

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) M, 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: MCWANE MASTER TRUST; 1b Three-digit plan number (PN): 017; 1c Effective date of plan: 06/30/2008; 2a Plan sponsor's name: MCWANE, INC.; 2b Employer Identification Number (EIN): 63-0139000; 2c Plan Sponsor's telephone number: 205-414-3100; 2d Business code: 331500

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, Name. Rows for plan administrator, employer/plan sponsor, and 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> <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 MCWANE MASTER TRUST	B Three-digit plan number (PN) ▶	017
C Plan sponsor's name as shown on line 2a of Form 5500 MCWANE, INC.	D Employer Identification Number (EIN) 63-0139000	

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)

PACIFIC INVESTMENT MANAGEMENT CO

PO BOX 512129
LOS ANGELES, CA 90051-0129

33-0629048

(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 52		275815	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)

UBS REALTY INVESTORS LLC

10 STATE HOUSE SQUARE
HARTFORD, CT 06103

06-1452020

(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 52		112663	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)

HIGHLAND ASSOCIATES, INC.

2545 HIGHLAND AVE SOUTH
SUITE 250
BIRMINGHAM, AL 35205

63-0955503

(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 52		124478	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)

PRINCIPAL FINANCIAL GROUP

PO BOX 777
DES MOINES, IA 50303

42-1520346

(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 73		238715	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 <u>MCWANE MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>017</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MCWANE, INC.</u>	D Employer Identification Number (EIN) <u>63-0139000</u>	

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)

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	KENNEDY VALVE FACTORY EMPLOYEES PENSION PLAN	
b Name of plan sponsor	MCWANE, INC.	c EIN-PN 63-0139000-032

a Plan name	MCWANE HOURLY PENSION PLAN	
b Name of plan sponsor	MCWANE, INC.	c EIN-PN 63-0139000-001

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

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

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

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

a Plan name		
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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 MCWANE MASTER TRUST	B Three-digit plan number (PN) ▶ 017
C Plan sponsor's name as shown on line 2a of Form 5500 MCWANE, INC.	D Employer Identification Number (EIN) 63-0139000

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	74855
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10977769	4080969
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2812076	4625310
(2) U.S. Government securities	1c(2)	8448232	15406059
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	980802	24710182
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	22973870	21692272
(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)	0	
(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)	119166965	90793514
(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	165359714	161383161
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1865407	3350372
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1865407	3350372
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	163494307	158032789

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	123861	
(B) U.S. Government securities.....	2b(1)(B)	572360	
(C) Corporate debt instruments.....	2b(1)(C)	836797	
(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)		1533018
(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)	4617700	
(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)	192845131	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	192412050	
(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)	-2190614	
(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)		0
(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)		-1315411
c Other income	2c		524345
d Total income. Add all income amounts in column (b) and enter total	2d		3602119

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)		0
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	730943	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		730943
j Total expenses. Add all expense amounts in column (b) and enter total	2j		730943

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2871176
l Transfers of assets:			
(1) To this plan	2l(1)		9080000
(2) From this plan	2l(2)		17412694

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:

(2) EIN:

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.)	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?			
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 _____.

MCWANE PENSION PLAN FOR SALARIED EMPLOYEES
 FEIN#63-0139000 Plan #035
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 12/31/2024

