

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
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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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1967
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) INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES BOARD OF TRUSTEES 7234 PARKWAY DRIVE HANOVER, MD 21076-1307
2b	Employer Identification Number (EIN) 52-6073909
2c	Plan Sponsor's telephone number 410-564-5500
2d	Business code (see instructions) 238300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	JAMES A. WILLIAMS, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN
		4d PN
5 Total number of participants at the beginning of the plan year		5 95637
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
		6a(1) 45029
		6a(2) 43757
		6b 25392
		6c 19606
		6d 88755
		6e 6739
		6f 95494
		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 2978
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4L		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>3</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	001
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	52-6073909	

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

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	GR-1123		01/01/2024	12/31/2024

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1809016**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1851649**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 34712
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 774

▶ OTHER

(6) Total additions **7c(6)** 35486**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1887135**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 46892(2) Administration charge made by carrier **7e(2)** 31227(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 0

▶ ADMINISTRATIVE EXPENSE

(5) Total deductions **7e(5)** 78119**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1809016

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	001
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	52-6073909	

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE CO. OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA-9400		01/01/2024	12/31/2024

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	18552730
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
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e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	18293010
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	658465	
	7c(4)		
	7c(5)		

▶

(6) Total additions	7c(6)	658465
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d Total of balance and additions (add lines 7b and 7c(6))	7d	18951475
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	269985	
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(2) Administration charge made by carrier	7e(2)	128760
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(3) Transferred to separate account	7e(3)	
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(4) Other (specify below)	7e(4)	
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▶

(5) Total deductions	7e(5)	398745
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	18552730
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6073909	

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

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02013		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 25141	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY 8403 COLESVILLE ROAD ,13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25141			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	64056286

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6073909

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 4068219405
(2) Actuarial value of assets for funding standard account	1b(2) 4332993687
c (1) Accrued liability for plan using immediate gain methods	1c(1) 6308575742
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 6308575742
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 10597848083
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 265645063
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 457431516
(3) Expected plan disbursements for the plan year	1d(3) 478381579

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

SIGN HERE	09/17/2025
Signature of actuary MARIA KIRILENKO, ASA, FCA, MAAA, EA	Date 23-08331
Type or print name of actuary SEGAL	Most recent enrollment number 202-833-6400
Firm name 1800 M ST NW, SUITE 900 S WASHINGTON, DC 20036-5880	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	4068219405
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	31691	5469494644
(2) For terminated vested participants	20699	1750293537
(3) For active participants:		
(a) Non-vested benefits		646816266
(b) Vested benefits		2731243636
(c) Total active	37000	3378059902
(4) Total	89390	10597848083
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.39 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	442944486				
Totals ►			3(b)	442944486	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 4035437

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	68.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2035

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	4.50 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.2 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	20200000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	93410348	9585004
3	7294824	748535

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	131854963

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	2456223374	348412844
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 33618746**e** Total charges. Add lines 9a through 9d.....**9e** 513886553**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 195941044**g** Employer contributions. Total from column (b) of line 3.....**9g** 442944486**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 31140549**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

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

(3) FFL credit

	Outstanding balance	
9h	284700275	45907717
9j(1)	2747923008	
9j(2)	5539873419	

9j(3) 0**k** (1) Waived funding deficiency**9k(1)** 0

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 715933796**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 202047243**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6073909	

Part I	Service Provider Information (see instructions)
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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
PRUDENTIAL INSURANCE COMPANY
22-1211670

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERISERV TRUST AND FINANCIAL SERVI
25-1689052

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE BANK OF NEW YORK MELLON
25-6078093

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST COMPANY OF CONNECTIC
06-6275604

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

NORTHERN TRUST INVESTMENTS INC.

36-3608252

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

PARK SQUARE CAPITAL LLP

47-1745784

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

SIGULER GUFF ADVISERS LLC

13-3855629

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

ERECT FUND I

25-1689052

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

HPS INVESTMENT PARTNERS

30-0931099

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

OAK HILL ADVISORS LP

13-4077194

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

RENAISSANCE TECNOLOGIES LLC

26-0385758

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

RCP F1 GP, LP

47-3075554

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

NAPIER PARK GLOBAL CAPITAL LP

80-0857707

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

ALCENTRA ECOF

61-6496775

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

ALCENTRA EDL II

98-1263309

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

ALCENTRA MULTI-STRATEGY

80-6263676

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

ALCENTRA STRATEGIC CREDIT

98-1262861

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

ALCENTRA ECOF III

98-1453417

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

BPEA PRIVATE EQUITY ASSOC MGT LLC

20-0863070

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

CAXTON ASSOCIATES CAPITAL LP

27-0521402

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

NUT TREE CAPITAL MANAGEMENT LP

61-1764038

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

RIVERSTONE CREDIT PARTNERS LP

98-1231273

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

CAXTON ASSOCIATES LP

22-3430173

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

KENNEDY LEWIS MANAGEMENT LP

82-2942437

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

PENTRUST REAL ESTATE ADVISORY SERVI

25-1561667

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

ASIA ALTERNATIVES MANAGEMENT LLC

20-4391329

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

MESIROW FINANCIAL MANAGEMENT INC

36-3429599

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

DAVIDSON KEMPNER CAPITAL MGT LP

13-3863161

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

DKIL GP LLC

80-0661773

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

BESSEMER VENTURE PARTNERS CENTURY

98-1578871

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

BESSEMER VENTURE PARTNERS XI INST

98-1578750

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

BEACHPOINT CAPITAL MANAGMENT LP

80-0242162

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

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

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

J.F. LEHMAN & COMPANY LLC

81-5378532

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

DAWSON PARTNERS INC.

79 WELLINGTON ST, WEST, SUITE 2100
TORONTO, ONTARIO CA

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

DAWSON PARTNERS ASSOCIATES

79 WELLINGTON ST, WEST, SUITE 2100
TORONTO, ONTARIO CA

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

ARES CAPITAL MANAGEMENT IIK LLC

1800 AVENUE OF THE STARS, SUITE 140
LOS ANGELES, CA 90067

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

MILL POINT CAPITAL LLC

1177 AVENUE OF THE AMERICAS, 45TH F
NEW YORK, NY 10036

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

MILL POINT CAPITAL PARTNERS GP II

1177 AVENUE OF THE AMERICAS, 45TH F
NEW YORK, NY 10036

(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)

TUCKER ARENSBERG PC

25-1425735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	2425327	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTL UNION OF PAINTERS & ALLIED TRA

35-0198600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	RELATED ORGANIZATION	1269900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VITECH SYSTEMS GROUP INC

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	1161278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VERUS ADVISORY, INC.

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	671005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAINTING INDUSTRY INSURANCE & ANNUI

13-5600369

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	670612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUM PLUS

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	648774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST CORPORATION

36-2723087

(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 51 71	NONE	636520	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	419662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAN WILLIAMS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	362735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	341685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADAM BOSTON

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	341211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY, INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	332150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEPC LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	330019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	320402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BREDHOFF & KAISER

52-0969534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	284791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	278660	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MARSHALL & MOSS PAYROLL COMPLIANCE

04-3652965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	253664	Yes ☐ No ☒

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

CHARTWELL INVESTMENT PARTNERS LP

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	247683	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	244742	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE UNION LABOR LIFE INSURANCE CO.

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	233873	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

Laurie Hand

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	231850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICHAEL KAUFMAN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	231801	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	228313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRESCENT CAPITAL GROUP LP

27-2698206

(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	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	214238	Yes ☐ No ☒

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

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

BRADY NELSON

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	195773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES BOGART

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	195439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	190740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SCHRODER INVESTMENT MANAGEMENT NORT

13-4064414

(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	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	180950	Yes ☐ No ☒

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

N'DIA WILLIAMS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	170029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCOTT ROBERIE

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	161975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICHAEL O'MALLEY

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	160016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERRY PARKER

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	159662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITEHORSE LIQUIDTY PARTNERS IV LP

98-1533305

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	158252	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GOSAYE KIDANEMARIAM

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	157515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICKETT BOATWRIGHT

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	152645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLINT BEAULIEU

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	142115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHRISTINA EMMEL

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	138579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW HARDING

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	133449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER RUHLING

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	129786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JULIET GRAY

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	129214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL RETIREMENT & ANNUITY INS

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	128760	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JORDAN KLINE

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FOLOTOTO AIOLUPOTEA

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	124857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXIS COX

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	124009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WALE OPARINDE

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	120208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TRIVE STRUCTURED CAPITAL PRTNRS LP

86-1677781

(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	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	117415	Yes ☐ No ☒

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

JACQUELINE COURTIEN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	116713	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVENZIER NANALIG, JR

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CORNELIUS NORRIS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	112545	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY SOSA

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	109473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHIFFONIA LLOYD

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	108273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHRISTENSEN JAMES & MARTIN

88-0330040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	108092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY HARRIS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON CAPITAL MANAGEMENT INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	104530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUREN ERVIN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDI SCHMIDT

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCHELLE STEPHENS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC OLEAN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRYSTAL HAAS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	99160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JARSO FEYISA

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUREN BROWN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	97604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAVEN CLAY

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRENDA QUEST

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER ROLLINS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMY MCELORY

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMYTHEST TEMPLE

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VANESSA HENDERSON

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEIDI KERN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 51	NONE	74141	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

MAUDELINE QUARRIE

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XPAN LAW GROUP, LLC

81-5145649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	72540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHEENA WILLIAMS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

J'MIA TILLMAN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALSWEET ASSOCIATES

520 S. VIRGIL AVE. RM 104
LOS ANGELES, CA 90020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	65364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARJI SMITH

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LUZ RODRIGUEZ

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASIA ALTERNATIVES MANAGEMENT LLC

20-4391329

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	63794	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JULIETA SPENARD

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EBONY DOZIER

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMA BRAVO LLC

26-1416963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	60578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BERRY & CO. CPAS

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	59790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JERRY SHIPP JR.

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	18106	Yes ☒ No ☐	Yes ☐ No ☒	37865	Yes ☐ No ☒

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

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

(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	NONE	54344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON-MCSHANE CORPORATION

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	53703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS, LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	53573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS INC

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY KERN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KYSHAWNA SYE

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAUDIA FONSECA-GIRALDO

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLISA LEIGHT

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMOLO & ASSOCIATES, LLC

1700 W. LUTHY DR.
PEORIA, IL 61615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	36970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IUPAT DISTRICT COUNCIL NO 21 WELFAR

91-2036994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	36767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW HERMAN

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD J. WOLF AND CO.

