

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) E
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report
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
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: PACIFIC ASSET MANAGEMENT BANK LOAN FUND LP
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan): PAM BANK LOAN GP LLC
2b Employer Identification Number (EIN): 46-5076716
2c Plan Sponsor's telephone number: 949-999-4928
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

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	5
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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:

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PACIFIC ASSET MANAGEMENT BANK LOAN FUND LP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PAM BANK LOAN GP LLC	D Employer Identification Number (EIN) 46-5076716	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ARISTOTLE PACIFIC CAPITAL, LLC

32-0710746

(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 50		6720552	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)

VP FUND SERVICES, LLC

81-2301964

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50		551826	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)

DEUTSCHE BANK TRUST COMPANY AMERICA

13-4941247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50		199937	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)

COHNREZNICK LLP

33-4144829

(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		75462	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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan PACIFIC ASSET MANAGEMENT BANK LOAN FUND LP	B Three-digit plan number (PN)	▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PAM BANK LOAN GP LLC	D Employer Identification Number (EIN) 46-5076716	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	
b	Name of plan sponsor DESERET MUTUAL BENEFIT ADMINISTRATORS	c EIN-PN 87-0440163-501
a	Plan name DESERET MUTUAL MASTER RETIREMENT PLAN	
b	Name of plan sponsor DESERET MUTUAL BENEFIT ADMINISTRATORS	c EIN-PN 87-0440163-001
a	Plan name MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES OF THE MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	c EIN-PN 36-6140097-001
a	Plan name GREATER PENNSYLVANIA CARPENTERS MEDICAL PLAN	
b	Name of plan sponsor GREATER PENNSYLVANIA CARPENTERS MEDICAL PLAN	c EIN-PN 23-7007718-501
a	Plan name MIDWEST OPERATING ENGINEERS WELFARE FUND (FUND I)	
b	Name of plan sponsor TRUSTEES OF THE ENGINEERS WELFARE FUND	c EIN-PN 36-6109395-501
a	Plan name MIDWEST OPERATING ENGINEERS WELFARE FUND (FUND II)	
b	Name of plan sponsor TRUSTEES OF THE ENGINEERS WELFARE FUND	c EIN-PN 36-6109395-501
a	Plan name NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS RETIREE HEALTH AND WELFARE PLAN AND TRUST	
b	Name of plan sponsor B.O.T. NORTHWESTERN PLUMBERS AND PIPEFITTERS RETIREE H&W PLAN & TRUST	c EIN-PN 02-0772989-502
a	Plan name NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS ACTIVE HEALTH AND WELFARE	
b	Name of plan sponsor B.O.T. NORTHWESTERN PLUMBERS AND PIPEFITTERS ACTIVE H&W PLAN & TRUST	c EIN-PN 34-4443218-501
a	Plan name TEAMSTERS LOCAL UNION NO. 856 HEALTH AND WELFARE FUND	
b	Name of plan sponsor TEAMSTERS LOCAL UNION NO. 856 HEALTH AND WELFARE FUND	c EIN-PN 94-6123582-501
a	Plan name CONSTRUCTION INDUSTRY LABORERS WELFARE FUND	
b	Name of plan sponsor CONSTRUCTION INDUSTRY LABORERS WELFARE FUND	c EIN-PN 44-0568755-501
a	Plan name PENSION FUND UNITED SCENIC ARTISTS LOCAL 829	
b	Name of plan sponsor BOARD OF TRUSTEES OF PENSION FUND	c EIN-PN 13-1982707-001
a	Plan name PENSION PLANS MASTER TRUST FOR ALCOA USA CORP	
b	Name of plan sponsor ALCOA USA CORP	c EIN-PN 37-1808900-101

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MSI PENSION PLAN	
b	Name of plan sponsor	MOTOROLA SOLUTIONS, INC.	c EIN-PN 36-1115800-003
a	Plan name	SPRINT RETIREMENT PENSION PLAN	
b	Name of plan sponsor	SPRINT COMMUNICATIONS, INC.	c EIN-PN 48-0457967-001
a	Plan name	UNITED FOOD AND COMMERCIAL WORKERS AND EMPLOYERS ARIZONA HEALTH AND WELFARE TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES, UNITED FOOD AND COMMERCIAL	c EIN-PN 23-7244353-501
a	Plan name	HERC RENTALS PENSION PLAN	
b	Name of plan sponsor	HERC RENTALS INC.	c EIN-PN 13-6174127-001
a	Plan name	CSX CORPORATION MASTER PENSION PLAN TRUST	
b	Name of plan sponsor	CSX CORPORATION	c EIN-PN 36-6859460-001
a	Plan name	INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES	
b	Name of plan sponsor	INGEVITY CORPORATION	c EIN-PN 47-4027764-002
a	Plan name	GIBSON, DUNN & CRUTCHER LLP PARTNERS CASH BALANCE PLAN	
b	Name of plan sponsor	GIBSON, DUNN & CRUTCHER LLP	c EIN-PN 95-1611234-004
a	Plan name	CARGILL, INCORPORATED & ASSOCIATED COMPANIES MASTER PENSION TRUST	
b	Name of plan sponsor	CARGILL, INCORPORATED	c EIN-PN 04-6529678-009
a	Plan name	KPMG PENSION PLAN	
b	Name of plan sponsor	KPMG LLP	c EIN-PN 13-5565207-016
a	Plan name	KPMG PARTNER PENSION PLAN	
b	Name of plan sponsor	KPMG LLP	c EIN-PN 13-5565207-018
a	Plan name	STAR TRIBUNE RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor	STAR TRIBUNE MEDIA COMPANY LLC	c EIN-PN 77-6263052-022
a	Plan name	DELOITTE LLP MASTER PENSION TRUST (FOR DELOITTE PENSION PLAN FOR PARTN	
b	Name of plan sponsor	DELOITTE LLP	c EIN-PN 27-6445994-005