(a) (b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Short term investment Fund A S1		3,489,262	3,489,262
United States Treasury Bonds	DTD 08/15/2023 4.375% 08/15/2043 8,000,000.00	7,732,115	7,527,360
United States Treasury Bonds	DTD 02/15/2024 4.500% 02/15/2044 1,700,000.00	1,626,253	1,622,599
United States Treasury Bonds	DTD 05/15/2024 4.625% 05/15/2044 2,300,000.00	2,312,416	2,229,758
United States Treasury Bonds	DTD 08/15/2024 4.125% 08/15/2044 2,200,000.00	2,065,447	1,990,934
United States Treasury Bonds	DTD 11/15/2023 4.750% 11/15/2053 192,000.00	191,300	189,944
United States Treasury Bonds	DTD 05/15/2024 4.625% 05/15/2054 400,000.00	430,053	388,640
United States Treasury Notes	DTD 05/15/2024 4.375% 05/15/2034 400,000.00	403,914	393,852
6297782 LLC	DTD 08/28/2024 5.584% 10/01/2034 200,000.00	200,000	194,520
Aircastle LTD	DTD 07/18/2024 5.750% 10/01/2031 200,000.00	199,280	201,346
Alimentation Couche-tard	DTD 02/12/2024 5.617% 02/12/2054 300,000.00	300,000	283,218
Ally Finl Inc	DTD 07/26/2024 VAR CPN 07/26/2035 400,000.00	405,870	395,392
AMGEN Inc	DTD 03/02/2023 5.150% 03/02/2028 200,000.00	204,358	201,456
Anglo American Capital	DTD 04/05/2024 6.000% 04/05/2054 300,000.00	295,851	296,148
AON North America Inc	DTD 03/01/2024 5.750% 03/01/2054 300,000.00	298,176	292,530
APA Infrastructure LTD	DTD 09/16/2024 5.750% 09/16/2044 100,000.00	98,946	97,800
Arcelormittal SA	DTD 06/17/2024 6.000% 06/17/2034 200,000.00	199,718	203,412
AS Mileage Plan IP LTD	DTD 10/15/2024 5.308% 10/20/2031 200,000.00	200,000	195,270
Athene Holding LTD	DTD 03/22/2024 6.250% 04/01/2054 200,000.00	198,762	200,344
Avolon Hldgs FDG LTD	DTD 12/12/2024 4.950% 01/15/2028 200,000.00	199,190	198,184
Bayer US Finance LLC	DTD 11/21/2023 6.875% 11/21/2053 200,000.00	199,924	201,626
BGC Group Inc	DTD 06/10/2024 6.600% 06/10/2029 100,000.00	99,903	102,445
Boeing Co	DTD 05/04/2020 5.805% 05/01/2050 200,000.00	186,618	186,030
Boeing Co	DTD 11/01/2024 7.008% 05/01/2064 300,000.00	300,246	318,339
BPCE FR	Convertible 250,000.00	256,305	247,755
Bristol-Myers Squibb Co	DTD 02/22/2024 5.650% 02/22/2064 100,000.00	99,575	96,238
Capital One Finl Corp	DTD 02/01/2024 VAR CPN 02/01/2035 300,000.00	300,000	304,815
Carnival Corp	144A PRIV PLCMT 4.000% 08/01/2028 100,000.00	95,500	94,779
Carrier Global Corp	DTD 11/30/2023 6.200% 03/15/2054 99,000.00	98,837	104,664
Cigna Group	DTD 02/13/2024 5.600% 02/15/2054 300,000.00	299,565	280,968
Citigroup Inc	DTD 03/31/2020 03/31/2031 200,000.00	198,832	192,234
Citizens Financial Group	DTD 07/23/2024 VAR CPN 07/23/2032 300,000.00	301,359	301,044
Columbia Pipelines Oper Co LLC	DTD 09/09/2024 5.695% 10/01/2054 300,000.00	299,985	282,099
Commonspirit Health	DTD 03/20/2024 5.548% 12/01/2054 100,000.00	100,000	95,454
Cox Communications Inc	DTD 01/19/2024 5.800% 12/15/2053 200,000.00	191,910	182,616
Cox Communications Inc	DTD 08/20/2024 5.950% 09/01/2054 200,000.00	189,836	185,226
CVS Health Corp	DTD 05/09/2024 5.550% 06/01/2031 300,000.00	299,778	297,804
Devon Energy Corp	DTD 08/28/2024 5.750% 09/15/2054 300,000.00	299,646	272,160
Diamondback Energy Inc	DTD 04/18/2024 5.900% 04/18/2064 200,000.00	199,908	187,746