36-3182363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FRANK M. VACCARO & ASSOCIATES INC

91-2036994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	31813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA DORR

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONAL TRUST COMPA

94-3112180

(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	NONE	29325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICHELE ABABNEH

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOAH BRYANT

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATALIE CUESTA

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROTHNER, SEGALL & GREENSTONE

95-4364982

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	18096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPS CAPITAL PARTNERS, LP

13-3548908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17396	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP PAYROLL SERVICES

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	16892	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BFI PRINTING & MAILING SERVICES

P.O. BOX 710929
HERNDON, VA 20171

(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?
36 50	NONE	16726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOHLNER KAPLON CUTLER HALOFORD & RO

83-2856417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	13209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE URBAN LAW FIRM

7440 WEST SAHARA
LAS VEGAS, NV 89117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WATKINS, PAWLICK, CALATI & PRIFITI

83-2893229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	11883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DATABANK IMX

25-1921937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	11136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEEDLES & ASSOCIATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'BRIEN, BELLAND & BUSHINSKY, LLC

37-1467056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENNEDY LAW FIRM

92-2390143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BERGER SINGERMAN, LLP

45-3121429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWESTERN OHIO ADMINISTRATORS IN

34-1337680

(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	NONE	10033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIPSITZ, GREEN, SCIME, CAMERIA, LLP

16-0905097

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STEFANSKY, HOLLOWAY & NICHOLAS

38-2388845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAVANAGH & O'HARA, LLP

407 E. ADAMS STREET
SPRINGFIELD, IL 62705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARSHALL & MOSS PAYROLL COMPLIANCE	10 49 99	253664
(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.	
PAINTING INDUSTRY INSURANCE 13-5600369	PAYROLL COMPLIANCE & REVIEW FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SCHRODER INVESTMENT MANAGEMENT NORT	28 52	180950
(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.	
SCHRODER TAFT-HARTLEY INCOME 84-4667145	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE CARLYLE GROUP	28 52	0
(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.	
CARLYLE GLOBAL INFRASTRUCTUR 1001 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	INVESTMENT MANAGEMENT FEES	

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
BNY MELLON	28 52	37865
(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.	
ACADIAN GLOBAL EQUITY FUND 20-5736845	INVESTMENT MANAGEMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	11567
(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.	
CRESCENT MEZZANINE PTNRS VIB 80-0790681	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	127660
(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.	
CRESCENT CAPITAL TRUST II 32-6471303	INVESTMENT MANAGEMENT FEES	

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
CRESCENT CAPITAL GROUP LP	28 52	75011

(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.
CRESCENT MEZZANINE PTNRS VII 47-3358654	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRIVE STRUCTURED CAPITAL PRTNRS LP	28 52	73619

(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.
TRIVE STRUCTURED CAP. FD I 86-1918149	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRIVE STRUCTURED CAPITAL PRTNRS LP	28 52	43796

(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.
TRIVE CAPITAL FUND IV LP 86-1964268	INVESTMENT MANAGEMENT FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES		D Employer Identification Number (EIN) 52-6073909
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET PSHP FD 2009 NON US EM		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS LLC		
c EIN-PN 26-3338182-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1526949
a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET PTNRSHF FD 2009 US FD		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS LLC		
c EIN-PN 26-3337918-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6313472
a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET PSHP FD 2009 NON US DE		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS LLC		
c EIN-PN 26-3338089-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2986725
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56427336
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA I CONSTRUCTION LOAN		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 20-8434730-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159534
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16861177
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVSTMT FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110874184
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: THE ULLICO SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64056286
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPLOYEE REAL ESTATE CONST TRUST FD		
b Name of sponsor of entity listed in (a): AMERISERV TRUST & FINANCIAL SERVICES COMPANY		
c EIN-PN 25-1689052-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6320252
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18557420
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITL JOINT MASTER TRUS		
b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT INC		
c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52649169
a Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL TRUST II LEVERED		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 32-6471303-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27280187
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. TREASURY INFLATIO		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-152	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. TREASURY INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 85-1553502-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY CIT		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 26-3761443-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC DIVERIFIED CREDIT CIT		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: METIS REAL ASSETS INDEX PORTFOLIO		
b Name of sponsor of entity listed in (a): METIS EQUITY TRUST		
c EIN-PN 88-4417396-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77585417

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI ACWI EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-159	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241187703
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALCENTRA EUROPEAN CREDIT OPPORTUNIT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 61-6496775-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALCENTRA MULTI-STRATEGY EUROPEAN CR

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 80-6263676-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 854619
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALCENTRA EUROPEAN CREDIT OPP FD III

b Name of sponsor of entity listed in (a): ALCENTRA EUROPEAN CREDIT OPP FD III SCSP

c EIN-PN 98-1453417-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23586545
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a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN GLOBAL EQUITY FUND

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

c EIN-PN 04-2929221-007	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107607381
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a Name of MTIA, CCT, PSA, or 103-12 IE: ARROWSTREET GLOBAL EQUITY ACWI CIT

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

c EIN-PN 37-6607043-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221272362
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a Name of MTIA, CCT, PSA, or 103-12 IE: CPTF CORE BOND FUND OF JPMCB

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 20-3847783-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 643174314
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6073909

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		5256
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	69338897	70873167
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	89122786	146276872
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	37975169	133696518
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	47779773	102419961
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1048723557	1206563919
(6) Real estate (other than employer real property)	1c(6)	193746726	160547022
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1706839529	1401142466
(10) Value of interest in pooled separate accounts	1c(10)	27078326	64056286
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	106794513	214082296
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	68276814	49156369
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20144659	20361746
(15) Other.....	1c(15)	807708520	978998146

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	17819	1109240
f Total assets (add all amounts in lines 1a through 1e)	1f	4223547088	4549289264
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1852739	1468472
i Acquisition indebtedness	1i		
j Other liabilities	1j	153474944	111119808
k Total liabilities (add all amounts in lines 1g through 1j)	1k	155327683	112588280
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4068219405	4436700984

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)	438909049	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	4035437	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		442944486
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	891122	
(B) U.S. Government securities	2b(1)(B)	2054056	
(C) Corporate debt instruments	2b(1)(C)	3886355	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	13525138	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20356671
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	10889	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2708246	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2719135
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	436404337	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	344786363	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		91617974
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	38985	
(B) Other	2b(5)(B)	-1390722	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1351737

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		247535447
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2136644
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		21795007
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-66617
c Other income	2c		1203314
d Total income. Add all income amounts in column (b) and enter total	2d		828890324

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	436288871	
(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)		436288871
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)	6552937	
(2) Contract administrator fees	2i(2)	566723	
(3) Recordkeeping fees	2i(3)	2203071	
(4) IQPA audit fees	2i(4)	159120	
(5) Investment advisory and investment management fees	2i(5)	3240661	
(6) Bank or trust company trustee/custodial fees	2i(6)	156848	
(7) Actuarial fees	2i(7)	332150	
(8) Legal fees	2i(8)	2997912	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	293643	
(11) Other expenses	2i(11)	7616809	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		24119874
j Total expenses. Add all expense amounts in column (b) and enter total	2j		460408745

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		368481579
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLE, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
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?	☒		2340202806
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560252.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES				D Employer Identification Number (EIN) 52-6073909	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 52-6073909					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **PERFORMANCE CONTRACTING INC**

b EIN **34-1467168**

c Dollar amount contributed by employer **3576483**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **FD THOMAS INC**

b EIN **93-1017129**

c Dollar amount contributed by employer **3393954**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **CHAMPION PAINTING SPECIALTY SERVICE**

b EIN **20-5168828**

c Dollar amount contributed by employer **5660474**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **L AND L PAINTING COMPANY INC**

b EIN **13-1716319**

c Dollar amount contributed by employer **2965286**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **GEORGE M RAYMOND COMPANY**

b EIN **95-1565791**

c Dollar amount contributed by employer **2829478**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **GIROUX GLASS INC.**

b EIN **33-0473123**

c Dollar amount contributed by employer **3496723**

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

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

(1) Contribution rate (in dollars and cents) _____

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ANNING-JOHNSON COMPANY**

b EIN **36-2936794**

c Dollar amount contributed by employer **3515320**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **BVCC INC. (NOT DISNEY ORLANDO)**

b EIN **59-3019693**

c Dollar amount contributed by employer **3685644**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **AHERN PAINTING CONTRACTORS INC**

b EIN **11-2030326**

c Dollar amount contributed by employer **3498254**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **WESTERN PARTITIONS INC**

b EIN **93-0655225**

c Dollar amount contributed by employer **2688249**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	15359
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	14478
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	14028
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.02
b The corresponding number for the second preceding plan year.....	15b	1.02
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	10
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	13827444
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as:	
Public Equity: <u>15.0</u> % Private Equity: <u>24.9</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>45.0</u> %	
High-Yield Debt: <u>0.0</u> % Real Assets: <u>9.7</u> % Cash or Cash Equivalents: <u>2.5</u> % Other: <u>2.9</u> %	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:	
☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
International Painters and Allied Trades
Industry Pension Plan

Opinion

We have audited the financial statements of the International Painters and Allied Trades Industry Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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 Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
October 2, 2025

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS - at fair value		
Corporate obligations	\$ 91,404,407	\$ 40,407,015
U.S. Government and Government		
Agency obligations	80,469,222	21,158,682
Foreign investments		
Corporate obligations	5,906,281	2,731,398
Foreign limited partnerships	9,795	78,876
Limited partnerships		
Hedge fund of funds	-	4,328,580
Private equity	1,078,452,722	987,909,956
Real estate	32,804,892	76,615,010
Infrastructure	96,151,145	85,390,752
Guaranteed investment contracts	20,361,746	20,144,659
Pooled separate accounts		
Fixed income	64,056,286	44,436,399
Common collective trusts		
Equity	540,045,482	1,000,849,139
Fixed income	670,454,501	499,557,282
Building investment trust	56,427,336	56,213,576
Real estate	23,340,963	26,582,302
Hedge fund of funds-diversified	973,091,865	754,779,098
103-12 investment entities-balanced	213,227,661	13,332,648
Housing investment trust	49,156,369	48,023,910
Real estate equity investments	160,547,022	193,746,726
Derivatives		
Equity futures	-	35,318,157
Fixed income futures	-	14,879,867
Short term investments	110,874,184	114,394,309
Securities loaned to third parties	64,242,850	24,189,245
Total investments	<u>4,331,024,729</u>	<u>4,065,067,586</u>

See accompanying notes to financial statements.

