/01/2044	31,250	32,871	29,155
FHLMC	3.750%	10/15/2042	45,499	44,660	44,976
FHLMC	4.500%	02/01/2025	741	783	738
FHLMC	5.000%	06/01/2025	13	12	13
FHLMC	5.000%	07/01/2025	9	9	9
FHLMC	5.250%	02/15/2033	34,000	37,222	34,282
FNMA	3.500%	10/01/2029	29,048	30,791	28,319
FNMA	4.500%	09/01/2025	2,544	2,744	2,527
FNMA	5.000%	04/01/2025	4	6	4
FNMA	5.000%	06/01/2025	5	7	5
GNMA Gtd	1.500%	04/20/2039	10,158	10,196	10,040
GNMA Gtd	2.400%	08/16/2047	186,690	186,690	172,438
U.S. Dept of Housing and Urban Development	3.350%	08/01/2029	200,000	218,400	189,728
U.S. Treasury Inflation Index Bond	0.250%	02/15/2050	244,308	253,258	155,065
U.S. Treasury Note	0.250%	07/31/2025	320,000	298,006	306,179
U.S. Treasury Note	0.250%	09/30/2025	530,000	525,577	503,834
U.S. Treasury Note	0.625%	11/30/2027	400,000	344,016	357,828
U.S. Treasury Note	1.125%	08/31/2028	200,000	176,625	178,688
U.S. Treasury Note	1.250%	08/15/2031	400,000	358,074	333,548
U.S. Treasury Note	1.875%	07/31/2026	950,000	965,597	906,765
U.S. Treasury Note	2.000%	02/15/2025	1,000,000	1,036,972	983,890
U.S. Treasury Note	2.000%	08/15/2025	1,000,000	1,005,957	972,990
U.S. Treasury Note	2.000%	11/15/2026	875,000	824,312	833,709
U.S. Treasury Note	2.125%	05/15/2025	1,000,000	1,018,299	978,810
U.S. Treasury Note	2.250%	11/15/2024	1,000,000	1,023,143	991,340
U.S. Treasury Note	2.250%	11/15/2025	900,000	899,739	874,125
U.S. Treasury Note	2.250%	02/15/2027	1,000,000	931,250	954,960
U.S. Treasury Note	2.250%	03/31/2026	1,000,000	1,020,745	965,740
U.S. Treasury Note	2.375%	05/15/2027	965,000	886,056	921,392
U.S. Treasury Note	2.875%	05/15/2028	1,125,000	1,052,324	1,080,484
U.S. Treasury Note	2.875%	08/15/2028	1,125,000	1,050,298	1,078,684
U.S. Treasury Note	2.875%	05/15/2032	950,000	883,205	878,598
U.S. Treasury Note	3.125%	11/15/2028	1,125,000	1,060,606	1,087,515
U.S. Treasury Note	3.250%	06/30/2029	1,020,000	994,181	988,360
U.S. Treasury Note	3.500%	01/31/2028	1,125,000	1,098,346	1,106,145

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
U.S. SECURITIES (continued):					
U.S. Treasury Note	4.000%	02/28/2030	600,000	\$ 609,820	\$ 601,338
U.S. Treasury Note	4.125%	10/31/2027	1,125,000	1,131,704	1,127,992
Louisiana State Local Environmental	2.860%	08/01/2028	79,049	83,488	77,272
				<u>20,195,589</u>	<u>19,858,778</u>
CORPORATE BONDS:					
AbbVie Inc.	4.250%	11/14/2028	800,000	822,743	794,360
Aercap Ireland	2.450%	10/29/2026	150,000	152,417	141,704
Advanced Drain Systems	6.375%	06/15/2030	150,000	147,028	151,005
AECOM	5.125%	03/15/2027	175,000	186,050	172,898
Allegiant Travel Co.	7.250%	08/15/2027	180,000	176,383	167,880
Ally Financial Inc.	5.750%	11/20/2025	150,000	172,077	150,531
AMC Networks Inc.	4.250%	02/15/2029	70,000	69,590	48,163
American Airlines 13	4.000%	01/15/2027	241,829	239,382	236,479
American Axle & Manufacturing Holdings, Inc.	6.875%	07/01/2028	175,000	179,340	175,037
American Express Cr	0.900%	11/16/2026	200,000	193,027	197,346
American Express	3.390%	05/17/2027	105,000	101,345	103,553
American Express	3.750%	08/16/2027	250,000	243,371	246,792
AmeriCredit Auto	1.210%	12/18/2026	50,000	47,080	48,054
AmeriCredit Auto	2.130%	03/18/2026	50,000	48,719	49,576
AmeriCredit	0.690%	01/19/2027	105,778	102,423	104,384
Amgen, Inc.	2.600%	08/19/2026	500,000	526,776	479,100
Amkor Technology Inc.	6.625%	09/15/2027	175,000	175,825	175,406
Apache Corp.	4.375%	10/15/2028	194,000	182,903	185,831
Avis Budget Car	5.750%	07/15/2027	35,000	33,862	33,838
Avis Budget	8.000%	02/15/2031	35,000	34,792	34,713
Bank of America Corp.	3.530%	11/15/2027	320,000	313,323	315,568
Baxter International Inc.	2.272%	12/01/2028	35,000	35,000	31,502
Biogen Inc.	4.050%	09/15/2025	800,000	905,700	790,744
Blackrock Inc.	2.400%	04/30/2030	250,000	249,467	222,442
Bloomin' Brands Inc.	5.125%	04/15/2029	105,000	106,220	96,493
Blue Racer Midstream Holdings LLC	6.625%	07/15/2026	170,000	174,950	169,974
BNSF Funding Trust I	6.613%	12/15/2055	120,000	129,950	120,032
Boardwalk LP	5.950%	06/01/2026	125,000	126,739	126,487
Bombardier Inc.	7.000%	06/01/2032	180,000	182,700	184,045
Boyd Gaming Corporation	4.750%	12/01/2027	60,000	60,157	58,312
Bristol Myers Squibb	4.900%	02/22/2029	850,000	851,165	863,362
Broadcom Inc.	3.150%	11/15/2025	200,000	213,412	195,392
Builders Firstsource Inc.	5.000%	03/01/2030	85,000	90,596	81,325
BWX Technologies Inc.	4.125%	06/30/2028	125,000	114,687	118,932
Carnival Corp.	6.650%	01/15/2028	175,000	170,950	175,735
Capital One Multi	1.040%	11/16/2026	151,000	142,767	149,097
Capital One Multi	2.800%	03/15/2027	150,000	144,809	147,717
Capital One Multi	4.950%	10/15/2027	110,000	109,539	109,919
Capital One Multi	4.420%	05/15/2028	140,000	138,819	139,245
Carmax Auto Owner	0.850%	06/15/2026	50,000	48,275	49,081
Carmax Auto Owner	0.340%	12/15/2025	16,976	16,404	16,911
Carmax Auto Owner	5.720%	11/16/2026	192,850	192,842	192,950
CCO Holdings LLC	4.125%	06/01/2033	150,000	151,893	123,225

See accompanying independent auditors' report.