Electricite de France	DTD 04/22/2024 6.000% 04/22/2064 200,000.00	183,956	193,232
Elevance Health Inc	DTD 10/31/2024 5.700% 02/15/2055 300,000.00	298,359	289,221
Enbridge Inc	DTD 04/05/2024 5.950% 04/05/2054 200,000.00	199,778	197,676
Enel Finance Intl NV	DTD 06/26/2024 5.500% 06/26/2034 200,000.00	196,758	197,876
Energy Transfer LP	DTD 06/21/2024 5.600% 09/01/2034 100,000.00	99,741	99,912
Energy Transfer LP	DTD 06/21/2024 6.050% 09/01/2054 300,000.00	298,383	293,610
Energy Transfer Partners	DTD 03/28/2008 7.500% 07/01/2038 200,000.00	221,170	226,372
ENI SPA	DTD 05/15/2024 5.950% 05/15/2054 300,000.00	300,051	288,024
Entergy Louisiana LLC	DTD 03/08/2024 5.700% 03/15/2054 300,000.00	299,568	296,448
EPR Properties	DTD 10/27/2021 3.600% 11/15/2031 200,000.00	177,200	174,988
Fed Caisses DesJardins	Convertible 200,000.00	199,880	200,878
First American Financial	DTD 09/30/2024 5.450% 09/30/2034 300,000.00	299,019	289,272
FMR LLC	144A PRIV PLCMT 5.150% 02/01/2043 200,000.00	190,448	187,218
Ford Motor Credit Co LLC	DTD 11/07/2023 7.122% 11/07/2033 300,000.00	300,000	313,104
Ford Motor Credit Co LLC	DTD 03/08/2024 6.125% 03/08/2034 200,000.00	199,794	195,678
Gilead Sciences Inc	DTD 11/20/2024 5.500% 11/15/2054 100,000.00	99,709	97,265
Glencore Funding LLC	DTD 04/04/2024 5.893% 04/04/2054 300,000.00	300,000	291,045
GLP Capial LP / Fin II	DTD 08/06/2024 5.625% 09/15/2034 100,000.00	101,840	98,395
Goeasy Ltd	DTD 11/04/2024 6.875% 05/15/2030 100,000.00	100,000	100,834
Goldman Sachs Group Inc	DTD 04/25/2024 VAR CPN 04/25/2035 200,000.00	200,000	203,780
Goldman Sachs Group Inc	DTD 07/23/2024 VAR CPN 07/23/2035 300,000.00	300,000	294,399
Goodman US Finance Six	DTD 10/07/2024 5.125% 10/07/2034 100,000.00	99,552	96,461
Gruma SAB DE CV	DTD 12/09/2024 5.390% 12/09/2034 200,000.00	200,000	194,366
Hannon Armstrong Sustain	DTD 07/01/2024 6.375% 07/01/2034 300,000.00	297,795	292,152
HCA Inc	DTD 02/23/2024 6.000% 04/01/2054 300,000.00	298,269	285,783
Health Care Svc Corp	DTD 06/10/2024 5.200% 06/15/2029 100,000.00	99,955	100,455
Hewlett Packard Enterprise Co	DTD 09/26/2024 4.850% 10/15/2031 200,000.00	199,816	195,056
Home Depot Inc	DTD 09/19/2022 4.950% 09/15/2052 100,000.00	95,563	91,042
Home Depot Inc	DTD 06/25/2024 5.300% 06/25/2054 200,000.00	196,870	191,588
Huntsman International LLC	DTD 09/26/2024 5.700% 10/15/2034 200,000.00	199,280	190,658
Hyatt Hotels Corp	DTD 07/06/2023 5.750% 01/30/2027 200,000.00	205,354	203,076
Intel Corp	DTD 02/21/2024 5.150% 02/21/2034 200,000.00	197,946	191,880
Intel Corp	DTD 05/11/2017 4.100% 05/11/2047 100,000.00	76,341	71,073
Intesa SanPaolo Spa	144A PRIV PLCMT 4.950% 06/01/2042 300,000.00	231,372	230,481
JPMorgan Chase & Co	DTD 06/12/2019 10/15/2030 200,000.00	180,388	180,164
JPMorgan Chase & Co	DTD 07/22/2024 VAR CPN 07/22/2035 100,000.00	100,510	98,927
JPMorgan Chase & Co	DTD 10/22/2024 VAR CPN 10/22/2035 200,000.00	200,000	192,704
KBC Group NV	DTD 10/16/2024 VAR CPN 10/16/2030 300,000.00	300,000	295,257
Kroger Co	DTD 08/27/2024 5.500% 09/15/2054 200,000.00	199,176	188,374
Kyndryl Holdings Inc	DTD 02/20/2024 6.350% 02/20/2034 200,000.00	199,752	208,070