	2024	2023
RECEIVABLES		
Employer contributions	\$ 70,873,167	\$ 69,338,897
Due from related parties	86,118	661,701
Accrued interest and dividends	3,012,066	1,517,203
Due from broker for sales of securities	43,293,872	28,796,871
Due from Canada	308,080	-
Due from IUPAT	92,411	44,180
Federal withholdings	-	65,810
Other	75,551	2,915
Total receivables	<u>117,741,265</u>	<u>100,427,577</u>
OTHER ASSETS		
Cash and securities collateral held for securities loaned to third parties	65,627,571	24,753,018
Prepaid retirement benefits	33,505,282	32,740,548
Prepaid expenses	275,921	540,540
Total other assets	<u>99,408,774</u>	<u>58,034,106</u>
PROPERTY AND EQUIPMENT		
Office furniture, equipment and leasehold improvements	700,240	699,762
Computer equipment	10,653,055	10,653,055
Software development	1,093,068	-
Less: accumulated depreciation and amortization	(11,337,123)	(11,334,998)
Property and equipment - net	<u>1,109,240</u>	<u>17,819</u>
CASH	<u>5,256</u>	<u>-</u>
Total assets	<u>4,549,289,264</u>	<u>4,223,547,088</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Cash overdraft	-	129,660
Obligation to refund collateral held for securities loaned to third parties	65,627,571	24,753,018
Obligation to distribute contributions	141,399	2,611,106
Deferred contributions	37,433,714	47,046,796
Due to IUPAT	70,027	126,362
Due to Canada	-	18,510
Due to related parties	176	176
Liability derivative offset	-	50,198,024
Due to broker for purchases of securities	7,699,511	28,581,031
SCG Pension escrow	147,410	139,921
Accrued administrative expenses	1,468,472	1,723,079
Total liabilities	<u>112,588,280</u>	<u>155,327,683</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,436,700,984</u>	<u>\$ 4,068,219,405</u>

See accompanying notes to financial statements.

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value		
of investments	\$ 328,309,648	\$ 321,872,528
Interest and dividends	56,009,901	29,604,086
Income from securities lending transactions	50,421	68,887
	<u>384,369,970</u>	<u>351,545,501</u>
Less investment expenses	<u>(3,397,509)</u>	<u>(4,375,238)</u>
Investment income - net	380,972,461	347,170,263
Employer contributions	438,909,049	407,194,587
Miscellaneous income	241,365	25,134
Withdrawal liability contributions	<u>4,035,437</u>	<u>8,253,798</u>
Total additions	<u>824,158,312</u>	<u>762,643,782</u>
DEDUCTIONS		
Benefits paid directly to participants	436,288,871	429,705,381
Administrative expenses	15,110,304	16,499,345
Professional fees	<u>4,277,558</u>	<u>5,063,042</u>
Total deductions	<u>455,676,733</u>	<u>451,267,768</u>
NET INCREASE	368,481,579	311,376,014
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>4,068,219,405</u>	<u>3,756,843,391</u>
End of year	<u>\$ 4,436,700,984</u>	<u>\$ 4,068,219,405</u>

See accompanying notes to financial statements.

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments in corporate obligations and United States Government and Government Agency obligations are carried at fair value, which generally represents quoted market prices, values using pricing models as of the last business day of the year. Foreign investments in corporate obligations and foreign limited partnerships are carried at estimated fair value as provided by the custodial bank. The limited partnerships in hedge fund of funds, private equity, infrastructure, and real estate are at estimated fair value as provided by the Partnership. The hedge fund of funds - diversified is carried at estimated fair value as determined by the investment manager. The 103-12 investment entities-balanced are carried at estimated fair value as provided by the sponsor of the investments. The guaranteed investment contracts and pooled separate accounts are carried at estimated fair value as reported by the Insurance Companies. Common collective trusts and housing investment trust units are valued at their market value on the last business day of the year, as established by the trusts. Real estate equity investments are valued at appraised value. The derivatives are reported at their estimated fair value on the last business day of the year as reported by the custodian. The short-term investments are carried at cost which approximates fair value.

Hedge fund of funds and private investment fund investments are valued at prices which approximate fair value. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third-party annual audit. The estimated fair values may differ from the values that would have been used had a ready market existed for these investments and that difference may be significant.

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

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed on the straight-line method over the estimated useful life of five to ten years. Depreciation and amortization expense was \$3,486 for the year ended December 31, 2024, and \$6,255 for 2023.

Deferred Contributions - Deferred contributions represent contributions collected but not yet earned and distributed.

SCG Pension Escrow - SCG Pension escrow represents monies being held on behalf of contributing employers in accordance with the escrow agreement.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Pension Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

Estimates - The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Foreign Currency - The Pension Plan is invested in foreign investments that are held in various foreign currencies. There is also non-invested cash in foreign currencies. For financial statement purposes, all assets are expressed in U.S. dollar equivalents.

Foreign currencies included in the Statements of Net Assets Available for Benefits are translated to United States dollars at the exchange rate in effect on the last day of the year. Unrealized increases and decrease due to fluctuations in exchange rates are included in the Statements of Changes in Net Assets Available for Benefits.

NOTE 2. DESCRIPTION OF THE PLAN

General

The International Painters and Allied Trades Industry Pension Plan (the Pension Plan) is a multiemployer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. It is financed by negotiated employer contributions typically set for multi-year periods under collectively bargained agreements. Contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA. The benefits earned depend on the duration of participation in the Pension Plan, and the level of a member's employment and contributions. The Pension Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with the International Union of Painters and Allied Trades (the Union) or its affiliates and to provide death benefits to beneficiaries.

Plan Administration

The Administration of the Pension Plan is the responsibility of a Board of Trustees comprised of Union Trustees and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Pension Plan are managed by investment advisors and maintained by an independent custodian.

Pension Benefits

Effective January 1, 2003, the benefit structure was changed to an hour's structure from a unit structure. All units earned through December 31, 2002 were converted to benefit hours.

Generally, participants with five years of vested service are entitled to pension benefits beginning at age 65. The Pension Plan permits early retirement at age 55 with at least 18,000 benefit hours and a special early retirement, at any age, with at least 60,000 benefit hours.

Participants may elect to receive benefits under various joint and survivor options, which guarantee payments of benefits during the lives of both the participant and the participant's beneficiary. Alternatively, a participant may elect other options whereby pension payments are guaranteed for a certain period from the effective date of the pension, and if the pensioner dies prior to the end of the period, his or her beneficiary will receive the remaining payments.

If an active participant dies before retirement, the participant's surviving spouse or designated beneficiary may be entitled to a death benefit.

An active participant who becomes totally disabled and has at least 18,000 benefit hours and has at least 1,000 hours in covered employment during the two calendar years just before the year in which the disability occurred, is entitled to a disability retirement benefit equal to the early retirement benefit increased by 10%. If the participant is younger than age 55 at the time of disability, he or she will be considered at age 55 for benefit calculation purposes.

A full description of the Pension Plan's benefit provisions is available in the Summary Plan Description.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Pension Plan in full force and effect; however, the right to discontinue the Pension Plan is reserved to the Trustees. Termination shall not permit any part of the Pension Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event the Pension Plan terminates, the net assets of the Pension Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a participant will receive full benefits should the Pension Plan terminate at some future time will depend on the sufficiency of the Pension Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Pension Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), if the Pension Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for, while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Pension Plan obtained its latest determination letter dated September 22, 2015, in which the Internal Revenue Service stated that the Pension Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan Administrator and the Plan's legal counsel believe the Pension Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Pension Plan were made by the consulting actuary as of January 1, 2024. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants and beneficiaries

currently receiving benefits	\$ 3,818,856,042
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Other participants	2,213,801,289
--------------------	---------------

Total	6,032,657,331
-------	---------------

Nonvested benefits	275,918,411
--------------------	-------------

Total actuarial present value of accumulated plan benefits - without expenses	6,308,575,742
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Present value of expected administrative expenses	245,188,865
---	-------------

Total actuarial present value of accumulated plan benefits - with expenses	<u>\$ 6,553,764,607</u>
---	-------------------------

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits

at beginning of year	<u>\$ 6,119,924,977</u>
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Increase (decrease) during the year attributable to

Benefits paid	(429,705,381)
---------------	---------------

Interest	412,101,753
----------	-------------

Changes in actuarial assumptions	-
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Plan amendments	7,294,824
-----------------	-----------

Active participants benefits accumulated	198,959,569
--	-------------

Net increase	<u>188,650,765</u>
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Actuarial present value of accumulated plan benefits

at end of year - without expenses	6,308,575,742
-----------------------------------	---------------

Present value of expected administrative expenses	245,188,865
---	-------------

Actuarial present value of accumulated plan benefits at end of year - with expenses	<u>\$ 6,553,764,607</u>
--	-------------------------

The actuarial valuations were made using the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits were:

Life expectancy of participants (nondisabled) - 109% of Pri-2012 Employee and Healthy Retiree Blue Collar amount-weighted mortality tables (sex-distinct) with generational projection using Scale MP-2021 from 2022.

NOTE 5. ACTUARIAL INFORMATION (continued)

Life expectancy of participants (disabled) - Pri-2012 Disabled Retiree amount-weighted mortality tables (sex-distinct) with generational projection using Scale MP-2021 from 2022.

Retirement rates were based on historical and current demographic data, adjusted to reflect the changes due to the Rehabilitation Plan, and estimated future experience and professional judgement. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent two years. All other eligible participants are assumed to retire in accordance with the rates shown:

Probability of Retirement			Probability of Retirement		
Age	Eligible for	All others	Age	Eligible for	All others
	Unreduced			Unreduced	
55	0.180	0.050	62	0.400	0.300
56	0.150	0.050	63	0.250	0.200
57 - 58	0.100	0.050	64	0.250	0.200
59	0.150	0.050	65 - 69	0.300	0.300
60	0.170	0.050	70+	1.000	1.000
61	0.170	0.100			

Discount rate - 7.0%.

Administrative expenses - \$20,200,000 for the year beginning January 1, 2024.

The following actuarial assumption changes were made as of January 1, 2024:

- The administrative expenses assumption was increased to \$20,200,000 from \$16,425,000.

The above actuarial assumptions are based on the presumption that the Pension Plan will continue. Were the Pension Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Pension Plan are dependent upon contributions received under the Trust Agreement of the Pension Plan and income from investments.

Since information on the actuarial present value of accumulated plan benefits at December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Pension Plan as of December 31, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

The actuary reported that the Plan met minimum funding standards as of December 31, 2024.

NOTE 5. ACTUARIAL INFORMATION (continued)

The Plan's actuary has reported that the Plan is in critical status as of January 1, 2023 and 2024, as identified by the Pension Protection Act of 2006. A Funding Improvement Plan was adopted on April 30, 2009, which is effective from January 1, 2012 through December 31, 2026 or until the Plan is no longer in seriously endangered or endangered status. The Plan adopted a new Rehabilitation Plan effective January 1, 2022 that replaces the old Funding Improvement Plan.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

Administrative expenses and professional fees are initially paid by the Pension Plan. The International Painters and Allied Trades Industry Annuity Plan (the Annuity Plan) reimburses the Pension Plan throughout the year for its portion of shared costs based upon a cost allocation study. As of December 31, 2024 and 2023, the Annuity Plan owed the Pension Plan \$21,437 and \$567,785, respectively, for its share of administrative expenses and professional fees. The Annuity Plan paid the Pension Plan \$1,893,902 and \$2,000,201 during the years ended December 31, 2024 and 2023, respectively, for its portion of the shared costs.