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DELOITTE LLP MASTER PENSION TRUST (FOR DELOITTE PENSION PLAN)	
b	Name of plan sponsor DELOITTE LLP	c EIN-PN 27-6445994-005
a	Plan name DELOITTE LLP MASTER PENSION TRUST (FOR THE DELOITTE PENSION PLAN FOR I	
b	Name of plan sponsor DELOITTE LLP	c EIN-PN 27-6445994-005
a	Plan name SHEET METAL WORKERS LOCAL 98 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL 98 PENSION FUND	c EIN-PN 31-0617213-001
a	Plan name DTTS PENSION PLAN	
b	Name of plan sponsor DELOITTE TOUCHE TOHMATSU SERVICES, LLC	c EIN-PN 13-3086681-001
a	Plan name PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO. 35 ANNUITY FUND	
b	Name of plan sponsor PAINTERS ANNUITY COUNCIL NO. 35 ANNUITY FUND	c EIN-PN 22-2489316-001
a	Plan name PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND	
b	Name of plan sponsor PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND	c EIN-PN 04-2150983-501
a	Plan name PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO. 35 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PDC PENSION FUND	c EIN-PN 04-6043807-001
a	Plan name GE HEALTHCARE PENSION MASTER TRUST	
b	Name of plan sponsor GE HEALTHCARE TECHNOLOGIES INC	c EIN-PN 88-2667837-005
a	Plan name TEAMSTERS UNION 25 HEALTH SERVICES & INSURANCE PLAN	
b	Name of plan sponsor TEAMSTERS UNION LOCAL 25 HEALTH SERVICES & INSURANCE PLAN	c EIN-PN 04-6374631-501
a	Plan name CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES, CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST	c EIN-PN 95-3379185-001
a	Plan name CEMENT MASONS AND PLASTERERS JOINT PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES, CEMENT MASONS AND PLASTERS JOINT PENSION PLAN	c EIN-PN 88-0135696-001
a	Plan name BECTON DICKINSON AND COMPANY MASTER RETIREMENT TRUST	
b	Name of plan sponsor BECTON DICKINSON AND COMPANY	c EIN-PN 22-0760120-050

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	IBEW LOCAL NO. 100 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IBEW LOCAL NO. 100 PENSION PLAN	c EIN-PN 94-6216336-001
a	Plan name	IBEW LOCAL 684 PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES, IBEW LOCAL 684 PENSION TRUST	c EIN-PN 94-6442909-001
a	Plan name	NNSS IGAN PENSION PLAN	
b	Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES LLC	c EIN-PN 88-6023904-001
a	Plan name	NNSS STAFF PENSION PLAN	
b	Name of plan sponsor	SOC LLC	c EIN-PN 59-0940269-002
a	Plan name	SOLANO NAPA ELECTRICAL WORKERS PENSION PLAN	
b	Name of plan sponsor	BOT OF SOLANO-NAPA COUNTIES ELECTRIC WORKERS PENSION TRUST	c EIN-PN 94-6220673-001
a	Plan name	NORTHERN CALIFORNIA PIPE TRADES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES NORTHERN CALIFORNIA PIPE TRADES PENSION TRUST	c EIN-PN 94-3190386-001
a	Plan name	BROWN-FORMAN CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor	BROWN-FORMAN CORPORATION	c EIN-PN 61-1260063-001
a	Plan name	U.A. LOCAL NO. 343 DEFINED BENEFIT PLAN	
b	Name of plan sponsor	U.A. LOCAL NO. 343 PENSION TRUST	c EIN-PN 94-6092775-001
a	Plan name	ELECTRICAL WORKERS HEALTH & WELFARE PLAN	
b	Name of plan sponsor	ELECTRICAL WORKERS HEALTH & WELFARE PLAN BOARD OF TRUSTEE	c EIN-PN 88-6002904-502
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PACIFIC ASSET MANAGEMENT BANK LOAN FUND LP	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PAM BANK LOAN GP LLC	D Employer Identification Number (EIN) 46-5076716