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)	(c)	(d)	(e)		
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value	
CORPORATE BONDS (continued):						
Centerpoint Energy	3.028%	10/15/2025	41,784	\$ 41,006	\$ 41,547	
Cheniere Energy Inc.	4.625%	10/15/2028	130,000	125,754	127,482	
Cinemark USA Inc.	5.250%	07/15/2028	170,000	157,346	164,344	
Citibank Credit Card	3.960%	10/15/2030	108,000	102,403	105,873	
Clearwater Paper Corp.	4.750%	08/15/2028	200,000	205,060	188,840	
Cleveland-Cliffs Inc.	7.000%	03/15/1932	180,000	180,666	180,650	
Comcast Corporation	4.150%	10/15/2028	900,000	909,516	885,843	
Constellation Brands	3.500%	05/09/2027	125,000	121,477	120,727	
Consumers Securitiz	2.962%	11/03/2025	34,937	35,292	34,728	
Coty Inc.	6.625%	07/15/2030	60,000	59,807	61,610	
Coty Inc.	5.000%	04/15/2026	102,000	100,601	100,897	
CQP Holdco LP	5.500%	06/15/2031	185,000	163,579	177,441	
Crestwood Equity Partners LP	5.625%	05/01/2027	150,000	152,625	150,255	
CubeSmart	2.000%	02/15/2031	250,000	246,010	207,650	
Dana Inc.	4.250%	09/01/2030	210,000	205,033	185,445	
DPL Inc.	4.125%	07/01/2025	140,000	134,523	136,791	
DTE Energy Co	4.220%	11/01/2025	150,000	148,456	149,287	
Discover Card Exe	1.960%	02/16/2027	110,000	105,183	108,026	
Discover Card	5.030%	10/15/2027	30,000	29,595	29,997	
Discover Card Exe	4.930%	06/15/2028	85,000	84,615	85,325	
Duke Energy Corp.	4.875%	03/16/2068	320,000	324,800	317,837	
Encompass Health Corp.	4.500%	02/01/2028	50,000	46,340	48,339	
Encompass Health Corp.	4.750%	02/01/2030	125,000	126,576	119,160	
EnerSys	4.375%	12/15/2027	125,000	117,736	119,975	
EnerSys	6.625%	01/15/1932	85,000	84,633	86,527	
EnLink Midstream LLC	4.850%	07/15/2026	150,000	144,763	148,189	
EQM Midstream Partners LP	6.000%	07/01/2025	130,000	130,559	129,968	
FirstEnergy Corp.	3.900%	07/15/2027	100,000	111,625	96,960	
Foot Locker Inc.	4.000%	10/01/2029	45,000	37,962	38,517	
Ford Credit Auto Owner Trust	0.510%	08/15/2026	98,137	94,487	96,366	
Ford Credit Auto Owner Trust	0.790%	08/15/2026	75,000	72,316	73,329	
Ford Motor Company	4.063%	11/01/2024	200,000	209,812	199,046	
Fortress Transportation LP	5.500%	05/01/2028	140,000	136,745	137,257	
G-III Apparel Group, Ltd.	7.875%	08/15/2025	147,000	157,696	147,151	
GM Financial Cons Auto	0.680%	09/16/2026	40,674	39,506	39,840	
GM Financial Cons Auto	0.000%	05/17/2027	97,836	92,803	96,463	
GM Financial Cons Auto	1.040%	05/17/2027	70,000	67,082	68,741	
GM Financial Cons Auto	4.820%	08/16/2027	115,000	113,455	114,563	
GM Financial Cons Auto	0.480%	06/16/2026	45,534	44,414	44,873	
GM Financial Cons Auto	0.000%	10/16/2026	150,000	142,358	145,437	
GM Financial Cons Auto	1.280%	01/19/2027	100,000	96,719	96,739	

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
CORPORATE BONDS (continued):					
Genesis Energy LP	7.750%	02/01/2028	165,000	\$ 166,024	\$ 167,435
Goldman Sachs Group	3.850%	01/26/2027	900,000	872,649	880,524
Goodyear Tire & Rubber Co.	4.875%	03/15/2027	100,000	106,647	97,537
Goodyear Tire & Rubber Co.	5.000%	07/15/2029	100,000	92,572	94,380
Gray Television, Inc.	4.750%	10/15/2030	115,000	114,869	77,206
Griffon Corporation	5.750%	03/01/2028	60,000	62,761	58,734
HF SInclair	5.000%	02/01/2028	130,000	125,733	128,033
Herc Holdings Inc.	6.625%	06/15/2029	180,000	181,156	183,782
HilCorp. Energy Co.	6.250%	11/01/2028	150,000	151,344	149,961
HilCorp. Energy Co.	6.875%	05/15/1934	50,000	49,648	49,743
Home Depot Inc.	3.000%	04/01/2026	615,000	601,765	599,219
Honda Auto Receivables	0.420%	01/21/2028	80,698	78,278	80,466
Honda Auto Receivables	1.140%	06/21/2028	95,000	89,146	91,762
Howmet Aerospace Inc.	3.000%	01/15/2029	150,000	135,045	138,159
Ingles Markets, Incorporated	4.000%	06/15/2031	150,000	144,167	132,701
Intel Corp.	4.875%	02/10/2026	600,000	604,446	600,306
Iron Mountain Inc.	5.250%	07/15/2030	225,000	238,378	216,542
Jabil Inc. Sr Notes	1.700%	04/15/2026	125,000	115,983	118,026
Jeld Wen Inc.	4.875%	12/15/2027	140,000	125,390	133,298
John Deere	4.950%	07/14/2028	700,000	697,249	712,173
JPMorgan Chase & Co.	3.300%	04/01/2026	725,000	702,677	708,071
JPMorgan Chase & Co.	4.979%	07/22/2028	65,000	65,048	65,335
Kaiser Aluminum Corp.	4.500%	06/01/2031	150,000	146,203	132,912
Lamar Media Corp.	4.875%	01/15/2029	40,000	39,832	38,830
Lamb Weston Holdings Inc.	4.875%	05/15/2028	150,000	162,045	145,328
LGI Homes Inc.	4.000%	07/15/2029	155,000	147,996	138,767
Live Nation Entertainment Inc.	4.750%	10/15/2027	195,000	191,237	189,078
Macy's Retail Holdings	7.000%	02/15/2027	100,000	98,235	100,952
McDonalds Corp.	3.700%	01/30/2026	800,000	889,872	787,728
Mercer International Inc.	5.125%	02/01/2029	100,000	102,115	84,755
Methanex Corp.	5.125%	10/15/2027	220,000	209,719	214,207
Morgan Stanley	3.625%	01/20/2027	800,000	770,362	781,048
Murphy Oil Corporation	6.375%	07/15/2028	100,000	98,884	100,661
Murphy Oil USA Inc.	4.750%	09/15/2029	130,000	120,991	124,367
National Fuel Gas Co.	5.500%	01/15/2026	300,000	350,406	300,927
National Rural Utilities Cooperative	1.000%	06/15/2026	100,000	99,743	93,290
NCR Corporation	5.125%	04/15/2029	165,000	164,596	157,638
New Residential Investment Corp.	6.250%	10/15/2025	76,000	72,939	75,945
Newell Rubbermaid	4.000%	03/15/2027	120,000	116,176	119,363
NuStar Logistics	6.375%	10/01/2030	170,000	169,720	173,499
Occidental Petroleum Corporation	5.875%	09/01/2025	100,000	106,192	100,407
Olin Corporation	5.625%	08/01/2029	175,000	178,467	172,799
Oracle Corporation	2.650%	07/15/2026	800,000	825,336	767,416