The Pension Plan collects contributions for related entities and others through the Central Collections Department. At December 31, 2024 and 2023, the Plan collected and processed, but had not yet paid, the following amounts to the related entities for contributions collected on their behalf by the Central Collections Department:

	2024	2023
Annuity Plan	\$ 99,287	\$ 1,591,903
IUPAT	70,028	326,981
Political Action Together	6,912	139,226
International Union of Painters and Allied Trades		
Finishing Trades Institute	17,555	305,349
Painters and Allied Trades Labor-Management		
Cooperation Initiative	17,640	247,642
Finishing Industry Labor Management Partnership	2	2
Central Collections	121,590	-
Finishing Contractors Association	3	3
Total	<u>\$ 333,017</u>	<u>\$ 2,611,106</u>

The Pension Plan assessed interest on the contributions received by the Pension Plan that were not yet transferred at year end to the related entities.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

The Pension Plan collects contributions for related entities and others through the Central Collections Department. At December 31, 2024 and 2023, the Plan had not yet received administrative fees from the following related entities for the collection and processing of contributions collected on their behalf by the Central Collections Department, payroll review fees, 401(k) administration and legal fees.

	<u>2024</u>	<u>2023</u>
Political Action Together	\$ 9,422	\$ 18,087
International Union of Painters and Allied Trades		
Finishing Trades Institute	28,534	39,879
Painters and Allied Trades Labor-Management		
Cooperation Initiative	<u>26,725</u>	<u>35,950</u>
Total	<u>\$ 64,681</u>	<u>\$ 93,916</u>

The Pension Plan leases office space from the International Union of Painters and Allied Trades Building Corp (the Building Corp) on an annual basis. The term of the lease shall continue in force and effect from year-to-year, unless and until either party gives at least 90 days advance notice that the sublease shall not continue. The annual guaranteed basic rent is based on the Pension Plan's square foot usage of the office space and requires monthly lease payments. The Pension Plan now utilizes less square footage and a new lease agreement was signed effective September 1, 2021 for a 5 year term which expires on August 31, 2026. The lease agreement can be extended for five consecutive periods of five years at a 3% per year increase in rent. Monthly lease payments for 2024 and 2023 were between \$47,111 and \$56,810. The Pension Plan paid office rent to the Building Corp totaling \$717,008 for the year ended December 31, 2024 and \$627,941 for 2023. At December 31, 2024 and 2023, the Pension Plan owed the Building Corp \$0 and \$15,643, respectively, for office rent.

In addition, the Pension Plan pays the Building Corp for certain operating expenses, renovation costs, real estate taxes, debt service, and other obligations associated with the Building Corp. The Pension Plan paid the Building Corp \$186,071 for the year ended December 31, 2024 and \$162,363 for 2023. At December 31, 2024 and 2023, the Pension Plan owed the Building Corp \$6,565 and \$6,951, respectively, for operating expenses.

Benefits and certain operating expenses incurred by the International Union of Painters and Allied Trades (the Union) are allocated to the related entities of the Union based on an allocation study. The Pension Plan's portion of these expenditures totaled \$554,942 for the year ended December 31, 2024 and \$392,553 for 2023. Included in this amount is \$105,952 for the year ended December 31, 2024 and \$114,752 for 2023, for reimbursement of withholding for retiree health premiums. At December 31, 2024 and 2023, the Pension Plan owed the Union \$17,450 and \$58,715, respectively, for operating expenses.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

Information systems (IS) expenditures incurred by the Union are allocated to the related entities of the Union based upon an allocation study. The Pension Plan's portion of IS expenditures totaled \$439,344 for the year ended December 31, 2024 and \$372,217 for 2023. At December 31, 2024 and 2023, the Pension Plan owed the Union \$35,165 and \$45,053, respectively, for IS expenditures.

Accounting expenditures incurred by the Union are allocated to the related entities of the Union based on an allocation study. The Pension Plan's portion of accounting expenditures totaled \$275,614 and \$253,820 for the years ending December 31, 2024 and 2023, respectively.

The Pension Plan allocates a portion of the expenses to the Canada Pension Plan and to the Annuity Plan. For the years ending December 31, 2024 and 2023, the allocation of expenses paid to the Union was as follows:

	Pension Plan	Canada Plans	Annuity Plan	2024 Total
Rent	\$ 551,714	\$ 57,713	\$ 107,581	\$ 717,008
Operating expenses and renovations	626,700	33,933	80,379	741,012
IS expenditures	377,159	(3,734)	65,920	439,345
Accounting expenses	236,603	(2,343)	41,353	275,613
Total	<u>\$ 1,792,176</u>	<u>\$ 85,569</u>	<u>\$ 295,233</u>	<u>\$ 2,172,978</u>
	Pension Plan	Canada Plans	Annuity Plan	2023 Total
Rent	\$ 482,949	\$ 42,071	\$ 102,920	\$ 627,940
Operating expenses and renovations	465,388	25,364	64,163	554,915
IS expenditures	318,916	14,948	38,354	372,218
Accounting expenses	217,473	10,193	26,154	253,820
Total	<u>\$ 1,484,726</u>	<u>\$ 92,576</u>	<u>\$ 231,591</u>	<u>\$ 1,808,893</u>

Certain plan investments are units of common collective trusts managed by Northern Trust, who has been designated as an investment manager. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental schedule of assets (held at end of year).

The transactions identified above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. EXPENSES AND ALLOCATIONS TO CANADIAN PLANS

The Pension Plan, the Canada Pension Plan and the LUDC Canada Plan are administered by the Pension Plan. Certain administrative expenses paid by the Pension Plan, which are for the benefit of both Canada Plans, are allocated to and reimbursed by the Canada Plans.

As of December 2024, the Canada Plan owed the Pension Plan \$308,080 for overpayments made by the Canada Plan for administrative expenses incurred by the Pension Plan and allocated to the Canada Plan. As of December 31, 2023, the Pension Plan owed the Canada Plan \$18,510 for administrative expenses incurred by the Pension Plan and allocated to the Canada Plan.

NOTE 8. PENSION PLANS

The Pension Plan participates in the IUPAT Industry Pension Fund 401(k) Plan (the 401(k) Plan). The Pension Plan contributed six percent of the covered employees' base salary to the 401(k) Plan. The amount contributed during the year ended December 31, 2024 totaled \$145,163 and covered contributions for the period January 1, 2024 through December 31, 2024. The amount contributed during the year ended December 31, 2023 totaled \$113,800 and covered contributions for the period January 1, 2023 through December 31, 2023.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

The Pension Plan contributes to a multiemployer defined benefit pension plan under the terms of a collective-bargaining agreement and participation agreement that covers its union-represented employees. The risks of participating in this multiemployer defined benefit pension plan are different from a single-employer plan in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Pension Plan chooses to stop participating in its multiemployer defined benefit pension plan, the Pension Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Pension Plan's participation in this multiemployer defined benefit pension plan for the annual period ended December 31, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Pension Plan received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
International Painters and Allied Trades Industry Pension Plan	52-0673909	001	Red as of 01/01/25	No	Red as of 01/01/24	No	May 31, 2027 ***

*** The staff employees of the Pension Plan participate in the International Painters and Allied Trades Industry Pension Plan through a collective bargaining agreement. Employees that are not covered under the collective bargaining agreement, which expires May 31, 2027, are covered by a participation agreement. The participation agreement does not have an expiration date.

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	12/31/2024	12/31/2023			12/31/2024	12/31/2023	12/31/2024	12/31/2023
International Painters and Allied Trades Industry Pension Plan	\$ 1,534,157	\$ 1,081,432	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	\$9.04 per hour and 18.97% of gross wages plus \$3.30 per hour from 1/1/24 - 12/31/24	\$9.04 per hour and 18.97% of gross wages plus \$3.30 per hour from 1/1/23 - 12/31/23	59	53

The Annuity Plan paid the Pension Plan \$230,187 and \$177,248, as of December 31, 2024, and December 31, 2023, respectively, for the Annuity Plan's allocated share of the pension contributions for shared employees participating in the International Painters and Allied Trades Industry Pension Plan.

The Canada Pension Plan paid the Pension Plan \$123,488 and \$72,469, as of December 31, 2024 and December 31, 2023, respectively, for the Canada Pension Plan's allocated share of the pension contributions for shared employees participating in the International Painters and Allied Trades Industry Pension Plan.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the International Union of Painters and Allied Trades?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
International Painters and Allied Trades Industry Pension Fund	Funding Improvement Plan Implemented	No	No	N/A

NOTE 10. SECURITIES LENDING PROGRAM

The Pension Plan has an agreement with the bank that acts as custodian for the Pension Plan's investments which authorizes the bank to lend securities held in the Pension Plan's accounts to third parties.

The Pension Plan receives 75% of the net revenue derived from the securities lending activities, and the bank receives the remaining 25%. For the commingled Northern Trust funds in which the Pension Plan participates, the Pension Plan receives 60% of the net revenue derived from the securities lending activities, and the bank receives the remaining 40%. This income is priced into the NAVs of the funds and is, therefore, reflected in performance, not as cash flows.

Income reported on the statements of changes in net assets available for benefits includes \$50,421 and \$68,887 earned by the Pension Plan during the years ended December 31, 2024 and 2023, respectively, in connection with the securities lending program.

Under this program, the bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

Although the Pension Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk, which is a component of off-balance-sheet risk.

NOTE 10. SECURITIES LENDING PROGRAM (continued)

At December 31, 2024 and 2023, the fair value of the cash and securities collateral held for securities loaned was as follows:

	<u>2024</u>	<u>2023</u>
Collateral - cash and cash equivalents	\$ 54,165,122	\$ 24,718,657
Collateral - securities	<u>11,462,449</u>	<u>34,361</u>
Total	<u>\$ 65,627,571</u>	<u>\$ 24,753,018</u>

In accordance with Transfers and Servicing, the Pension Plan has segregated securities on loan to third parties from other investments on the statement of net assets available for benefits and has also reported the cash and securities collateral held for securities on loan, and a corresponding liability to return the collateral on the statements of net assets available for benefits.

NOTE 11. OFF-BALANCE-SHEET RISK

Off-balance-sheet risk refers to the possibility that a loss, in an amount exceeding amounts recognized as assets or liabilities in the financial statements, may occur in the future. Such a loss may arise due to: (1) the failure of another party to perform according to the terms of a contract (credit risk), or (2) future changes in market prices which make a financial instrument less valuable (market risk).