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	94873870 196842326
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	121944961 132259621
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	1575647087 2275141200
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(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	1792465918	2604243147
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	127464413	279172872
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	127464413	279172872
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1665001505	2325070275

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	177125698	
(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)		177125698
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2488313318	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2495680237	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2072051	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		606135
d Total income. Add all income amounts in column (b) and enter total	2d		172436965

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	549826	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	6720553	
(6) Bank or trust company trustee/custodial fees	2i(6)	199937	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	112617	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7582933
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7582933

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		164854032
l Transfers of assets:			
(1) To this plan	2l(1)		701194405
(2) From this plan	2l(2)		205979667

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: COHNREZNICK LLP

(2) EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

Financial Statements and Independent Auditor's Report

Financial Statements as of and for the
Year ended December 31, 2024, and
Independent Auditor's Report

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

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Independent Auditor's Report

To the General Partner of Pacific Asset Management Bank Loan Fund L.P.

Opinion

We have audited the financial statements of Pacific Asset Management Bank Loan Fund L.P. (the "Fund"), which comprise the statement of assets, liabilities, and partners' capital, including the condensed schedule of investments, as of December 31, 2024, and the related statements of operations and changes in partners' capital for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Pacific Asset Management Bank Loan Fund L.P. as of December 31, 2024, and the results of its operations and changes in its partners' capital for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

CohnReznick LLP

Los Angeles, California
April 29, 2025

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Statement of Assets, Liabilities, and Partners' Capital

AS OF DECEMBER 31, 2024

Assets

Investments in securities, at fair value (cost \$2,268,824,096)	\$	2,275,141,200
Cash and cash equivalents		132,259,621
Due from broker		186,197,425
Interest receivable		10,501,017
Other receivable		143,884
Total assets	\$	2,604,243,147

Liabilities and Partners' Capital

Liabilities

Due to broker	\$	276,743,309
Contribution received in advance		1,500,000
Management fee payable		790,412
Accrued expenses and other liabilities		139,151
Total liabilities		279,172,872

Partners' capital

General Partner		175,067
Limited Partners		2,324,895,208
Total Partners' capital		2,325,070,275

Total liabilities and Partners' capital	\$	2,604,243,147
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See notes to financial statements.

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

Condensed Schedule of Investments

AS OF DECEMBER 31, 2024

Description	Fair Value	Percentage of Partners' Capital
Investments in securities, at fair value		
Exchange Traded Funds		
United States		
High Yield Corporate Bond Index	\$ 40,671,223	1.75%
Total United States (cost \$40,244,750)	40,671,223	1.75%
Total Exchange Traded Funds (cost \$40,244,750)	40,671,223	1.75%
Corporate Bonds		
United States		
Financial	65,165,582	2.80%
Information Technology	6,431,257	0.28%
Service	19,699,108	0.85%
Transportation	12,597,362	0.54%
Total United States (cost \$103,778,054)	103,893,309	4.47%
Total Corporate Bonds (cost \$103,778,054)	103,893,309	4.47%
Bank Debt		
Canada		
Energy	4,284,000	0.18%
Service	22,768,528	0.98%
Total Canada (cost \$26,770,578)	27,052,528	1.16%
Germany		
Manufacturing	28,251,129	1.22%
Media/Telecom	7,027,584	0.30%
Total Germany (cost \$35,080,340)	35,278,713	1.52%
Luxembourg		
Financial	49,392,116	2.12%
Total Luxembourg (cost \$49,138,103)	49,392,116	2.12%
Netherlands		
Healthcare	11,097,771	0.48%
Total Netherlands (cost \$10,961,950)	11,097,771	0.48%
Sweden		
Service	28,493,086	1.23%
Total Sweden (cost \$28,344,107)	28,493,086	1.23%
United Kingdom		
Service	26,467,521	1.14%
Total United Kingdom (cost \$25,941,371)	26,467,521	1.14%

See notes to financial statements.

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

Condensed Schedule of Investments (Continued)

AS OF DECEMBER 31, 2024

Description	Fair Value	Percentage of Partners' Capital
Bank Debt (continued)		
United States		
Aerospace*	156,315,907	6.72%
Chemicals	18,743,456	0.81%
Consumer Durables	11,972,002	0.51%
Energy	13,571,257	0.58%
Financial*	347,737,934	14.95%
Food/Tobacco	78,777,468	3.39%
Forest Prod/Containers*	147,762,454	6.36%
Gaming/Leisure	113,662,773	4.89%
Healthcare*	129,986,678	5.59%
Housing	53,718,600	2.31%
Information Technology*	390,768,738	16.80%
Manufacturing*	174,677,098	7.51%
Retail	65,723,395	2.83%
Service	111,557,149	4.80%
Transportation*	137,820,024	5.93%
Total United States (cost \$1,948,564,843)	1,952,794,933	83.98%
Total Bank Debt (cost \$2,124,801,292)	2,130,576,668	91.63%
Total investments in securities, at fair value (cost \$2,268,824,096)	\$ 2,275,141,200	97.85%

* No individual investment constituted greater than 5% of Partners' capital.