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
CORPORATE BONDS (continued):					
Oracle Corporation Senior Note	3.650%	03/25/2041	175,000	\$ 136,500	\$ 137,515
Organon Finance LP	5.125%	04/30/2031	200,000	175,719	184,060
Outfront Media Inc.	4.250%	01/15/2029	200,000	191,406	185,448
Owens & Minor, Inc.	4.500%	03/31/2029	150,000	141,353	131,817
PBF Holding Co. LLC	6.000%	02/15/2028	200,000	187,473	196,186
Public Service New	3.814%	02/01/2035	250,000	248,320	239,848
Papa Johns	3.875%	09/15/2029	200,000	192,826	178,168
PENN National Gaming	5.625%	01/15/2027	185,000	178,656	180,530
Prairie Acquiror LP	9.000%	08/01/2029	165,000	165,000	170,128
QVC Inc. Sr.	4.375%	09/01/2028	45,000	46,463	34,425
Radian Group Inc.	4.875%	03/15/2027	100,000	104,625	98,893
RLJ Lodging	3.750%	07/01/2026	150,000	138,329	143,193
Royal Caribbean	5.500%	04/01/2028	130,000	120,448	129,506
Safeway Inc.	7.450%	09/15/2027	150,000	177,041	157,493
Sally Holdings LLC	6.750%	03/01/2032	155,000	154,154	154,451
Santander Auto Receivables	4.140%	02/16/2027	119,727	119,423	119,366
Santander Drive	1.130%	11/16/2026	8,188	8,024	8,070
Santander Drive Auto	1.350%	07/15/2027	10,210	9,885	9,971
Scotts Miracle-Gro Co.	4.500%	10/15/2029	100,000	104,430	93,023
ServiceCorp. International	4.625%	12/15/2027	125,000	119,338	121,523
Shea Homes Inc.	4.750%	02/15/2028	140,000	136,502	134,119
Sonic Automotive Inc.	4.625%	11/15/2029	180,000	173,375	164,533
Southwestern Energy Co.	5.375%	03/15/2030	125,000	116,618	122,028
Starbucks Corporation	2.550%	11/15/2030	575,000	602,864	507,783
Station Casinos LLC	4.625%	12/01/2031	200,000	197,396	182,260
Suburban Propane LP	5.000%	06/01/2031	185,000	181,097	167,921
Summit Midstream	8.625%	10/31/2029	155,000	157,713	158,466
Synchrony Financial	7.250%	02/02/2033	75,000	76,313	76,707
Synchrony Card	3.370%	04/15/2028	105,000	102,774	103,542
Tallgrass Energy LP	7.375%	02/15/2029	150,000	150,297	151,968
Tegna Inc.	4.625%	03/15/2028	130,000	116,819	119,267
Tenet Healthcare Corp.	4.375%	01/15/2030	125,000	126,444	117,260
Terex Corp.	5.000%	05/15/2029	150,000	137,991	144,155
Teva Pharmaceuticals	3.150%	10/01/2026	106,000	95,793	100,382
T-Mobile USA Inc.	2.625%	04/15/2026	125,000	117,280	120,164
TransDigm Inc.	4.625%	01/15/2029	200,000	191,895	189,140
TRI Pointe Group Inc.	5.700%	06/15/2028	160,000	170,737	159,573
Tronox Inc.	4.625%	03/15/2029	180,000	163,910	163,948
Truist Financial Corp.	1.200%	08/05/2025	215,000	214,772	206,441
United Air 2019- 2AA	2.700%	11/01/2033	109,072	92,958	95,399
United Continental	4.875%	01/15/2025	200,000	207,189	198,298
Univision	4.500%	05/01/2029	70,000	70,585	61,142
Univision	7.375%	06/30/2030	70,000	68,979	67,395
USSA Auto Owner	5.830%	07/15/2026	124,844	124,846	124,891

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
CORPORATE BONDS (continued):					
Venture Global LNG	8.125%	06/01/2028	120,000	\$ 120,736	\$ 124,973
Venture Global LNG	9.875%	02/01/2032	70,000	73,279	77,706
Verizon Communications	3.500%	11/01/2024	500,000	544,075	497,370
Verizon Communications	3.376%	02/15/2025	125,000	133,955	123,900
Verizon Master Trust	3.670%	01/22/2029	121,000	119,142	119,262
Verizon Master Trust	5.340%	04/22/2030	100,000	99,978	101,936
Virginia Power Fuel	5.088%	05/01/2029	130,000	130,176	130,255
Vista Outdoor Inc.	4.500%	03/15/2029	130,000	131,961	129,336
Vistra Corp.	8.000%	06/15/2070	185,000	180,164	186,062
Volkswagen Auto Loans	1.260%	10/20/2028	140,000	130,080	135,050
Walt Disney Co.	3.350%	03/24/2025	650,000	722,473	642,460
Warner Media Holdings	3.755%	03/15/2027	80,000	78,248	76,204
Wells Fargo & Company	3.550%	09/29/2025	775,000	846,021	762,523
Welltower Inc.	2.750%	01/15/2031	140,000	119,778	123,235
Wesco Distribution	7.250%	06/15/2028	140,000	143,477	143,464
World Omni Auto Receivables	0.610%	10/15/2026	39,663	38,421	39,282
Wyndham Worldwide	6.000%	04/01/2027	170,000	181,478	170,551
Xerox Holdings Corp.	5.000%	08/15/2025	80,000	81,486	78,613
Xerox Holdings Corp.	5.500%	08/15/2028	120,000	109,800	101,810
ZipRecruiter Inc.	5.000%	01/15/2030	130,000	122,838	113,740
				<u>35,410,598</u>	<u>34,254,613</u>
COMMON STOCKS:					
Abbott Laboratories			1,725	196,430	182,746
AbbVie Inc.			1,350	114,161	250,182
Airbus SE			3,250	98,287	122,850
American Electric Power Co. Inc.			2,155	185,698	211,449
American International Group			2,850	168,161	225,805
Ameriprise Financial, Inc.			195	38,236	83,864
Analog Devices Inc.			525	67,155	121,474
Arthur J. Gallagher & Co.			480	66,437	136,075
AT&T Inc.			13,320	277,920	256,410
AvalonBay Communities Inc.			860	177,729	176,231
Axa SA ADR			2,940	78,508	103,370
Barclays PLC ADR			6,510	60,235	77,599
BHP Group Ltd. ADR			1,420	99,138	78,853
Blackrock Inc.			243	108,635	212,990
Broadcom Inc.			1,800	92,014	289,224
Canadian Natural Resources Ltd.			2,770	51,142	98,280
Chevron Corp.			1,970	210,280	316,126
Cisco Systems, Inc.			3,820	184,401	185,079
Coca Cola Femsa S.A.B de C.V. ADR			1,185	109,720	107,160
Comcast Corp.			2,580	102,862	106,477
CRH PLC			2,490	151,237	213,393
Crown Castle Inc.			645	89,454	71,002
Dassault Systems SE ADR			3,145	138,237	119,447
DBS Group Holdings ADR			1,782	129,685	194,559
Dell Technologies Co.			400	54,190	45,472