For the securities lending program, market risk refers to the material change in fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Pension Plan's securities may be subject to unfavorable market fluctuations.

Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts. To date, the Pension Plan has experienced no realized losses in connection with the securities lending program.

Hedge fund and private investment funds may sell securities not yet purchased, whereby a liability is created for the repurchase of the security at prevailing prices. The ultimate obligations to satisfy the sale of securities sold, but not yet purchased may exceed the amount recognized on their respective balance sheet. However, as a limited partner or shareholder in these private investment funds, the Pension Plan's financial risk is limited to the current value of its investment, which is reflected in aggregate on the Statements of Net Assets Available for Benefits.

NOTE 12. DUE TO/FROM BROKER FOR THE PURCHASE/SALE OF SECURITIES

This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

NOTE 13. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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

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

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

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

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

	Assets			
	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 91,404,407	\$ -	\$ 91,404,407	\$ -
United States Government and Government Agency obligations	80,469,222	-	80,469,222	-
Foreign investments				
Corporate obligations	5,906,281	-	5,906,281	-
Guaranteed investment contracts	20,361,746	-	20,361,746	-
Real estate equity investments	160,547,022	-	-	160,547,022
Derivatives - futures	-	-	-	-
Short-term investments	110,874,184	110,874,184	-	-
Securities loaned to third parties	64,242,850	-	64,242,850	-
	533,805,712	\$ 110,874,184	\$ 262,384,506	\$ 160,547,022
Investments measured at net asset value (a)	3,797,219,017			
	<u>\$ 4,331,024,729</u>			

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The following table represents the Pension Plan's level 3 PAT International Pension Realty, Inc. financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
PAT International Pension Realty, Inc.	\$ 160,547,022	Sales comparison	Value per square foot	\$339.72 - \$1,271.24	\$ 728.15

Level 3 Fair Value Measurements for 2024

	Beginning Balance	Realized gains/losses	Unrealized gains/losses	Purchases	Sales	Ending Balance
Real estate equity investments	\$ 193,746,726	\$ (33,238,689)	\$ 38,985	\$ -	\$ -	\$ 160,547,022

Assets

Fair Value Measurements at December 31, 2023

	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 40,407,015	\$ -	\$ 40,407,015	\$ -
United States Government and Government Agency obligations	21,158,682	-	21,158,682	-
Foreign investments				
Corporate obligations	2,731,398	-	2,731,398	-
Guaranteed investment contracts	20,144,659	-	20,144,659	-
Real estate equity investments	193,746,726	-	-	193,746,726
Derivatives - futures	50,198,024	50,198,024	-	-
Short-term investments	114,394,309	114,394,309	-	-
Securities loaned to third parties	24,189,245	-	24,189,245	-
	466,970,058	\$ 164,592,333	\$ 108,630,999	\$ 193,746,726
Investments measured at net asset value (a)	3,598,097,528			
	<u>\$ 4,065,067,586</u>			

Liabilities

Fair Value Measurements at December 31, 2023

	Total	Level 1	Level 2	Level 3
Derivatives - futures offset	\$ 50,198,024	\$ 50,198,024	\$ -	\$ -

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Level 3 Fair Value Measurements for 2023					
	<u>Beginning Balance</u>	<u>Realized gains/ losses</u>	<u>Unrealized gains/losses</u>	<u>Purchases</u>	<u>Sales</u>	<u>Ending Balance</u>
Real estate						
equity investments	\$ 187,601,641	\$ 5,183,096	\$ -	\$ 961,989	\$ -	\$ 193,746,726

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

The unfunded commitments, redemption notice period information are as follows at December 31, 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - private equity:				
Adams Street Co-Investment				
Fund II	\$ 4,661,864	\$ 407,000	(a)	(a)
Adams Street 2009 Direct Fund	676,583	59,400	(a)	(a)
Advent International GPE X-C L.P.	13,280,637	10,560,000	(x)	(x)
Alcentra Multi-Strategy				
European Credit Fund	854,635	-	(j)	(j)
Alcentra Clareant European Direct				
Lending Fund II	8,778,586	10,982,513	(x)	(x)
Ares Global Multi-Asset Credit	40,681,450	-	Monthly	30 days
Asia Alternative AACP Tax Exempt	22,149,879	11,825,674	(x)	(x)
Asia Alternative Delaware VI (ERISA) L.P.	1,362,172	459,081	(x)	(x)
Beachpoint Opportunities Fund III L.P.	20,198,538	-	Daily	10 days
BentallGreenOak US Core Plus Fund L.P.	50,311,131	-	Quarterly	90 days
Bessemer Venture Partners XI Institutional L.P.	6,126,271	1,199,813	(x)	(x)
Bessemer Venture Partners XII Institutional L.P.	2,543,400	12,253,801	(x)	(x)
Bessemer Venture Partners Century II L.P.	683,664	2,300,000	(x)	(x)
Blue Torch Offshore Credit Opportunities Fund III, L.P.	19,895,358	22,000,000	(x)	(x)
Blue Wolf Capital Fund V L.P.	25,026,916	6,407,675	(x)	(x)
Bond II L.P.	6,090,558	506,250	(u)	(u)
Bond III L.P.	5,919,235	8,535,000	(u)	(u)
BPEA Strategic Healthcare I-B, L.P.	28,928,133	1,430,000	(x)	(x)
BPEA Strategic Healthcare II, L.P.	8,476,398	12,800,000	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Clareant Strategic Credit Fund	\$ 10,405,648	\$ 9,654,922	(x)	(x)
Crescent Mezzanine Partners VIB	1,287,074	1,853,522	(c)	(c)
Crescent Mezzanine Partners VIIB	4,735,877	3,002,949	(c)	(c)
CVC Capital Partners IX, L.P.	2,141,535	11,833,310	(x)	(x)
CVC Capital Partners VIII, L.P.	15,305,992	580,473	(x)	(x)
CVI Credit Value Fund B V, L.P.	24,313,715	1,500,000	(ad)	(ad)
Dawson Liquidity Partners (Offshore) IV, L.P.	17,966,915	5,193,445	(x)	(x)
Dawson Liquidity Partners (Offshore) V, L.P.	19,440,337	18,958,128	(x)	(x)
Dawson Liquidity Partners (Offshore) VI, L.P.	23,692,584	18,588,303	(x)	(x)
Grosvenor Labor Impact Feeder Fund, L.P.	19,214,987	4,323,567	(x)	(x)
Grosvenor Infrastructure Advantage Fund II, L.P.	7,171,935	12,494,894	(x)	(x)
Industry Ventures Secondary IX, L.P.	16,552,833	1,015,639	(x)	(x)
Industry Ventures Partnership Holdings VI, L.P.	14,029,706	6,509,221	(x)	(x)
J.F. Lehman Equity Investors IV, L.P.	1,424,139	800,198	(z)	(z)
Kayne Anderson Energy Fund VI, L.P.	1,292,645	-	(d)	(d)
KPS Special Situations Fund IV, L.P.	7,831,917	3,336,640	(o)	(o)
KPS Special Situations Fund V, L.P.	15,107,500	4,770,683	(o)	(o)
KPS Special Situations Fund VI, L.P.	1,224,519	8,745,717	(o)	(o)
Lightyear Fund IV, L.P.	17,454,871	1,188,381	(aa)	(aa)
Mesirow Financial Private Equity Fund VII-A, L.P.	93,276,716	10,725,000	(x)	(x)
MGG SF Evergreen Fund (Cayman) L.P.	42,109,961	3,693,264	(x)	(x)
Mill Point Capital Partners II-1, L.P.	13,909,138	4,458,805	(x)	(x)
Napier Park Multi-Asset Fund I (Cayman) LP	54,011,613	-	(x)	(x)
NEA 18 Venture Growth Equity, L.P.	6,539,953	3,000,000	(x)	(x)
New Enterprise Associates 18, L.P.	6,877,122	5,250,000	(x)	(x)
Nexus Special Situations IV, L.P.	2,759,535	37,925,625	(x)	(x)
North Sky Alliance Fund II	2,138,983	-	(x)	(x)
Nut Tree Drawdown Offshore Fund, L.P.	12,279,884	24,000,000	(x)	(x)
Oak Hill Strategic Credit Fund II (Offshore) L.P.	7,109,565	7,000,000	(ab)	(ab)
OakTree TICP Feeder 2 (Cayman) L.P.	55,420,824	-	(x)	(x)
Riverstone Global Power and Energy Fund VI	5,769,130	3,579,500	(x)	(x)
Schroder Taft-Hartley Income Fund, L.P.	74,665,832	34,652,697	Annual	90 days
Schroder Taft-Hartley Ventures SCS, L.P.	4,539,676	10,725,000	Annual	90 days
Spark Capital Growth Fund IV, L.P.	24,556,012	4,200,000	(x)	(x)
Spark Capital V, L.P.	2,884,468	17,000,000	(x)	(x)
Spark Capital VII, L.P.	11,812,918	3,060,000	(x)	(x)
Spark Capital VIII, L.P.	1,128,886	8,750,000	(x)	(x)
Thoma Bravo XII, L.P.	34,733,940	7,380,854	(x)	(x)
Thoma Bravo XIV, L.P.	16,634,864	2,468,860	(x)	(x)
Thoma Bravo XV-A, L.P.	38,786,371	8,952,441	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Tiger Infrastructure Partners Fund III, L.P.	\$ 24,500,406	\$ 7,410,106	(x)	(x)
Trive Capital Fund IV, L.P.	16,305,889	2,947,410	(x)	(x)
Trive Structured Capital Fund I, L.P.	15,979,119	2,294,916	(x)	(x)
VWH Offshore Fund III, L.P.	22,481,780	25,792,025	(x)	(x)
Limited partnerships - real estate:				
Prudential PRISA III Fund, L.P.	13,080,732	-	Quarterly	90 days
Westport (WCP) Special Core Plus Fund III	17,520,754	4,750,000	(x)	(x)
Westport (WCP) Special Core Plus Fund	2,203,406	-	(x)	(x)
Limited partnerships - Infrastructure:				
Alinda Infrastructure Fund II	27,291	2,602,288	(b)	(b)
Caryle Global Infrastructure Opportunity Fund	82,851,318	16,338,107	(b)	(b)
Star America Infrastructure Fund II	13,272,536	21,039,466	(b)	(b)
Foreign limited partnerships:				
Park Square Capital Credit Opportunities Fund II	9,795	-	(b)	(b)
Pooled separate accounts - fixed income:				
Union Labor Life Insurance Separate Account J	64,056,286	-	^Monthly	^90 days
Common collective trust - equity:				
Arrowstreet Global Equity Fund	221,272,362	-	Daily	n/a
Metis Real Asset Index Portfolio	77,585,417	-	Monthly	5 days
State Street MSCI ACWI EX USA NL Fund	241,187,703	-	Daily	n/a
Common collective trust - fixed income:				
Crescent Capital Trust II Levered	27,280,187	3,243,599	(s)	(s)
JPMCB Core Bond Fund	643,174,314	-	Daily	n/a
Common collective trust - building investment trust:				
AFL-CIO Building Investment Trust	56,427,336	-	Quarterly	one year
Common collective trust - real estate:				
ASB Allegiance Real Estate Fund	16,861,177	-	Quarterly	n/a
ERECT Fund	6,320,252	-	Monthly	(w)
Long View Ultra I Construction Loan Fund	159,534	-	^Monthly	^90 days
Hedge fund of funds - diversified:				
BNY Mellon AFL-CIO Stock Index Fund	816,643,016	-	Daily	1 day
Caxton Global Investments Instl. Ltd.	21,579,689	-	Quarterly	45 days
EnTrust Special Opportunities Fund II	8,552	-	Quarterly	95 days
Renaissance Institutional				
KLCP Offshore Fund II	36,935,949	5,965,859	(x)	(x)
KLCP Offshore Fund III	35,957,039	11,555,037	(x)	(x)
Orchard Landmark LTD	61,967,620	-	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
103-12 investment entity- balanced:				
Acadian Global Equity Fund	\$ 107,607,381	\$ -	Daily	10 days
Adams Street Partnership Fund- 2009 Non-US Emerging Markets Fund	1,526,949	244,500	(a)	(a)
Adams Street Partnership Fund- 2009 U.S. Fund	6,313,472	1,230,000	(a)	(a)
Adams Street Partnership Fund- 2009 Non-US Developed Market Fund	2,986,725	994,500	(a)	(a)
Alcentra European Credit Opportunities Fund III	23,586,545	11,221,860	(m)	(m)
Union Labor Life Insurance Infrastructure	18,557,420	-	(v)	(v)
Washington Capital Transportation Fund	52,649,169	4,566,835	(x)	(x)
Housing investment trust: AFL-CIO Housing Investment Trust	<u>49,156,369</u>	<u>-</u>	Monthly	15 days
Total	<u>\$ 3,797,219,017</u>	<u>\$ 535,094,753</u>		