See notes to financial statements.

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

Statement of Operations

FOR THE YEAR ENDED DECEMBER 31, 2024

Investment income	
Interest income	\$ 177,125,698
Other income	606,135
Total investment income	<u>177,731,833</u>
Expenses	
Management fees	8,196,725
Administrative fees	549,826
Custodian fees	199,937
Professional fees	77,459
Transaction fee expense	32,644
Other expense	2,514
Total gross expenses	<u>9,059,105</u>
Management fee rebate	(1,476,172)
Total net expenses	<u>7,582,933</u>
Net investment income	<u>170,148,900</u>
Net realized loss and change in unrealized appreciation on investments in securities	
Net realized loss on investments in securities	(7,366,919)
Net change in unrealized appreciation on investments in securities	2,072,051
Net realized loss and change in unrealized appreciation on investments in securities	<u>(5,294,868)</u>
Net increase in partners' capital resulting from operations	<u><u>\$ 164,854,032</u></u>

See notes to financial statements.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Statement of Changes in Partners' Capital

FOR THE YEAR ENDED DECEMBER 31, 2024

	General Partner	Limited Partners	Total
Partners' capital, beginning of year	\$ 160,566	\$ 1,664,840,939	\$ 1,665,001,505
Capital contributions	-	701,194,405	701,194,405
Capital withdrawals	-	(205,979,667)	(205,979,667)
Net increase in partners' capital resulting from operations			
Net investment income	14,868	170,134,032	170,148,900
Net realized loss on investments in securities	(587)	(7,366,332)	(7,366,919)
Net change in unrealized appreciation on investments in securities	220	2,071,831	2,072,051
Partners' capital, end of year	\$ 175,067	\$ 2,324,895,208	\$ 2,325,070,275

See notes to financial statements.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

1. ORGANIZATION

Pacific Asset Management Bank Loan Fund L.P. (the "Fund") is a Delaware limited partnership organized on March 7, 2014 to operate as a private investment fund primarily for the benefit of U.S. investors. The Fund commenced operations on May 1, 2014. PAM Bank Loan GP LLC (the "General Partner"), a Delaware limited liability company, serves as the General Partner of the Fund.

Aristotle Pacific Capital, LLC ("Aristotle Pacific" and formerly Pacific Asset Management LLC) serves as the investment manager of the Fund (the "Investment Manager") and provides certain administrative and managerial services to the Fund. Aristotle Pacific's investment team was initially established in 2007 as a business division of Pacific Life Fund Advisors LLC ("PLFA") and conducted its business under the name "Pacific Asset Management". As part of an internal corporate restructuring effort, Pacific Asset Management was reorganized into Pacific Asset Management LLC, as of December 31, 2019. Accordingly, investment management functions for the Fund were transferred to Pacific Asset Management LLC on January 2, 2020. The internal corporate modification, however, did not alter Pacific Asset Management's ownership or control structure, nor did it result in any changes to the investment personnel or support staff responsible for performing the duties of the Investment Manager.

On April 17, 2023, Pacific Asset Management LLC was acquired by Aristotle Capital Management, LLC ("Aristotle Capital"), an investment management organization that specializes in equity and fixed income portfolio management. Pacific Asset Management LLC was officially rebranded as Aristotle Pacific Capital, LLC. Through and following the ownership acquisition transaction, Aristotle Pacific maintained its investment team and ensured continuity of investment management expertise and duties of the Investment Manager on behalf of the Fund.

The Fund's investment objective seeks to outperform the Credit Suisse Leveraged Loan Index (the "Benchmark") by investing primarily in bank debt instruments of non-investment grade companies. The Investment Manager will seek to outperform the Benchmark through a selective approach focused on the larger, rated issuers within the bank loan universe. The Investment Manager believes a focus on the larger, rated issuers provides a margin of safety and downside risk protection relative to the smaller issuers within the bank loan universe. The Investment Manager seeks to construct a selective portfolio, generally consisting of 80-150 bank loan issuers. The Investment Manager is registered with the U.S. Securities and Exchange Commission as an investment adviser under the Investment Advisers Act of 1940.

2. SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies adopted by the Fund are as follows:

Basis of Presentation

These financial statements are expressed in U.S. dollars and have been prepared in accordance with the accounting principles generally accepted in the United States of America ("US GAAP"). The Fund qualifies as an investment company under US GAAP and follows the accounting and reporting guidance in Financial Accounting Standards Board Accounting Standards Codification Topic 946, Financial Services – Investment Companies.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the General Partner to make estimates and assumptions that affect the amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The General Partner believes that the estimates utilized in preparing its financial statements are reasonable and prudent; however, actual results could differ from these estimates and these differences could be material.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Principles of Accounting

The Fund uses the accrual method of accounting for financial reporting purposes. Realized gains and losses on securities transactions are determined using costs calculated on a specific identification basis. Accordingly, purchases and sales of securities are recorded on a trade-date basis. Interest income, adjusted for amortization of premium and accretion of discount, is recorded on an accrual basis and dividend income is recorded on ex-dividend date.

Condensed Schedule of Investments

The classification included in the condensed schedule of investments represents the Investment Manager's belief as to the most meaningful presentation of the classification of the Fund's investments.

Valuation of Investments

Securities Valuation

Securities owned that are traded on national securities exchanges are valued at the last reported sales price on the date of determination or, if no sales occurred on such day, at the mean between the bid and asked prices on such day. Investments in securities that are not listed on a national securities exchange are valued at the average of the most recent bid and asked prices on the date of determination or, if no sales occurred on such day, at such value as the General Partner may determine in good faith. Equity rights received as a result of corporate reorganization, or similar event, are held at cost until such rights begin trading on a national securities exchange.

Corporate Bonds

The fair value of corporate bonds is estimated using recently executed transactions, market price quotations (where observable), bond spreads, or credit default swap spreads. The spread data used is for the same maturity as the bond. If the spread data does not reference the issuer, then data that references a comparable issuer is used. When observable price quotations are not available, fair value is determined based on cash flow models using yield curves, bond or single name credit default swap spreads, and recovery rates based on collateral values as key inputs. Corporate bonds are generally categorized in Level 2 of the fair value hierarchy. In instances where significant inputs are unobservable, they are categorized in Level 3 of the fair value hierarchy. There are no corporate bonds in Level 3 of the fair value hierarchy as of December 31, 2024.

Bank Debt

The fair value of bank debt is generally valued using recently executed transactions, market price quotations (where observable) and market observable credit default swap levels. Fair value is based on the average of two to four indicative broker quotes received. When quotations are unobservable, proprietary valuation models and default recovery analysis methods are employed. Bank debt is categorized in Level 2 or 3 of the fair value hierarchy. There is no bank debt in Level 3 of the fair value hierarchy as of December 31, 2024.

Unfunded loan commitments on bank debt are valued using recently executed transactions, market price quotations (where observable) and market observable credit default swap levels. Any applicable net unrealized appreciation or depreciation at the end of the reporting period is recorded in Investments in securities, at fair value in the statement of assets, liabilities, and partners' capital and any change in net unrealized appreciation or depreciation for the reporting period is recorded in net change in unrealized appreciation (depreciation) on securities in the statement of operations. As of December 31, 2024, the Fund had unfunded loan commitments of \$2,502,749 with associated net unrealized appreciation of \$9,315.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Equity Rights

The fair value of equity rights is generally valued using recently executed transactions or market price quotations (where observable). Equity rights are generally categorized in Level 1 of the fair value hierarchy. In instances where quotations are unobservable and cost are used, equity rights are categorized in Level 2 of the fair value hierarchy. As of December 31, 2024, there were no equity rights held by the Fund.

Cash and Cash Equivalents

Cash, including cash denominated in foreign currencies, represents cash on hand and demand deposits held at financial institutions. Cash is subject to credit risk to the extent its balance exceeds federally insured limits.

Cash equivalents are defined as amounts which are readily converted into cash and highly liquid investments with a maturity of three months or less when purchased. As of December 31, 2024, cash equivalents include \$112,534,254 which represents 4.84% of partners' capital, held in the JP Morgan 100% US Treasury Securities Money Market Fund, a "government money market fund" as that term is defined under Rule 2a-7 of the Investment Company Act of 1940, as amended, that invests its assets exclusively in obligations of the US Treasury, including Treasury bills, bonds and notes. An investment in money market funds is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency.

Income Taxes

The Fund is to be treated as a partnership for federal income tax purposes and is not subject to federal income tax. No provision for federal or state income taxes has been made, since all income and losses are allocated to the partners for inclusion in their respective tax returns.

The Fund reviews and evaluates tax positions in its major jurisdictions and determines whether or not there are uncertain tax positions that require financial statement recognition. The Fund recognizes uncertain tax positions if it is more likely than not to be sustained upon examination by the applicable taxing authority, including the resolution of any related appeals or litigation processes, based on the technical merits of the position. Tax benefits are measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement, which could result in the Fund recording a tax liability that would reduce partners' capital.