See accompanying independent auditors' report.

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Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)					
(a)	(b)	(c)	(d)	(e)	
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
COMMON STOCKS (continued):					
Dow Inc.			2,530	\$ 139,942	\$ 137,809
East West Bancorp., Inc.			1,210	57,290	106,347
Eaton Corporation PLC			875	125,455	266,691
Emerson Electric Co.			2,375	186,582	278,136
Entergy Corp.			1,775	157,203	205,847
Exxon Mobil Corp.			1,690	197,527	200,417
Ferguson PLC			562	68,304	125,129
HF Sinclair			1,430	82,163	73,602
Home Depot, Inc.			430	102,712	158,309
Honeywell International Inc.			1,320	176,278	270,270
Hoya Corporation ADR			1,520	142,741	189,666
IBM Common Stock			1,265	178,083	243,057
ING Groep NV ADR			6,505	71,649	117,936
Johnson & Johnson			1,610	238,627	254,139
JPMorgan Chase & Co.			2,090	193,740	444,752
Kinder Morgan Inc.			3,870	79,060	81,773
Lockheed Martin Corporation			260	103,992	140,899
Loreal Unspn ADR			2,115	170,803	183,138
Magna International Inc.			2,640	176,082	117,137
Masco Corp.			1,990	108,319	154,922
McDonald's Corp.			215	45,156	57,061
Medtronic PLC			1,045	83,680	83,934
Merck & Co., Inc.			2,590	201,710	293,007
MetLife Inc.			1,212	53,430	93,142
Microsoft Corporation			460	131,733	192,442
Morgan Stanley			2,480	139,056	255,961
Novartis Ag ADR			1,285	133,598	143,252
Novo Nordisk A/S ADR			2,515	126,528	333,564
NXP Semiconductors NV			660	95,156	173,686
ORIX Corporation ADR			1,930	163,807	233,414
Parker Hannifin Corp.			402	162,030	225,586
Philip Morris International Inc.			2,165	184,600	249,321
Procter & Gamble Company			2,790	352,902	448,520
RWE AG ADR			3,250	116,730	121,550
Sap SE ADR			560	72,048	118,496
Shin-Etsu Chemical Co., Ltd. ADR			8,935	125,006	198,089
Siemens Ag ADR			2,210	215,809	201,994
Sony Group Corporation ADR			1,875	149,541	166,106
SSE PLC ADR			4,775	97,183	117,393
Sumitomo Mitsui Finl Group ADR			12,600	122,877	182,448

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)	(c)	(d)	(e)		
	Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
COMMON STOCKS (continued):						
	State Street Corporation			2,060	\$ 149,335	\$ 175,038
	TechnipFMC PLC			2,340	22,241	69,030
	Taiwan Semiconductor ADR			425	59,649	70,465
	TJX Companies, Inc.			870	61,785	98,327
	Thales ADR			6,390	161,129	202,243
	TotalEnergies SE ADR			1,505	80,106	102,009
	UnitedHealth Group Inc.			343	170,066	197,623
	Universal Music Group Nv ADR			12,190	149,630	144,208
	Verizon Communication			3,185	169,607	129,056
					<u>9,602,632</u>	<u>12,813,058</u>
103-12 INVESTMENT ENTITIES:						
	Washington Capital Management		Real Asset Income Fund LLC		<u>12,000,000</u>	<u>12,816,240</u>
					<u>\$ 87,077,629</u>	<u>\$ 92,036,517</u>

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4j

EIN: 91-0597991 PN: 501

Year Ended July 31, 2024

Reportable Transactions						
(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets:						
First American US Treasury Money Market	298 Purchases	\$ 36,796,834	\$ -	\$ 36,796,834	\$ 36,796,834	\$ -
First American US Treasury Money Market	135 Sales	-	36,310,079	36,310,079	36,310,079	-

Employee Painters' Trust Health and Welfare Plan

Years Ended July 31, 2024 and 2023

Administrative Expenses		
	2024	2023
Network access and claims administrations fees	\$ 2,534,282	\$ 2,561,027
Administration fees	1,502,827	1,403,460
Claims management	642,721	581,194
Office and printing expenses	277,064	295,008
Contribution compliance fees	231,933	223,393
Legal, collections	273,752	215,962
Consultant fees	167,598	167,597
Legal, general	180,364	137,871
Administration - payroll expenses	136,079	131,339
Conferences and meetings	48,184	93,577
Affordable Care Act fees	40,511	29,880
Audit fees	73,415	19,750
Fiduciary liability insurance	18,951	18,860
Other miscellaneous fees and taxes	101,034	16,175
Actuary fees	21,000	7,000
Bank fees	1,494	1,664
	<u>\$ 6,251,209</u>	<u>\$ 5,903,757</u>