(a) - There is no redemption option for the Adams Street commitments. Adams Street can help facilitate a transfer of a client's interest to another limited partner, which has occurred on several occasions over the last 20 years.

(b) - Limited partners of the Alinda Infrastructure Fund II, Carlyle Global Infrastructure Opportunity Fund, Star America Infrastructure Fund II and Park Square Capital Credit Opportunities are not allowed to make withdrawals. These funds are closed-end funds and redemptions are not provided for in the limited partnership agreements.

(c) - Redemption frequency and notice period are not applicable, as the Partnership is a ten-year closed-end fund. The Partnership's term will be ten years from the initial closing date, subject to extension by the General Partner for up to three additional one-year periods to allow for an orderly liquidation of the Partnership's investments. The Partnership will be subject to early termination and dissolution under certain circumstances as provided in the Limited Partnership Agreement. The investment period is five years from final closing. Partners may not withdraw from this investment prior to its termination.

(d) - There is no redemption option for the Kayne Anderson commitments. The Fund will continue until the tenth anniversary of the investment commencement date, October 1, 2012, or such later date up to two years thereafter, as determined by the General Partner and approved by the Fund's advisory board.

(j) - Alcentra European Credit Opportunities is a closed end vehicle which does not provide for investor redemptions. There is a six-year term with no liquidity. Alcentra Multi-Strategy European Credit Fund allows redemptions on a quarterly basis with 90-day prior written notice.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

(m) - The Alcentra European Credit Opportunities Fund III is a closed fund, and redemptions are not permitted. The fund has a six-year term from its final closing date, with two one-year extension options at the request of investor consent.

(o) - The KPS Special Situations Fund IV, L.P., KPS Special Situations Fund V, L.P., and KPS Special Situations Fund VI, L.P. have a seven-year commitment period and a twelve-year term.

(s) - Other than with respect to quarterly income distributions, it is not expected that the Fund will make any redemption distributions for until the Fund's closing date, which is 3 years after the final closing date, which is 8 years after the initial closing date of August 9, 2019.

(u) - At the option of the General Partner, the Fund may distribute cash annually in an amount equal to the highest individual marginal tax rates under applicable laws on the items of income and loss of the Fund, as determined for income tax reporting purposes. Cash distributions not earmarked as income tax distributions and in-kind distributions are determined by the General Partner, who may elect to treat each distribution, in whole or in part, as a return of capital contributions or as a distribution of net investment income.

(v) - For the Union Labor Life Insurance Infrastructure, a redemption of all or a portion of its units is permitted after the expiration of the four-year Lock-up period. Upon 45 days notice, the redemption request will be placed in a redemption queue. A redemption request that is up next in the queue will be able to have all or a portion of its requested units redeemed.

(x) - The Fund is a closed-end fund, and redemptions are not permitted.

(y) - For Highbridge, notification must be given at least 90 days' prior written notice to the Administrator, withdraw all or any portion of its capital account(s) as of any calendar quarter-end; provided, however, that a partial withdrawal will not be permitted if after giving effect to such withdrawal the aggregate remaining balance in a limited partner's capital account(s) would be less than \$100,000. The Administrator may determine to not affect partial withdrawals of interests in amounts less than \$100,000. The Administrator may waive such notice, minimum balance requirements and other requirements and/or limitations and/or permit withdrawals at other times.

(z) - There is no redemption option for the JFL Equity Investors commitments. The Fund will continue until terminated on March 1, 2026, unless otherwise extended or dissolved by the General Partner, in accordance with the Partnership's Amended and Restated Limited Partnership Agreement and the consent and approval of the Advisory Committee, who may together extend the term of the Partnership for up to three successive one-year periods to allow for orderly liquidation.

(aa) - There is no redemption option for Lightyear Fund IV. The Partnership will terminate on February 18, 2026 unless further extended pursuant to the Second Amended and Restated Agreement of the Limited Partnership of the Partnership dated as of November 9, 2017.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

(ab) - There is no redemption option for the Oak Hill Strategic Credit Fund II. The fund has an investment period of 3 years ending on April 18, 2020, with an option for a one-year extension and a wind down period of four years, with two one-year extension options.

(ad) - The CVI Credit Value Fund is a closed-end fund and therefore does not allow redemptions. The fund will begin returning capital back to the investors after the conclusion of the investment period. The investment period is three years from the final close, subject to a one-year extension with advance approval of the Fund's Investor Advisory Committee. The Fund's term is six years from final closing, subject to two one-year extensions at the sole and absolute discretion of the GP. Thereafter, any extensions require consent of a fund-wide, two-thirds, majority-in-interest of the investors in the Fund.

^ - A redemption may be delayed when cash and other liquid assets, less amount already committed for mortgages and reserves for account expenses, are inadequate to meet the request after satisfying all prior requests and funding commitments and expense reserves.

n/a - For these investments, a request for a redemption needs to be made before or on the day of the valuation for the redemption to be paid out.

Highbridge Institutional Credit Fund, L.P. was organized as a Cayman Islands exempted limited partnership which commenced operations on November 1, 2015. Their objective is to provide investors with attractive risk-adjusted returns with an emphasis on capital preservation and a view towards liquidity. The majority of the Fund's portfolio is expected to be invested in corporate debt instruments, including bank loans and high yield bonds. The Fund may also invest in other instruments, including equities, structured credit instruments, credit default swaps and other derivative products. The portfolio may be hedged to reduce volatility and protect against systemic risk.

Adams Street Co-Investment Fund II, L.P. was organized on April 2, 2008 to invest in direct private placements of emerging growth companies and buyout transactions. The Partnership began operations on March 9, 2009.

Adams Street 2009 Direct Fund, L.P. was organized on December 22, 2008 to invest in direct private placements of emerging growth companies. The Partnership began operations on January 12, 2009.

The Advent International GPE X-C L.P. was formed on November 10, 2021 and commenced operations on June 1, 2022, as a Cayman Islands Limited Partnership to provide risk capital for, and make investments in, the securities of privately held and publicly listed companies primarily in Europe and Northern America, including businesses in the development stage and other small and medium sized businesses.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The objective of the Alcentra European Credit Opportunities Fund (ECOF) is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income. Alcentra expects to utilize two separate investment strategies in seeking to achieve the ECOF Fund's investment objective, which may include, without limitation, investment in "European Direct Lending" and "European Leveraged Loans." As it takes time to deploy capital in the direct lending space, the ECOF Fund will at first invest in more liquid European senior secured loans, which will be sold as opportunities to present themselves in European Direct Lending. The strategies will generally be managed based upon bottom-up, fundamental research. For European Direct Lending investment opportunities will be assigned to a specific risk category in order to seek to achieve diversification of the risk in the portfolio. The ECOF Fund will not seek to utilize borrowing.

The Alcentra Multi-Strategy European Credit Fund's investment objective is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income.

The Alcentra Clareant European Direct Lending Fund No. 1 Limited Partnership's principal activity is to, via a wholly owned subsidiary, make, hold, monitor and realize investments in companies, bodies corporate or partnerships.

The Ares Global Multi-Asset Credit investment objective is to achieve an attractive risk-adjusted total return by investing in a diversified portfolio of syndicated loans, high-yield bonds, debt and equity tranches of collateralized loan obligations, and to a more limited extent, commercial mortgage-backed securities, rated private asset-backed securities as well as other opportunistic investments. The fund is long-oriented and seeks to provide institutional investors diversified access to the global markets to take advantage of opportunities across the credit spectrum.

Asia Alternative AACP Tax Exempt is a Cayman Islands exempted limited partnership. The partnership acts as a feeder fund to the AACP VI (ERISA).

The Asia Alternative Delaware VI (ERISA) L.P. objective is to achieve long term capital appreciation through investing, directly or indirectly, in a diversified portfolio of alternative investments including venture funds, private equity funds, buyout funds and direct investments.

The Beachpoint Opportunities Fund III LP's investment objective is to achieve superior returns with less-than-commensurate risk by investing primarily in middle market credit opportunities, special situations and distressed debt, focusing on companies that lack access to capital, companies in dislocation or under Stress, and companies close to or experiencing financial distress, bankruptcy or restructuring. The Fund will generally seek to invest at a meaningful discount to intrinsic value and to realize profits primarily through capital appreciation.

The BentallGreenOak US Core Plus Fund L.P. is an open-end real estate private equity fund that offers an attractive blend of income and appreciation.