Based on its review, the Fund has determined the major tax jurisdictions to be where the Fund is organized and where the Fund makes investments. Such jurisdictions are U.S. federal, and various state and local; however, no liability for uncertain tax positions was recorded by the Fund since commencement of operations. Generally, the Fund is subject to income tax examination for the last three open tax years. The Fund recognizes interest and penalties, if any, related to unrecognized tax benefits as a partnership expense in the statement of operations. During the year ended December 31, 2024, the Fund did not incur any interest or penalties.

The Fund is not aware of any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will change materially in the next twelve months. As a result, no other income tax liability or expense has been recorded in the accompanying financial statements.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (continued)

The Fund is a partnership, which is not subject to U.S. federal income taxes. Rather, the partnership's taxable income flows through to the owners, who are responsible for paying the applicable income taxes on the income allocated to them. For tax years beginning on or after January 1, 2018, the Fund is subject to partnership audit rules enacted as part of the Bipartisan Budget Act of 2015 (the "Centralized Partnership Audit Regime"). Under the Centralized Partnership Audit Regime, any IRS audit of the Fund would be conducted at the partnership level, and if the IRS determines an adjustment, the default rule is that the Fund would pay an "imputed underpayment" including interest and penalties, if applicable. The Fund may instead elect to make a "push-out" election, in which case the partners for the year that is under audit would be required to take into account the adjustments on their own personal income tax returns.

The partnership agreement does not stipulate how the Fund will address imputed underpayments. If the Fund receives an imputed underpayment, a determination will be made based on the relevant facts and circumstances that exist at that time.

3. CONTRIBUTION RECEIVED IN ADVANCE

Capital contributions received in advance represent amounts received from limited partners for contributions with an effective date after December 31, 2024.

4. DUE FROM/TO BROKER

Due from/to broker consists of unsettled trade transactions. The Fund is subject to credit risk to the extent a broker with which it conducts business is unable to fulfill obligations on its behalf. The Fund's management monitors the financial condition of its broker and does not anticipate losses from this counterparty.

5. DISCLOSURE OF FAIR VALUE MEASUREMENT

The Fund follows the authoritative guidance for fair value measurements, which establishes a fair value hierarchy and defines fair value as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. The fair value hierarchy prioritizes and ranks the inputs in valuation techniques to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The fair value hierarchy is categorized into three levels based on the inputs as follows:

Level 1 — Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Fund has the ability to access. Valuation adjustments and block discounts are not applied. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment.

Level 2 — Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3 — Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

5. DISCLOSURE OF FAIR VALUE MEASUREMENT (CONTINUED)

The availability of valuation techniques and observable inputs can vary from security to security and is affected by a wide variety of factors, including the type of security, whether the security is new and not yet established in the marketplace, and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Those estimated values do not necessarily represent the amounts that may be ultimately realized due to the occurrence of future circumstances that cannot be reasonably determined. Due to the inherent uncertainty of valuation, those estimated values may be materially higher or lower than the values that would have been used had a ready market for the securities existed.

Accordingly, the degree of judgment exercised by the Fund in determining fair value is greatest for securities categorized in Level 3. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Fund's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Fund uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may get reduced for many securities. This condition could cause a security to be reclassified to a lower level within the fair value hierarchy.

The Fund recognizes transfers into and out of each level of the fair value hierarchy as of the beginning of the reporting period. There were no transfers between the levels of the fair value hierarchy for the year ended December 31, 2024.

The following table presents information about the Fund's assets and liabilities measured at fair value as of December 31, 2024:

Assets	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 112,534,254	\$ -	\$ -	\$ 112,534,254
Investments in securities, at fair value				
Exchange Traded Funds	40,671,223	-	-	40,671,223
Corporate Bonds	-	103,893,309	-	103,893,309
Bank Debts	-	2,130,576,668	-	2,130,576,668
Total investments in securities, at fair value	40,671,223	2,234,469,977	-	2,275,141,200
Total cash equivalents and investments in securities, at fair value	\$ 153,205,477	\$ 2,234,469,977	\$ -	\$ 2,387,675,454

During the year ended December 31, 2024, the Fund held no Level 3 investments and did not purchase any Level 3 investments. See the Condensed Schedule of Investments for further detail regarding investment types. There were no transfers into or out of Level 3 for the year ended December 31, 2024.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

6. RISK CONSIDERATIONS

Market risk is the potential loss the Fund may incur as a result of changes in the market or fair value of a particular financial instrument. Market prices of securities can be highly volatile. The market value of bonds and other fixed-income securities changes in response to interest rate change and other factors. Interest rate risk is the risk that prices of bonds and other fixed-income securities will increase as interest rates fall and decrease as interest rates rise. The Fund may be subject to a greater risk of rising interest rates due to the current environment of historically low rates. The magnitude of fluctuations in the market price of bonds and other fixed-income securities is generally greater for securities with longer maturities. Fluctuations in the market price of the Fund's investments will not affect interest income derived from instruments already owned by the Fund, but will be reflected in the Fund's net asset value. The Fund may lose money if short-term or long-term interest rates rise sharply in a manner not anticipated by the Fund's management. To the extent the Fund invests in debt securities that may be prepaid at the option of the obligor, the sensitivity of such securities to changes in interest rates may increase (to the detriment of the Fund) when interest rates rise. Moreover, because rates on certain floating rate debt securities typically reset only periodically, changes in prevailing interest rates (and particularly sudden and significant changes) can be expected to cause fluctuations in the net asset value of the Fund.