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment						
(a)	(b)	(c)	(d)	(e)		
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value	
MONEY MARKET ACCOUNT:						
First American US Treasury	Fluctuates daily	Due on demand	906,006	\$ 906,006	\$ 906,006	
MUTUAL FUNDS:						
Fidelity Total Market Index Fund			62,994	7,029,551	9,585,230	
Harding Loevner Institutional Emerging Markets Fund			53,277	1,187,104	974,983	
Ishares MSCI EAFE Small-Cap ETF			5,180	323,571	335,612	
Ishares MSCI Emerging Ex China ETF			8,170	422,578	491,997	
				<u>8,962,804</u>	<u>11,387,822</u>	
COMMON STOCKS:						
Abbott Laboratories			1,725	196,430	182,746	
AbbVie Inc.			1,350	114,161	250,182	
Airbus SE			3,250	98,287	122,850	
American Electric Power Co. Inc.			2,155	185,698	211,449	
American International Group			2,850	168,161	225,805	
Ameriprise Financial, Inc.			195	38,236	83,864	
Analog Devices Inc.			525	67,155	121,474	
Arthur J. Gallagher & Co.			480	66,437	136,075	
AT&T Inc.			13,320	277,920	256,410	
AvalonBay Communities Inc.			860	177,729	176,231	
Axa SA ADR			2,940	78,508	103,370	
Barclays PLC ADR			6,510	60,235	77,599	
BHP Group Ltd. ADR			1,420	99,138	78,853	
Blackrock Inc.			243	108,635	212,990	
Broadcom Inc.			1,800	92,014	289,224	
Canadian Natural Resources Ltd.			2,770	51,142	98,280	
Chevron Corp.			1,970	210,280	316,126	
Cisco Systems, Inc.			3,820	184,401	185,079	
Coca Cola Femsa S.A.B de C.V. ADR			1,185	109,720	107,160	
Comcast Corp.			2,580	102,862	106,477	
CRH PLC			2,490	151,237	213,393	
Crown Castle Inc.			645	89,454	71,002	
Dassault Systems SE ADR			3,145	138,237	119,447	
DBS Group Holdings ADR			1,782	129,685	194,559	
Dell Technologies Co.			400	54,190	45,472	
Dow Inc.			2,530	139,942	137,809	
East West Bancorp., Inc.			1,210	57,290	106,347	
Eaton Corporation PLC			875	125,455	266,691	
Emerson Electric Co.			2,375	186,582	278,136	
Entergy Corp.			1,775	157,203	205,847	
Exxon Mobil Corp.			1,690	197,527	200,417	

See accompanying independent auditors' report.

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)		(c)		(d)	(e)
	Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
COMMON STOCKS (continued):						
	Ferguson PLC			562	\$ 68,304	\$ 125,129
	HF Sinclair			1,430	82,163	73,602
	Home Depot, Inc.			430	102,712	158,309
	Honeywell International Inc.			1,320	176,278	270,270
	Hoya Corporation ADR			1,520	142,741	189,666
	IBM Common Stock			1,265	178,083	243,057
	ING Groep NV ADR			6,505	71,649	117,936
	Johnson & Johnson			1,610	238,627	254,139
	JPMorgan Chase & Co.			2,090	193,740	444,752
	Kinder Morgan Inc.			3,870	79,060	81,773
	Lockheed Martin Corporation			260	103,992	140,899
	Loreal Unspn ADR			2,115	170,803	183,138
	Magna International Inc.			2,640	176,082	117,137
	Masco Corp.			1,990	108,319	154,922
	McDonald's Corp.			215	45,156	57,061
	Medtronic PLC			1,045	83,680	83,934
	Merck & Co., Inc.			2,590	201,710	293,007
	MetLife Inc.			1,212	53,430	93,142
	Microsoft Corporation			460	131,733	192,442
	Morgan Stanley			2,480	139,056	255,961
	Novartis Ag ADR			1,285	133,598	143,252
	Novo Nordisk A/S ADR			2,515	126,528	333,564
	NXP Semiconductors NV			660	95,156	173,686
	ORIX Corporation ADR			1,930	163,807	233,414
	Parker Hannifin Corp.			402	162,030	225,586
	Philip Morris International Inc.			2,165	184,600	249,321
	Procter & Gamble Company			2,790	352,902	448,520
	RWE AG ADR			3,250	116,730	121,550
	Sap SE ADR			560	72,048	118,496
	Shin-Etsu Chemical Co., Ltd. ADR			8,935	125,006	198,089
	Siemens Ag ADR			2,210	215,809	201,994
	Sony Group Corporation ADR			1,875	149,541	166,106
	SSE PLC ADR			4,775	97,183	117,393
	Sumitomo Mitsui Finl Group ADR			12,600	122,877	182,448
	State Street Corporation			2,060	149,335	175,038
	TechnipFMC PLC			2,340	22,241	69,030
	Taiwan Semiconductor ADR			425	59,649	70,465
	TJX Companies, Inc.			870	61,785	98,327
	Thales ADR			6,390	161,129	202,243
	TotalEnergies SE ADR			1,505	80,106	102,009
	UnitedHealth Group Inc.			343	170,066	197,623
	Universal Music Group Nv ADR			12,190	149,630	144,208
	Verizon Communication			3,185	169,607	129,056
					<u>9,602,632</u>	<u>12,813,058</u>

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)	(c)	(c)	(d)	(e)	(e)
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value	Current Value
U.S. SECURITIES:						
FHLMC	2.000%	08/15/2040	1,690	\$ 1,702	\$ 1,686	
FHLMC	3.133%	08/25/2024	100,000	97,898	99,607	
FHLMC	3.500%	10/01/2044	31,250	32,871	29,155	
FHLMC	3.750%	10/15/2042	45,499	44,660	44,976	
FHLMC	4.500%	02/01/2025	741	783	738	
FHLMC	5.000%	06/01/2025	13	12	13	
FHLMC	5.000%	07/01/2025	9	9	9	
FHLMC	5.250%	02/15/2033	34,000	37,222	34,282	
FNMA	3.500%	10/01/2029	29,048	30,791	28,319	
FNMA	4.500%	09/01/2025	2,544	2,744	2,527	
FNMA	5.000%	04/01/2025	4	6	4	
FNMA	5.000%	06/01/2025	5	7	5	
GNMA Gtd	1.500%	04/20/2039	10,158	10,196	10,040	
GNMA Gtd	2.400%	08/16/2047	186,690	186,690	172,438	
U.S. Dept of Housing and Urban Development	3.350%	08/01/2029	200,000	218,400	189,728	
U.S. Treasury Inflation Index Bond	0.250%	02/15/2050	244,308	253,258	155,065	
U.S. Treasury Note	0.250%	07/31/2025	320,000	298,006	306,179	
U.S. Treasury Note	0.250%	09/30/2025	530,000	525,577	503,834	
U.S. Treasury Note	0.625%	11/30/2027	400,000	344,016	357,828	
U.S. Treasury Note	1.125%	08/31/2028	200,000	176,625	178,688	
U.S. Treasury Note	1.250%	08/15/2031	400,000	358,074	333,548	
U.S. Treasury Note	1.875%	07/31/2026	950,000	965,597	906,765	
U.S. Treasury Note	2.000%	02/15/2025	1,000,000	1,036,972	983,890	
U.S. Treasury Note	2.000%	08/15/2025	1,000,000	1,005,957	972,990	
U.S. Treasury Note	2.000%	11/15/2026	875,000	824,312	833,709	
U.S. Treasury Note	2.125%	05/15/2025	1,000,000	1,018,299	978,810	
U.S. Treasury Note	2.250%	11/15/2024	1,000,000	1,023,143	991,340	
U.S. Treasury Note	2.250%	11/15/2025	900,000	899,739	874,125	
U.S. Treasury Note	2.250%	02/15/2027	1,000,000	931,250	954,960	
U.S. Treasury Note	2.250%	03/31/2026	1,000,000	1,020,745	965,740	
U.S. Treasury Note	2.375%	05/15/2027	965,000	886,056	921,392	
U.S. Treasury Note	2.875%	05/15/2028	1,125,000	1,052,324	1,080,484	
U.S. Treasury Note	2.875%	08/15/2028	1,125,000	1,050,298	1,078,684	
U.S. Treasury Note	2.875%	05/15/2032	950,000	883,205	878,598	
U.S. Treasury Note	3.125%	11/15/2028	1,125,000	1,060,606	1,087,515	
U.S. Treasury Note	3.250%	06/30/2029	1,020,000	994,181	988,360	
U.S. Treasury Note	3.500%	01/31/2028	1,125,000	1,098,346	1,106,145	
U.S. Treasury Note	4.000%	02/28/2030	600,000	609,820	601,338	
U.S. Treasury Note	4.125%	10/31/2027	1,125,000	1,131,704	1,127,992	
Louisiana State Local Environmental	2.860%	08/01/2028	79,049	83,488	77,272	
				<u>20,195,589</u>	<u>19,858,778</u>	