Bessemer Venture Partners XI Institutional L.P. is a Cayman Islands exempted limited partnership that was formed on January 13, 2021 and commenced operations on March 22, 2021 to buy, sell, hold, and otherwise invest in securities of both private and publicly held companies.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Bessemer Venture Partners XII Institutional L.P. is a Cayman Islands exempted limited partnership that was formed on May 6, 2022 and commenced operations on March 18, 2024 to buy, sell, hold, and otherwise invest in securities of both private and publicly held companies.

Bessemer Venture Partners Century Fund II L.P. is a Cayman Islands exempted limited partnership that was formed on January 13, 2021 and commenced operations on November 1, 2021. The primary purpose of the Partnership is to buy, sell and otherwise invest in securities of companies, both public and private, in which a Core BVP Fund has invested or is simultaneously investing in and to make other investments as permitted in the Partnership Agreement.

The Blue Torch Offshore Credit Opportunities Fund III, L.P. was formed on July 19, 2022 and commenced operations on September 12, 2022 for the purpose of identifying, investing in, managing, holding, monitoring, and selling investments, securities, assets and instruments.

Blue Wolf provide capital principally to companies that have value which is often obscured by complexities such as companies with significant regulatory and compliance obligations; operational turnarounds; carve-outs of orphaned subsidiaries or divisions; family- or entrepreneur-owned businesses that lack formal systems; Chapter 11 reorganizations; and out-of-court restructurings. Blue Wolf Capital Advisors V, L.P. serves as the general partner to the Funds and is primarily responsible for, among other things, all investment and disposition decisions for the Funds. The Funds are managed by Blue Wolf Capital Partners, LLC (the "Management Company"), which is responsible for the day-to-day operations of the Funds.

The Bond II L.P. is a Delaware limited partnership that was organized on February 8, 2021 and commenced operations on March 17, 2021. The Fund was organized for the purpose of making or acquiring portfolio investments; owning, managing, supervising and disposing of such investments; and engaging in all activities related thereto. There may be no established market for portfolio investments and transfer of ownership of such investments may be restricted.

The Bond III L.P. is a Delaware limited partnership that was organized on January 28, 2022 and commenced operations on May 13, 2022. The Fund was organized for the purpose of making or acquiring portfolio investments; owning, managing, supervising and disposing of such investments; and engaging in all activities related thereto. There may be no established market for portfolio investments and transfer of ownership of such investments may be restricted.

The BPEA Strategic Healthcare I-B, L.P. and BPEA Strategic Healthcare II, L.P. are limited partnership formed under Delaware Revised Uniform Limited Partnership Act. The primary purpose of the Partnerships are to acquire, manage and dispose of investments in healthcare-focused (a) private equity funds that are focused primarily on making buyout and growth capital investments in companies that are organized or headquartered within the United States and/or that conduct a substantial portion of their business activity with the United States, and (b) companies that are privately held at the time of investment, including, without limitation, co-investing in such companies with or through Portfolio Funds and other private equity funds that are not Portfolio Funds. The partnership may occasionally invest in private equity funds that are not exclusively healthcare-focused.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The purpose of the Clareant Strategic Credit Fund (the “Partnership”) is to accept commitments from investors and carry on the business of an investor in accordance with the Limited Partnership Agreement. The Partnership invests all of its investable assets into Clareant Strategic Credit Fund (Holding) SCSp (“the Master Fund”).

Crescent Mezzanine Partners VIB, L.P. and Crescent Mezzanine Partners VIIB, L.P. are closed-end Delaware limited partnerships formed for the purpose of allowing qualified investors to pool their assets to invest in privately negotiated mezzanine level subordinated debt and equity securities issued by larger middle-market companies. Such investments include securities issued in connection with leveraged transactions, specifically management buyouts, acquisitions, refinancings, recapitalizations and later-stage growth capital financings.

The CVC Capital Partners VIII, L.P. is a Jersey limited partnership. The principal activity of the Partnership is investing in a wide range of equity and equity related securities.

The CVI Credit Value Fund B V, L.P. ultimately invest its assets in the CVI CVF V Pooling Fund I LP, CVI CVF V Pooling Fund II LP, CVI CVF V Pooling Fund III LP and the CVI group Pooling FAIF S.C.A - CVF V Sub-Fund (collectively referred to as the Master Portfolio). The primary investment objective of the Master Portfolio is to achieve attractive and sustainable risk adjusted returns over a medium and long-term horizon. The Master Portfolio employs proprietary investment strategies in selecting, managing and disposing of loan portfolios, corporate securities, structured credit, hard assets and special opportunities.

Dawson Liquidity Partners (Offshore) IV, L.P., Dawson Liquidity Partners (Offshore) V, L.P., and Dawson Liquidity Partners (Offshore) VI, L.P. are limited partnership organized under the laws of Delaware. The primary purpose of the Partnership is to generate returns for its partners through long-term capital appreciation and current income through structured special situations investments, such as (i) preferred equity investments in respect of private investment funds and portfolios of limited partner interest and (ii) purchase of private investment fund interests and direct interest in secondary market transactions.

The Grosvenor Labor Impact Feeder Fund, L.P. was formed for the purpose of investing, directly or indirectly as a limited partner in the Labor Impact Fund, L.P. and the LIF AIV I, L.P. which have the same investment objective as the Partnership.

The Grosvenor Infrastructure Advantage Fund II, L.P. was formed for the purpose of investing, directly or indirectly as a limited partner in the Labor Impact Fund, L.P. and the LIF AIV I, L.P. which have the same investment objective as the Partnership.

Industry Ventures Secondary IX, L.P. and Industry Ventures Partnership Holdings VI, L.P. were formed under the laws of the State of Delaware. They invest primarily in private venture capital backed companies, venture capital funds, private equity funds and special vehicle investments. The general strategy is to make investments in these companies and funds by purchasing them on the “secondary” market.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The investment objective of the JFL Equity Investors IV, L.P. is to seek long-term capital appreciation by investing in companies involved in or connected with defense, aerospace, marine or engineering industries or other specialized service or manufacturing industries. The Partnership shall terminate on March 1, 2026, unless otherwise extended or dissolved by the General Partner, in accordance with the Partnership's Amended and Restated Limited Partnership Agreement (the "Partnership Agreement").

The Kayne Anderson Energy Fund VI, L.P. is a Delaware limited partnership which commenced operations on October 1, 2012. The principal purpose of the partnership is to make investments in public and private energy companies, principally through privately issued securities. The partnership invests in oil and gas companies which are generally formed as limited liability companies or limited partnerships. The transaction prices, excluding transaction costs, of the underlying operating companies are typically the Fund's best estimate of fair value at inception.

The KPS Special Situations Fund IV, L.P., KPS Special Situations Fund V, L.P., and KPS Special Situations Fund VI, L.P. will seek significant capital appreciation by making controlling equity and equity-related investments in companies across a diverse range of manufacturing industries experiencing a period of transition or challenged by the need to effect immediate and significant change.

The Lightyear Fund IV, L.P. seeks capital appreciation through direct private equity and equity-related investments, including management buyouts, leveraged recapitalizations, restructurings, consolidations, leveraged acquisitions, build-ups, pre-public offering opportunities and growth capital transactions. The Partnership will terminate on February 18, 2026 unless further extended.

Mesirow Financial Private Equity Fund VII-A, L.P., a Delaware limited partnership, invests funds in private equity limited partnerships. Mesirow Financial Services, Inc., wholly-owned by Mesirow Financial Holdings, Inc., is the General Partner of the Partnership. The Partnership held its first close on January 23, 2017 and commenced operations on May 22, 2017, the initial drawdown date. Pursuant to the Amended and Restated Limited Partnership Agreement dated January 23, 2017, the Partnership is scheduled to terminate on May 22, 2030, the twelfth anniversary of the Commencement Date as defined in the LPA, May 22, 2018. However, provisions in the LPA allow for up to three one-year extensions of the initial term.

The MGG SF Evergreen Fund (Cayman) L.P. is a Cayman Islands exempted limited partnership that was formed on January 19, 2016 and invests substantially all of its capital into the MGG SF Evergreen Master Fund (Cayman) LP for the purpose of making investments primarily in debt securities in middle-market businesses, primarily operating in the United States of America.

Mill Point Capital Partners II-1, L.P. investment strategy is focused on identifying companies that can be acquired outside of the traditional investment banking process yet are stable niche market leaders needing operational and strategic enhancements. The primary focus is to execute control buyouts within the industrial/basic manufacturing and business services industries.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Napier Park Credit Strategies BPI LP is a Cayman Islands exempted limited partnership that was formed on September 25, 2017 and commenced operations on January 9, 2018 and invests substantially all of its capital into Napier Park Credit Strategies BPI Master Fund LP. The Fund's investment objective is to achieve superior risk-adjusted returns over a market cycle by allocating assets to multiple investment strategies to achieve a diversified portfolio with a focus on global credit markets.

Napier Park Multi-Asset Fund I (Cayman) LP seeks to earn returns comprised of current cash distributions of lease income from assets indirectly owned by the Underlying Funds, and potential gains on sales of assets indirectly owned by the Underlying Funds. In addition, Napier Park Multi-Asset Fund I will seek to generate potential tax benefits for its investors through the pass-through of the tax assets indirectly owned by Rail III and Air Rollover.

The NEA 18 Venture Growth Equity, L.P. and New Enterprise Associates 18, L.P. are Delaware limited partnerships which invest in and assist new and emerging growth-oriented businesses.

Nexus Special Situations IV, L.P. seeks to capitalize on opportunities across all macroeconomic and credit market cycles, targeting high quality companies and industries experiencing dislocation.

The North Sky Alliance Fund II, LP is a limited partnership organized under the laws of the state of Delaware. The Partnership had its initial closing on July 9, 2015 and commenced operations on November 23, 2015. The operations of the Partnership will continue until January 4, 2027, unless sooner terminated or extended, as provided for in the partnership agreement. The purpose of the Partnership is to invest primarily in cleantech infrastructure projects and the developers of such projects.

Nut Tree Drawdown Offshore Fund, L.P. is a Cayman Islands exempted limited partnership and commenced operations on April 6, 2020. The Partnership invests substantially all of its assets through a master-feeder structure in Nut Tree Drawdown Master Fund, LP (the "Master Fund"), a Cayman Islands exempted limited partnership. The Partnership, through its investment in the Master Fund, seeks to generate attractive risk-adjusted returns primarily by investing in distressed and stressed corporate debt.

Oak Hill Strategic Credit Fund II (Offshore), L.P. was organized for the purpose of investing in distressed, stressed and undervalued loans, bonds, equities and other investments. Its investment period shall run through April 18, 2020. The Partnership's investment period may be extended up to one year under certain circumstances.