Currency risk is a form of risk that arises from the change in price of one currency against another. Whenever entities have assets or business operations across national borders, they face currency risk if their positions are not hedged. Equity risk is the risk that the Fund's investments will decline because of stock market dynamics causing the Fund to lose money. Credit risk represents the risk that a counterparty will be unable to pay amounts in full when due. Changes in a debt security issuer's credit rating or the market's perception of an issuer's creditworthiness may also affect the value of the Fund's investment in that issuer. The degree of credit risk depends on the issuer's financial condition and on the terms of the securities.

The Fund may be exposed to counterparty risk. Counterparty risk is the risk that a counterparty fails to perform pursuant to the terms of their obligations to the Fund, or an institution, or other entity, with which the Fund has unsettled or open transactions defaults. The Fund's assets are subject to the risk of failure of any of the exchanges on which their positions trade and the failure of clearing houses, intermediaries, or counterparties. Financial assets of counterparties, which potentially expose the Fund to counterparty risk, consist mainly of cash due from counterparties from investments. The Investment Manager may attempt to minimize counterparty risks to the Fund by performing extensive reviews of each counterparty and entering into transactions with counterparties that the Investment Manager believes to be creditworthy at the time of the transaction and by requiring the posting of collateral in applicable transactions. These risks are monitored, and managed, on an ongoing basis while adhering to the investment guidelines set forth in the Fund's offering memorandum.

7. RELATED PARTY TRANSACTIONS

The Fund pays to the Investment Manager a monthly management fee (the "Management Fee") calculated at an annual rate equal to 0.41% of the month's beginning net assets value of the capital account of each limited partner (the "Limited Partner") of the Fund. In addition, the Management Fee is prorated for any capital contribution or withdrawals by a Limited Partner that is effective other than the first day of a month.

The Investment Manager has the right to reduce, waive or calculate differently, from time to time, all or part of the Management Fee attributed to certain Limited Partners, including, without limitation, Limited Partners that are members, partners, affiliates or employees of the General Partner or the Investment Manager, members of the immediate families of such persons and trusts or other entities for their benefit.

For the year ended December 31, 2024, the Management Fee amounted to \$8,196,725, of which, \$790,412, was payable at December 31, 2024.

The allocated aggregated fees such as Management Fee, administration fee, and custodian fee are capped at 0.45% per annum with respect to each Limited Partner's capital account. For the year ended December 31, 2024, \$1,476,172 was reimbursed by the Investment Manager for expenses over the expense cap.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

8. ADMINISTRATOR

VP Fund Services LLC (the “Administrator”) serves as the Fund’s administrator and performs administrative, registrar and transfer agency services on behalf of the Fund. The Administrator receives an administration fee accrued monthly and payable monthly in arrears, subject to a minimum monthly fee of \$5,000 per month.

For the year ended December 31, 2024, the administration fee amounted to \$549,826, of which, \$53,020, was payable at December 31, 2024, and is included in accrued expenses and other liabilities on the Statement of Assets, Liabilities, and Partners’ Capital.

9. PARTNERS’ CAPITAL

The minimum initial capital contribution by a Limited Partner for Interests in the Fund is \$5,000,000 and the minimum additional capital contribution is \$500,000, both subject to reduction in the sole discretion of the General Partner. A Limited Partner may withdraw all or any portion of its capital account as of the first business day of each calendar month by providing written notice to the General Partner by no later than the 10th business day of the prior month. Withdrawals are subject to a \$1,000,000 minimum unless waived by the General Partner in its sole discretion unless such Limited Partner is withdrawing all of its limited partnership interests (the “Interests”). A Limited Partner must maintain a minimum of \$2,000,000 in their capital account unless waived by the General Partner in its sole discretion or unless such Limited Partner is withdrawing all of its Interests.

10. ALLOCATION OF NET PROFITS AND NET LOSSES

At the end of each fiscal year, any net capital appreciation or net capital depreciation will be allocated to all Partners (including the General Partner) in proportion to each Partner’s opening capital account balance for such accounting period.

11. FINANCIAL HIGHLIGHTS

The summary of key financial highlights relating to the Limited Partners of the Fund for year ended December 31, 2024, is as follows:

	Limited Partners
Total return⁽¹⁾	8.67%
Ratios to average Limited Partners' Capital⁽²⁾	
Total gross expenses	0.45%
Management fee rebate	(0.07%)
Total net expenses	0.38%
Net investment income ⁽³⁾	8.40%

⁽¹⁾ Total return represents the change in value of a theoretical investment by comparing the aggregate beginning and ending values of partner’s capital, adjusted for cash flows related to capital contributions or withdrawals during the year.