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Issue	Interest Rate	Maturity Date	Shares/Par Value	Cost	Current Value	
CORPORATE BONDS:						
AbbVie Inc.	4.250%	11/14/2028	800,000	\$ 822,743	\$ 794,360	
Aercap Ireland	2.450%	10/29/2026	150,000	152,417	141,704	
Advanced Drain Systems	6.375%	06/15/2030	150,000	147,028	151,005	
AECOM	5.125%	03/15/2027	175,000	186,050	172,898	
Allegiant Travel Co.	7.250%	08/15/2027	180,000	176,383	167,880	
Ally Financial Inc.	5.750%	11/20/2025	150,000	172,077	150,531	
AMC Networks Inc.	4.250%	02/15/2029	70,000	69,590	48,163	
American Airlines 13	4.000%	01/15/2027	241,829	239,382	236,479	
American Axle & Manufacturing Holdings, Inc.	6.875%	07/01/2028	175,000	179,340	175,037	
American Express Cr	0.900%	11/16/2026	200,000	193,027	197,346	
American Express	3.390%	05/17/2027	105,000	101,345	103,553	
American Express	3.750%	08/16/2027	250,000	243,371	246,792	
AmeriCredit Auto	1.210%	12/18/2026	50,000	47,080	48,054	
AmeriCredit Auto	2.130%	03/18/2026	50,000	48,719	49,576	
AmeriCredit	0.690%	01/19/2027	105,778	102,423	104,384	
Amgen, Inc.	2.600%	08/19/2026	500,000	526,776	479,100	
Amkor Technology Inc.	6.625%	09/15/2027	175,000	175,825	175,406	
Apache Corp.	4.375%	10/15/2028	194,000	182,903	185,831	
Avis Budget Car	5.750%	07/15/2027	35,000	33,862	33,838	
Avis Budget	8.000%	02/15/2031	35,000	34,792	34,713	
Bank of America Corp.	3.530%	11/15/2027	320,000	313,323	315,568	
Baxter International Inc.	2.272%	12/01/2028	35,000	35,000	31,502	
Biogen Inc.	4.050%	09/15/2025	800,000	905,700	790,744	
Blackrock Inc.	2.400%	04/30/2030	250,000	249,467	222,442	
Bloomin' Brands Inc.	5.125%	04/15/2029	105,000	106,220	96,493	
Blue Racer Midstream Holdings LLC	6.625%	07/15/2026	170,000	174,950	169,974	
BNSF Funding Trust I	6.613%	12/15/2055	120,000	129,950	120,032	
Boardwalk LP	5.950%	06/01/2026	125,000	126,739	126,487	
Bombardier Inc.	7.000%	06/01/2032	180,000	182,700	184,045	
Boyd Gaming Corp.oration	4.750%	12/01/2027	60,000	60,157	58,312	
Bristol Myers Squibb	4.900%	02/22/2029	850,000	851,165	863,362	
Broadcom Inc.	3.150%	11/15/2025	200,000	213,412	195,392	
Builders Firstsource Inc.	5.000%	03/01/2030	85,000	90,596	81,325	
BWX Technologies Inc.	4.125%	06/30/2028	125,000	114,687	118,932	
Carnival Corp.	6.650%	01/15/2028	175,000	170,950	175,735	
Capital One Multi	1.040%	11/16/2026	151,000	142,767	149,097	
Capital One Multi	2.800%	03/15/2027	150,000	144,809	147,717	
Capital One Multi	4.950%	10/15/2027	110,000	109,539	109,919	
Capital One Multi	4.420%	05/15/2028	140,000	138,819	139,245	
Carmax Auto Owner	0.850%	06/15/2026	50,000	48,275	49,081	
Carmax Auto Owner	0.340%	12/15/2025	16,976	16,404	16,911	
Carmax Auto Owner	5.720%	11/16/2026	192,850	192,842	192,950	

See accompanying independent auditors' report.

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
CORPORATE BONDS (continued):						
	CCO Holdings LLC	4.125%	06/01/2033	150,000	\$ 151,893	\$ 123,225
	Centerpoint Energy	3.028%	10/15/2025	41,784	41,006	41,547
	Cheniere Energy Inc.	4.625%	10/15/2028	130,000	125,754	127,482
	Cinemark USA Inc.	5.250%	07/15/2028	170,000	157,346	164,344
	Citibank Credit Card	3.960%	10/15/2030	108,000	102,403	105,873
	Clearwater Paper Corp.	4.750%	08/15/2028	200,000	205,060	188,840
	Cleveland-Cliffs Inc.	7.000%	03/15/1932	180,000	180,666	180,650
	Comcast Corporation	4.150%	10/15/2028	900,000	909,516	885,843
	Constellation Brands	3.500%	05/09/2027	125,000	121,477	120,727
	Consumers Securitiz	2.962%	11/03/2025	34,937	35,292	34,728
	Coty Inc.	6.625%	07/15/2030	60,000	59,807	61,610
	Coty Inc.	5.000%	04/15/2026	102,000	100,601	100,897
	CQP Holdco LP	5.500%	06/15/2031	185,000	163,579	177,441
	Crestwood Equity Partners LP	5.625%	05/01/2027	150,000	152,625	150,255
	CubeSmart	2.000%	02/15/2031	250,000	246,010	207,650
	Dana Inc.	4.250%	09/01/2030	210,000	205,033	185,445
	DPL Inc.	4.125%	07/01/2025	140,000	134,523	136,791
	DTE Energy Co	4.220%	11/01/2025	150,000	148,456	149,287
	Discover Card Exe	1.960%	02/16/2027	110,000	105,183	108,026
	Discover Card	5.030%	10/15/2027	30,000	29,595	29,997
	Discover Card Exe	4.930%	06/15/2028	85,000	84,615	85,325
	Duke Energy Corp.	4.875%	03/16/2068	320,000	324,800	317,837
	Encompass Health Corp.	4.500%	02/01/2028	50,000	46,340	48,339
	Encompass Health Corp.	4.750%	02/01/2030	125,000	126,576	119,160
	EnerSys	4.375%	12/15/2027	125,000	117,736	119,975
	EnerSys	6.625%	01/15/1932	85,000	84,633	86,527
	EnLink Midstream LLC	4.850%	07/15/2026	150,000	144,763	148,189
	EQM Midstream Partners LP	6.000%	07/01/2025	130,000	130,559	129,968
	FirstEnergy Corp.	3.900%	07/15/2027	100,000	111,625	96,960
	Foot Locker Inc.	4.000%	10/01/2029	45,000	37,962	38,517
	Ford Credit Auto Owner Trust	0.510%	08/15/2026	98,137	94,487	96,366
	Ford Credit Auto Owner Trust	0.790%	08/15/2026	75,000	72,316	73,329
	Ford Motor Company	4.063%	11/01/2024	200,000	209,812	199,046
	Fortress Transportation LP	5.500%	05/01/2028	140,000	136,745	137,257
	G-III Apparel Group, Ltd.	7.875%	08/15/2025	147,000	157,696	147,151
	GM Financial Cons Auto	0.680%	09/16/2026	40,674	39,506	39,840
	GM Financial Cons Auto	0.000%	05/17/2027	97,836	92,803	96,463
	GM Financial Cons Auto	1.040%	05/17/2027	70,000	67,082	68,741
	GM Financial Cons Auto	4.820%	08/16/2027	115,000	113,455	114,563
	GM Financial Cons Auto	0.480%	06/16/2026	45,534	44,414	44,873
	GM Financial Cons Auto	0.000%	10/16/2026	150,000	142,358	145,437
	GM Financial Cons Auto	1.280%	01/19/2027	100,000	96,719	96,739