MCWANE PENSION PLAN FOR SALARIED EMPLOYEES
 FEIN#63-0139000 Plan #035
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 12/31/2024

(a) (b)	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Identity of Issue, Borrower, Lessor, or Similar Party			
Latam Airlines Group SA	DTD 10/15/2024 7.875% 04/15/2030 100,000.00	100,000	101,236
Life Time Fitness	DTD 11/05/2024 6.000% 11/15/2031 100,000.00	100,000	99,001
Marsh & McLennan Cos Inc	DTD 11/08/2024 5.350% 11/15/2044 300,000.00	299,958	291,057
Merck & Co Inc	DTD 02/10/2015 3.700% 02/10/2045 400,000.00	326,140	309,768
Meta Platforms Inc	DTD 08/09/2024 5.400% 08/15/2054 300,000.00	298,803	290,511
Mitsubishi UFJ Financial Group	DTD 04/17/2024 VAR CPN 04/17/2035 100,000.00	100,000	100,088
Mondelez Intl Inc	DTD 07/03/2024 4.625% 07/03/2031 300,000.00	218,207	213,412
Morgan Stanley	Medium Term Note 200,000.00	200,000	203,808
Morgan Stanley BK	DTD 01/18/2024 VAR CPN 01/18/2035 300,000.00	300,000	298,323
MPLX LP	DTD 05/20/2024 5.500% 06/01/2034 300,000.00	296,334	295,671
Niagara Energy SAC	DTD 10/03/2024 5.746% 10/03/2034 200,000.00	200,000	193,876
Nissan Motor Acceptance	Medium Term Note 300,000.00	299,637	296,016
NTT Finance Corp	DTD 07/02/2024 5.136% 07/02/2031 200,000.00	200,000	200,618
Occidental Pete Corp	DTD 10/01/2054 6.050% 10/01/2054 600,000.00	606,951	569,274
ONEOK Inc	DTD 09/24/2024 5.050% 11/01/2034 300,000.00	299,037	286,908
Oracle Corp	DTD 09/27/2024 5.375% 09/24/2054 300,000.00	299,157	276,516
Pacific Gas & Electric	DTD 06/19/2020 3.500% 08/01/2050 50,000.00	31,894	34,252
Pacific Gas & Electric	DTD 03/30/2023 6.700% 04/01/2053 200,000.00	214,534	216,460
Pacific Gas & Electric	DTD 09/05/2024 5.900% 10/01/2054 100,000.00	99,519	98,628
PacifiCorp	DTD 01/05/2024 5.800% 01/15/2055 300,000.00	298,197	291,525
Philip Morris Intl Inc	DTD 11/01/2024 4.750% 11/01/2031 100,000.00	98,475	97,795
Puget Sound Energy Inc	DTD 09/11/2009 5.757% 10/01/2039 200,000.00	204,347	201,740
Roche Holdings Inc	DTD 03/08/2024 4.985% 03/08/2034 300,000.00	300,000	297,141
Royalty Pharma PLC	DTD 06/10/2024 5.900% 09/02/2054 200,000.00	195,234	189,918
RTX Corporation	DTD 08/16/2018 4.125% 11/16/2028 300,000.00	292,989	291,996
RWE Finance US LLC	DTD 04/16/2024 6.250% 04/16/2054 200,000.00	199,704	197,530
Safehold Oper Partnership LP	DTD 11/14/2024 5.650% 01/15/2035 200,000.00	197,624	195,150
San Diego Gas & Elec Co	DTD 08/11/2023 4.950% 08/15/2028 200,000.00	202,506	200,876
Saudi Arabian Oil Co	Medium Term Note 200,000.00	194,926	187,038
Sociedad Quimica Y Miner	DTD 09/10/2024 5.500% 09/10/2034 200,000.00	198,696	189,476
Southern Co	DTD 09/09/2024 4.850% 03/15/2035 100,000.00	99,852	95,403
Standard Chartered PLC	DTD 05/14/2024 VAR CPN 05/14/2035 300,000.00	300,000	300,516
Sumitomo Mitsui Trust Bank LTD	Medium Term Note 200,000.00	199,452	192,710
T-Mobile USA Inc	DTD 01/14/2021 2.625% 02/15/2029 200,000.00	186,536	181,800
Tapestry Inc	DTD 12/11/2024 5.500% 03/11/2035 200,000.00	200,966	194,532
TD Synnex Corporation	DTD 04/12/2024 6.100% 04/12/2034 100,000.00	99,896	102,622
Time Warner Entmt Co LP SR Sub	DTD 11/15/2010 5.875% 11/15/2040 300,000.00	267,399	268,440
Totalenergies Cap SA	DTD 04/05/2024 5.488% 04/05/2054 200,000.00	200,000	191,682
Uber Technologies Inc	DTD 09/09/2024 5.350% 09/15/2054 200,000.00	199,612	185,982
UnitedHealth Group Inc	DTD 07/25/2024 5.500% 07/15/2044 200,000.00	198,162	193,994
Verizon Communications	DTD 03/16/2017 4.125% 03/16/2027 200,000.00	198,704	197,744
Viacombcs Inc	DTD 04/01/2020 4.950% 01/15/2031 200,000.00	186,082	186,700
Wells Fargo & Company	DTD 07/25/2023 VAR CPN 07/25/2034 100,000.00	101,365	99,867
Wells Fargo & Company	DTD 01/23/2024 VAR CPN 01/23/2035 200,000.00	200,000	199,150
Woodside Fin LTD	DTD 09/12/2024 5.100% 09/12/2034 300,000.00	299,232	285,372
XP Inc	DTD 07/02/2024 6.750% 07/02/2029 400,000.00	395,840	397,604
DC Capital Partners Fund II (Cayman) LP	Joint Venture Interests	571,159	1,564,642
Oaktree Mezzanine Fund III LP (The Fund)	Joint Venture Interests	1	1,649
Pointer III WPCA Class BEWP 23-12 Shares	Joint Venture Interests	1,343,734	1,449,982
SMS Ltd	Joint Venture Interests	2,146,133	2,016,874
Solace Capital Special Situations Fund LP	Joint Venture Interests	573,351	664,527
TA XII-B LP	Joint Venture Interests	663,078	1,606,741
TA XIV-B LP	Joint Venture Interests	2,398,850	2,379,170
Tiger Global Private Investment Partners XV Feeder LP	Joint Venture Interests	4,750,000	3,350,897
UBS Trumbull Property Income Fund LP PCS Decentralized Partne	Joint Venture Interests	7,209,084	8,657,790
PAPS LONG DURATION CORPORATE BOND #1830	REGISTERED INVESTMENT	40,418,813	41,023,762
PIMCO PAPS SHORT TERM FLOATING NAV PORT II FUND CL	REGISTERED INVESTMENT	1,121,270	1,121,305
PIMCO SECTOR FD SER I	REGISTERED INVESTMENT	20,560,682	20,692,186
VANGUARD TOTAL WORLD STOCK INDEX FUND CLASS IS	REGISTERED INVESTMENT	23,625,262	27,956,260
Brazil Rep Of	DTD 01/29/2024 7.125% 05/13/2054 200,000.00	199,414	184,914
Republic of Chile	DTD 07/09/2024 3.875% 07/09/2031 300,000.00	321,167	315,517
Republic of Romania	Medium Term Note 200,000.00	214,161	206,193
United Mexican States	DTD 03/07/2024 4.000% 08/24/2034 10,000.00	449,106	356,348
CASH COLLATERAL	Not administered by bank	1,059,000	1,059,000
EXCESS FUTURES PIMCO MARGIN EQUITY HELD WITH RBC-ζ OTHER SECURITIES		19,077	19,077
ICE Excess Swaps Pimco Margin Equity held with Bank of America OTHER SECURITIES		30,968	30,968
LCH Excess Swaps Pimco Margin Equity held with BOFA Securitie OTHER SECURITIES		5,636	5,636
VM Cash CCP ICE BOS EUR	OTHER SECURITIES	349	349
VM Cash CCP LCH BOS EUR	OTHER SECURITIES	12,466	12,253
VM Cash FUT For RDR EUR	OTHER SECURITIES	9,241	8,766
		151,120,200	157,227,337