⁽²⁾ Average partner’s capital was derived from partner’s average weighted capital, including the beginning and ending capital for the year, adjusted for cash flows related to capital contributions or withdrawals during the year.

⁽³⁾ Net investment income ratio is equal to investment income minus expenses. Net investment income ratio does not take into account net realized gain and net change in unrealized depreciation.

Pacific Asset Management Bank Loan Fund L.P.

(A Delaware Limited Partnership)

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2024

11. FINANCIAL HIGHLIGHTS (CONTINUED)

Financial highlights are calculated for the limited partner class taken as a whole. An individual limited partner's return and ratios may vary based on different management fee arrangements, and the timing of capital transactions.

12. SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 29, 2025, the date the financial statements were available to be issued. Management has determined that there are no material events that would require adjustment to, or disclosure in, the Funds' financial statements.

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

Condensed Schedule of Investments

AS OF DECEMBER 31, 2024

Description	Fair Value	Percentage of Partners' Capital
Investments in securities, at fair value		
Exchange Traded Funds		
United States		
High Yield Corporate Bond Index	\$ 40,671,223	1.75%
Total United States (cost \$40,244,750)	40,671,223	1.75%
Total Exchange Traded Funds (cost \$40,244,750)	40,671,223	1.75%
Corporate Bonds		
United States		
Financial	65,165,582	2.80%
Information Technology	6,431,257	0.28%
Service	19,699,108	0.85%
Transportation	12,597,362	0.54%
Total United States (cost \$103,778,054)	103,893,309	4.47%
Total Corporate Bonds (cost \$103,778,054)	103,893,309	4.47%
Bank Debt		
Canada		
Energy	4,284,000	0.18%
Service	22,768,528	0.98%
Total Canada (cost \$26,770,578)	27,052,528	1.16%
Germany		
Manufacturing	28,251,129	1.22%
Media/Telecom	7,027,584	0.30%
Total Germany (cost \$35,080,340)	35,278,713	1.52%
Luxembourg		
Financial	49,392,116	2.12%
Total Luxembourg (cost \$49,138,103)	49,392,116	2.12%
Netherlands		
Healthcare	11,097,771	0.48%
Total Netherlands (cost \$10,961,950)	11,097,771	0.48%
Sweden		
Service	28,493,086	1.23%
Total Sweden (cost \$28,344,107)	28,493,086	1.23%
United Kingdom		
Service	26,467,521	1.14%
Total United Kingdom (cost \$25,941,371)	26,467,521	1.14%

See notes to financial statements.

Pacific Asset Management Bank Loan Fund L.P.
(A Delaware Limited Partnership)

Condensed Schedule of Investments (Continued)

AS OF DECEMBER 31, 2024

Description	Fair Value	Percentage of Partners' Capital
Bank Debt (continued)		
United States		
Aerospace*	156,315,907	6.72%
Chemicals	18,743,456	0.81%
Consumer Durables	11,972,002	0.51%
Energy	13,571,257	0.58%
Financial*	347,737,934	14.95%
Food/Tobacco	78,777,468	3.39%
Forest Prod/Containers*	147,762,454	6.36%
Gaming/Leisure	113,662,773	4.89%
Healthcare*	129,986,678	5.59%
Housing	53,718,600	2.31%
Information Technology*	390,768,738	16.80%
Manufacturing*	174,677,098	7.51%
Retail	65,723,395	2.83%
Service	111,557,149	4.80%
Transportation*	137,820,024	5.93%
Total United States (cost \$1,948,564,843)	1,952,794,933	83.98%
Total Bank Debt (cost \$2,124,801,292)	2,130,576,668	91.63%
 Total investments in securities, at fair value (cost \$2,268,824,096)	\$ 2,275,141,200	97.85%

* No individual investment constituted greater than 5% of Partners' capital.

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


- 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 E)
 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 PACIFIC ASSET MANAGEMENT BANK LOAN FUND LP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/01/2014</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 46-5076716</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 949-999-4928</td> </tr> <tr> <td colspan="2">2d Business code (see instructions)</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 05/01/2014		2b Employer Identification Number (EIN) 46-5076716		2c Plan Sponsor's telephone number 949-999-4928		2d Business code (see instructions)	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 05/01/2014											
2b Employer Identification Number (EIN) 46-5076716											
2c Plan Sponsor's telephone number 949-999-4928											
2d Business code (see instructions)											
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) PAM BANK LOAN GP LLC 840 NEWPORT CENTER DRIVE 7TH FLOOR NEWPORT BEACH CA 92660											

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			
	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
		9/5/2025	JOSH SCHWAB
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 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a (1) Total number of active participants at the beginning of the plan year	6a(1)
a (2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2), 6b, and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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:

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

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

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