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)	(c)	(c)	(d)	(e)	(e)
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value	Current Value
CORPORATE BONDS (continued):						
Genesis Energy LP	7.750%	02/01/2028	165,000	\$ 166,024	\$ 167,435	\$ 167,435
Goldman Sachs Group	3.850%	01/26/2027	900,000	872,649	880,524	880,524
Goodyear Tire & Rubber Co.	4.875%	03/15/2027	100,000	106,647	97,537	97,537
Goodyear Tire & Rubber Co.	5.000%	07/15/2029	100,000	92,572	94,380	94,380
Gray Television, Inc.	4.750%	10/15/2030	115,000	114,869	77,206	77,206
Griffon Corporation	5.750%	03/01/2028	60,000	62,761	58,734	58,734
HF Sinclair	5.000%	02/01/2028	130,000	125,733	128,033	128,033
Herc Holdings Inc.	6.625%	06/15/2029	180,000	181,156	183,782	183,782
Hilcorp Energy Co.	6.250%	11/01/2028	150,000	151,344	149,961	149,961
Hilcorp Energy Co.	6.875%	05/15/1934	50,000	49,648	49,743	49,743
Home Depot Inc.	3.000%	04/01/2026	615,000	601,765	599,219	599,219
Honda Auto Receivables	0.420%	01/21/2028	80,698	78,278	80,466	80,466
Honda Auto Receivables	1.140%	06/21/2028	95,000	89,146	91,762	91,762
Howmet Aerospace Inc.	3.000%	01/15/2029	150,000	135,045	138,159	138,159
Ingles Markets, Incorporated	4.000%	06/15/2031	150,000	144,167	132,701	132,701
Intel Corp.	4.875%	02/10/2026	600,000	604,446	600,306	600,306
Iron Mountain Inc.	5.250%	07/15/2030	225,000	238,378	216,542	216,542
Jabil Inc. Sr Notes	1.700%	04/15/2026	125,000	115,983	118,026	118,026
Jeld Wen Inc.	4.875%	12/15/2027	140,000	125,390	133,298	133,298
John Deere	4.950%	07/14/2028	700,000	697,249	712,173	712,173
JPMorgan Chase & Co.	3.300%	04/01/2026	725,000	702,677	708,071	708,071
JPMorgan Chase & Co.	4.979%	07/22/2028	65,000	65,048	65,335	65,335
Kaiser Aluminum Corp.	4.500%	06/01/2031	150,000	146,203	132,912	132,912
Lamar Media Corp.	4.875%	01/15/2029	40,000	39,832	38,830	38,830
Lamb Weston Holdings Inc.	4.875%	05/15/2028	150,000	162,045	145,328	145,328
LGI Homes Inc.	4.000%	07/15/2029	155,000	147,996	138,767	138,767
Live Nation Entertainment Inc.	4.750%	10/15/2027	195,000	191,237	189,078	189,078
Macy's Retail Holdings	7.000%	02/15/2027	100,000	98,235	100,952	100,952
McDonalds Corp.	3.700%	01/30/2026	800,000	889,872	787,728	787,728
Mercer International Inc.	5.125%	02/01/2029	100,000	102,115	84,755	84,755
Methanex Corp.	5.125%	10/15/2027	220,000	209,719	214,207	214,207
Morgan Stanley	3.625%	01/20/2027	800,000	770,362	781,048	781,048
Murphy Oil Corporation	6.375%	07/15/2028	100,000	98,884	100,661	100,661
Murphy Oil USA Inc.	4.750%	09/15/2029	130,000	120,991	124,367	124,367
National Fuel Gas Co.	5.500%	01/15/2026	300,000	350,406	300,927	300,927
National Rural Utilities Cooperative	1.000%	06/15/2026	100,000	99,743	93,290	93,290
NCR Corporation	5.125%	04/15/2029	165,000	164,596	157,638	157,638
New Residential Investment Corp.	6.250%	10/15/2025	76,000	72,939	75,945	75,945
Newell Rubbermaid	4.000%	03/15/2027	120,000	116,176	119,363	119,363
NuStar Logistics	6.375%	10/01/2030	170,000	169,720	173,499	173,499
Occidental Petroleum Corporation	5.875%	09/01/2025	100,000	106,192	100,407	100,407
Olin Corporation	5.625%	08/01/2029	175,000	178,467	172,799	172,799
Oracle Corporation	2.650%	07/15/2026	800,000	825,336	767,416	767,416