McWane Master Trust
FEIN #63-0139000 Plan # 017
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

(A) Identity of Party Involved	(B) Description of asset Include int rate & maturity in case of a loan	(C)Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expense incurred with transaction	(G) Cost of asset	(H) Current value of asset on transaction date	(I) Net gain or (loss)
PAPS Long Duration Corporate Bond Fund	Mutual Fund	\$ 2,663,337.00				\$ 2,663,337.00	\$ 2,663,337.00	
PAPS Long Duration Corporate Bond Fund	Mutual Fund		\$ 34,587,767.00			\$ 32,865,487.00	\$ 34,587,767.00	\$ 1,722,280.00
PIMCO PAPS Short-Term Portfolio Fund	Mutual Fund	\$ 22,878,125.00				\$ 22,878,125.00	\$ 22,878,125.00	
PIMCO PAPS Short-Term Portfolio Fund	Mutual Fund		\$ 35,800,000.00			\$ 35,789,845.00	\$ 35,800,000.00	\$ 10,155.00
PIMCO Sector FD SER I	Mutual Fund	\$ 9,101,180.00				\$ 9,101,180.00	\$ 9,101,180.00	
PIMCO Sector FD SER I	Mutual Fund		\$ 293,706.00			\$ 281,762.00	\$ 293,706.00	\$ 11,944.00
Wells Fargo Short-Term Investment Fund	Money Market Fund	\$ 85,879,911.00				\$ 85,879,911.00	\$ 85,879,911.00	
Wells Fargo Short-Term Investment Fund	Money Market Fund		\$ 84,580,738.00			\$ 84,580,738.00	\$ 84,580,738.00	
United States Treasury Bond	Government Security	\$ 23,468,868.00				\$ 23,468,868.00	\$ 23,468,868.00	
United States Treasury Bond	Government Security		\$ 21,309,911.00			\$ 21,403,421.00	\$ 21,309,911.00	\$ (93,513.00)