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)	(c)	(c)	(d)	(e)	(e)
Identity of Issue	Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value	Current Value
CORPORATE BONDS (continued):						
Oracle Corporation Senior Note	3.650%	03/25/2041	175,000	\$ 136,500	\$ 137,515	\$ 137,515
Organon Finance LP	5.125%	04/30/2031	200,000	175,719	184,060	184,060
Outfront Media Inc.	4.250%	01/15/2029	200,000	191,406	185,448	185,448
Owens & Minor, Inc.	4.500%	03/31/2029	150,000	141,353	131,817	131,817
PBF Holding Co. LLC	6.000%	02/15/2028	200,000	187,473	196,186	196,186
Public Service New	3.814%	02/01/2035	250,000	248,320	239,848	239,848
Papa Johns	3.875%	09/15/2029	200,000	192,826	178,168	178,168
PENN National Gaming	5.625%	01/15/2027	185,000	178,656	180,530	180,530
Prairie Acquiror LP	9.000%	08/01/2029	165,000	165,000	170,128	170,128
QVC Inc. Sr.	4.375%	09/01/2028	45,000	46,463	34,425	34,425
Radian Group Inc.	4.875%	03/15/2027	100,000	104,625	98,893	98,893
RLJ Lodging	3.750%	07/01/2026	150,000	138,329	143,193	143,193
Royal Caribbean	5.500%	04/01/2028	130,000	120,448	129,506	129,506
Safeway Inc.	7.450%	09/15/2027	150,000	177,041	157,493	157,493
Sally Holdings LLC	6.750%	03/01/2032	155,000	154,154	154,451	154,451
Santander Auto Receivables	4.140%	02/16/2027	119,727	119,423	119,366	119,366
Santander Drive	1.130%	11/16/2026	8,188	8,024	8,070	8,070
Santander Drive Auto	1.350%	07/15/2027	10,210	9,885	9,971	9,971
Scotts Miracle-Gro Co.	4.500%	10/15/2029	100,000	104,430	93,023	93,023
ServiceCorp. International	4.625%	12/15/2027	125,000	119,338	121,523	121,523
Shea Homes Inc.	4.750%	02/15/2028	140,000	136,502	134,119	134,119
Sonic Automotive Inc.	4.625%	11/15/2029	180,000	173,375	164,533	164,533
Southwestern Energy Co.	5.375%	03/15/2030	125,000	116,618	122,028	122,028
Starbucks Corporation	2.550%	11/15/2030	575,000	602,864	507,783	507,783
Station Casinos LLC	4.625%	12/01/2031	200,000	197,396	182,260	182,260
Suburban Propane LP	5.000%	06/01/2031	185,000	181,097	167,921	167,921
Summit Midstream	8.625%	10/31/2029	155,000	157,713	158,466	158,466
Synchrony Financial	7.250%	02/02/2033	75,000	76,313	76,707	76,707
Synchrony Card	3.370%	04/15/2028	105,000	102,774	103,542	103,542
Tallgrass Energy LP	7.375%	02/15/2029	150,000	150,297	151,968	151,968
Tegna Inc.	4.625%	03/15/2028	130,000	116,819	119,267	119,267
Tenet Healthcare Corp.	4.375%	01/15/2030	125,000	126,444	117,260	117,260
Terex Corp.	5.000%	05/15/2029	150,000	137,991	144,155	144,155
Teva Pharmaceuticals	3.150%	10/01/2026	106,000	95,793	100,382	100,382
T-Mobile USA Inc.	2.625%	04/15/2026	125,000	117,280	120,164	120,164
TransDigm Inc.	4.625%	01/15/2029	200,000	191,895	189,140	189,140
TRI Pointe Group Inc.	5.700%	06/15/2028	160,000	170,737	159,573	159,573
Tronox Inc.	4.625%	03/15/2029	180,000	163,910	163,948	163,948
Truist Financial Corp.	1.200%	08/05/2025	215,000	214,772	206,441	206,441
United Air 2019- 2AA	2.700%	11/01/2033	109,072	92,958	95,399	95,399
United Continental	4.875%	01/15/2025	200,000	207,189	198,298	198,298
Univision	4.500%	05/01/2029	70,000	70,585	61,142	61,142
Univision	7.375%	06/30/2030	70,000	68,979	67,395	67,395
USSA Auto Owner	5.830%	07/15/2026	124,844	124,846	124,891	124,891

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4i

EIN: 91-0597991 PN: 501

July 31, 2024

Assets Held for Investment (Continued)						
(a)	(b)		(c)		(d)	(e)
Identity of Issue		Interest Rate	Maturity Date	Shares/ Par Value	Cost	Current Value
CORPORATE BONDS (continued):						
Venture Global LNG		8.125%	06/01/2028	120,000	\$ 120,736	\$ 124,973
Venture Global LNG		9.875%	02/01/2032	70,000	73,279	77,706
Verizon Communications		3.500%	11/01/2024	500,000	544,075	497,370
Verizon Communications		3.376%	02/15/2025	125,000	133,955	123,900
Verizon Master Trust		3.670%	01/22/2029	121,000	119,142	119,262
Verizon Master Trust		5.340%	04/22/2030	100,000	99,978	101,936
Virginia Power Fuel		5.088%	05/01/2029	130,000	130,176	130,255
Vista Outdoor Inc.		4.500%	03/15/2029	130,000	131,961	129,336
Vistra Corp.		8.000%	06/15/2070	185,000	180,164	186,062
Volkswagen Auto Loans		1.260%	10/20/2028	140,000	130,080	135,050
Walt Disney Co.		3.350%	03/24/2025	650,000	722,473	642,460
Warner Media Holdings		3.755%	03/15/2027	80,000	78,248	76,204
Wells Fargo & Company		3.550%	09/29/2025	775,000	846,021	762,523
Welltower Inc.		2.750%	01/15/2031	140,000	119,778	123,235
Wesco Distribution		7.250%	06/15/2028	140,000	143,477	143,464
World Omni Auto Receivables		0.610%	10/15/2026	39,663	38,421	39,282
Wyndham Worldwide		6.000%	04/01/2027	170,000	181,478	170,551
Xerox Holdings Corp.		5.000%	08/15/2025	80,000	81,486	78,613
Xerox Holdings Corp.		5.500%	08/15/2028	120,000	109,800	101,810
ZipRecruiter Inc.		5.000%	01/15/2030	130,000	122,838	113,740
					<u>36,316,604</u>	<u>35,160,619</u>
103-12 INVESTMENT ENTITIES:						
Washington Capital Management			Real Asset Income Fund LLC		<u>12,000,000</u>	<u>12,816,240</u>
					<u>\$ 88,889,641</u>	<u>\$ 92,942,523</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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

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

Part II Basic Plan Information - enter all requested information

1a Name of plan EMPLOYEE PAINTERS' TRUST HEALTH AND WELFARE PLAN	1b Three-digit plan number (PN) ▶ 501
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, EMPLOYEE PAINTERS' TRUST HEALTH 18300 CASCADE AVE. S TUKWILA WA 98188	1c Effective date of plan 11/12/1952 2b Employer Identification Number (EIN) 91-0597991 2c Plan Sponsor's telephone number 206-518-9730 2d Business code (see instructions) 238900

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		5/14/2025	STACEY A GRUND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

Employee Painters' Trust Health and Welfare Plan

Form 5500, Schedule H - Part IV, Line 4j

EIN: 91-0597991 PN: 501

Year Ended July 31, 2024

Reportable Transactions						
(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets:						
First American US Treasury Money Market	298 Purchases	\$ 36,796,834	\$ -	\$ 36,796,834	\$ 36,796,834	\$ -
First American US Treasury Money Market	135 Sales	-	36,310,079	36,310,079	36,310,079	-