OakTree TICP Feeder 2 (Cayman) L.P. was formed as Cayman Islands exempted limited partnership on June 27, 2022. The primary objective of the fund is to realize substantial capital appreciation without subjecting principal to undue risk. They seek to achieve this objective primarily by making investments in corporations, partnerships, limited liability companies and other similar entities companies that focus primarily on the transportation infrastructure industry.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Riverstone Global Energy and Power Fund VI, L.P. is organized as a Delaware limited partnership where the objective is to generate long-term capital appreciation through privately negotiated equity and equity-related investments. The Partnership Agreement provides for a termination date of February 23, 2025, although the General Partner, with the approval of Investment Advisory Committee, may extend Riverstone Energy Fund VI for up to two consecutive one-year terms. Terms not defined herein are defined in the Partnership Agreement.

Schroder Taft-Hartley Income Fund, L.P. is a Delaware limited partnership. The Fund was established on June 8, 2020 and commenced operations on June 22, 2020. The Fund holds investments in affiliate sourced loans through Schroder Taft-Hartley Income REIT, LLC, a Delaware limited liability company (the “REIT Subsidiary”), a subsidiary that may elect to be classified as a real estate investment trust (“REIT”) for U.S. federal income tax purposes. The Fund’s investment objective is to target attractive risk-adjusted returns, produced from either income or appreciation, primarily by purchasing securities within securitized credit markets in the United States with a focus on asset backed and mortgage backed securities and/or by holding, through acquisition or origination, a portfolio of mortgage loan investments, including but not limited to commercial property loans, performing residential mortgages, consumer loans or leases, income producing property loan investments, and mezzanine loan investments, including whole loans and participations therein.

Schroder Taft-Hartley Ventures SCS, L.P. was formed under the laws of the Grand Duchy of Luxembourg on June 8, 2022. The primary focus of the Partnership shall be to invest its assets in Schroder Capital Private Equity Global Innovation X S.C.S. (SCGI Fund X) and Schroder Capital Private Equity Global Innovation XI S.C.S. (SCGI Fund XI), and at the discretion of the AIFM, will invest its remaining assets, if any, alongside SCGI Fund X and SCGI Fund XI in early stage and growth investment opportunities (including through Direct Investments, Co-Investments and investments in Underlying Portfolio Funds that focus on such investments), or opportunistically invest in other segments and strategies.

Siguler Guff Trade Finance Opportunities Fund, L.P. was organized under the laws of Delaware as a limited partnership and invests directly or indirectly in a Trade Finance Transaction or Related Transaction, hedging instruments, and Temporary Investments with a primary focus on investments in trade finance regulatory capital transactions.

Spark Capital Growth Fund IV, L.P. and Spark Capital V, LP invest in venture securities under the laws of the Delaware Revised Uniform Limited Partnership Act. Its purpose is to make venture capital investments, principally by investing in and holding equity and equity-oriented securities of privately held growth equity stage companies in media, entertainment, information technology and technology-related fields.

Spark Capital VII, L.P. invest in venture securities under the laws of the Delaware Revised Uniform Limited Partnership Act. Its purpose is to invest in small, privately held companies across a broad range of business stages and sectors. The primary sector of investment focus is media, entertainment and technology.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Spark Capital VIII, L.P. invest in venture securities under the laws of the Delaware Revised Uniform Limited Partnership Act. Its purpose is to invest in small, privately held companies across a broad range of business stages and sectors. The primary sector of investment focus is media, entertainment and technology.

The purpose of the Thoma Bravo Fund XII, L.P., Thoma Bravo Fund XIV, L.P. and Thoma Bravo Fund XV-A, L.P. is investing in private equity transactions. The Fund intends to use a consolidation or buy and build investment strategy with an emphasis on software and technology enabled services sectors.

The Tiger Infrastructure Partners Fund III, L.P. was organized in the state of Delaware on March 31, 2020 and commenced operations on September 21, 2020. The Partnership shall continue through the close of business on the tenth anniversary of the final closing date, or March 21, 2032. The General Partner may extend, in its discretion, the term of the Partnership for up to two consecutive one-year periods.

Trive Capital Fund IV, L.P. and the Trive Structured Capital Fund I, L.P. were organized for the purpose of making private equity investments in middle market companies.

VWH Offshore Fund III, L.P. invests substantially all of their assets through a master-feeder structure in VWH Master Fund II, L.P., whose objective is to produce superior risk-adjusted total returns by investing in U.S. residential non-performing loans and other mortgage or credit related assets and instruments from U.S. government or affiliated agencies such as Fannie Mae, Freddie Mac, The Department of Housing and Urban Development, as well as banks and other market participants.

PRISA III Fund L.P., offered by Prudential, executes a value added strategy by making investments through direct property ownership, joint ventures, mezzanine debt and other equity linked real estate interests. The Fund's purpose is to invest in commercial real estate through one or more real estate investment trusts. The Fund seeks enhanced returns based on accepting the appropriate market, leasing, and leverage risk at the time of the investment. The Fund plans to invest through joint ventures in properties that require development, re-development or other management expertise to create or enhance value. PRISA III also seeks to purchase properties at below replacement cost prices, take advantage of seller timing pressure, and actively manage properties with value added potential to enhance the risk-adjusted returns over the life of the fund. PRISA III will acquire real estate investments located in various markets in North America (US, Canada and Mexico).

WCP Special Core Plus Fund III, L.P. fund makes direct and indirect investments in real estate. The Fund may also invest in equity securities of real estate related companies, real estate mortgage loans, real estate mezzanine loans, and other debt instruments.

WCP Special Core Plus Fund, L.P. is a closed-end fund that will pursue a broad range of core-plus real estate investment opportunities. The Fund is expected to focus on properties with good current cash flow. The Fund will continue proactively managing and repositioning assets, investing capital to make physical improvements, and aggressively executing leasing and operational plans to increase revenues and minimize expenses.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Alinda Infrastructure Fund II, L.P. is a Delaware limited partnership which commenced operations on July 10, 2008. The primary investment objective of the Partnership is to seek capital appreciation and current income by acquiring, holding, financing, refinancing and disposing of infrastructure investments and related assets.

Carlyle Global Infrastructure Opportunity Fund (the Partnership) is an exempted limited partnership formed on April 6, 2016 (Inception) in accordance with the laws of the Cayman Islands. The Partnership's primary activity is to invest in privately negotiated equity investments or equity-related investments in assets related to the infrastructure sector.

Star America Infrastructure Fund II was organized in the State of Delaware as a limited partnership for the purpose of seeking to generate significant returns for its Partners, principally through long-term capital gain, by making, holding and disposing of privately negotiated debt, equity and equity-related investments.

The investment objective of the Park Square Capital Credit Opportunities Fund II is to focus on European Secured debt, both through primary deals and opportunistically through secondary market purchase.

The investment in the pooled separate accounts - fixed income consists of the Union Labor Life Insurance Separate Account J, which is used as a funding vehicle for group annuity contracts issued to qualified pension plans.

Acadian Global Equity Fund's objective is to seek long-term capital appreciation by investing primarily in common stocks of global issuers. This will include both large and small cap issuers as well as opportunistic exposure to issuers in emerging markets. The Fund's performance benchmark is the Morgan Stanley Capital International All Country World Index.

Arrowstreet Global Equity Fund investment objective is to produce returns in excess of the benchmark of the respective Fund with a generally expected tracking error in the range of 3%-7% over rolling five year periods.

The NEPC Global Equity CIT's investment objective is to achieve long-term appreciation and current income by investing in a diversified portfolio of equity securities of foreign and domestic companies. The Fund's benchmark is the MSCI World Index.

The Metis Real Asset Index Portfolio seeks to provide investment results that correspond to the total return performance of a custom index (the "Underlying Index") of publicly-traded common stocks comprised of 20% Dow Jones U.S. Select REIT Index, 20% of Bloomberg Roll Select Commodity Index, 20% S&P Global Natural Resources Index, 20% gold bullion, and 20% S&P Global Infrastructure Index. There is no assurance that the Portfolio will achieve its investment objectives.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The State Street MSCI ACWI EX USA NL Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the MSCI ACWI ex USA Index (the "Index") over the long term. The Fund attempts to achieve its investment objective by investing in other collective investment fund(s), each an underlying fund, managed by the Trustee, which have characteristics consistent with the Fund's overall investment objective. Refer to the financial statements of each underlying

The Crescent Capital Trust II Levered investment objective is to seek to realize superior risk-adjusted returns by investing in a multi-asset class, diversified portfolio of primarily below-investment grade debt securities on a levered basis.

JPMCB Core Bond Fund seeks to maximize total return by investing primarily in a diversified portfolio of intermediate and long-term debt securities. The Fund attempts to outperform the Bloomberg U.S. Aggregate Index, gross of fees, over a market cycle.

PIMCO All Asset Fund seeks maximum real return, consistent with preservation of real capital and prudential investment management. The Fund invest, under normal circumstances, substantially all of its assets in the least expensive class of shares of any actively managed or smart beta funds (including mutual funds or exchange-traded funds) of the Trust.

The State Street US Tips Index Non-Lending Fund was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust. The Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Bloomberg Barclays U.S. Treasury Inflation Protected Securities (TIPS) Index over the long term.

State Street U.S. Treasury Index NL Common Trust Fund was formed under the State Street Global Advisors Trust Company World Index Common Trust Funds of Trust. The Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Bloomberg Barclays U.S. Treasury Index over the long term. The Fund attempts to achieve its investment objective by investing in other collective investment fund(s), each an underlying fund, managed by the Trustee, which have characteristics consistent with the Fund's overall investment objective.

The NEPC Diversified Credit CIT Fund's investment objective is to achieve an annualized return that exceeds the benchmark over a full market cycle with comparable risk levels. The Fund will primarily invest in fixed income securities. The Fund's benchmark is 50%Bloomberg U.S. Corporate Investment Grade Index; 25% Bloomberg U.S. Corporate High-Yield Index and 25%Morningstar LSTA US Leveraged Loan Index.

The AFL-CIO Building Trust (BIT) invests in real estate investments meeting the Trust's investment criteria and objectives. In selecting real estate investments, one of the Trust's principal objectives is to generate competitive risk-adjusted returns by investing in Real Estate Investments that have the potential to offer the Trust current cash return, long-term capital appreciation, or both. Since the Trust is a commingled real estate investment fund, funds invested in the BIT are not subject to the investment guidelines or policies of the Unitholders.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The ASB Allegiance Real Estate Fund seeks to invest in high-quality, union-constructed, income-producing properties which are diversified by property type, location, and lease exposures. The Fund targets value creation real estate opportunities through ground-up development, re-development, re-positioning, and expansion. Fund Management seeks to maintain a competitive market advantage by utilizing a creative and flexible approach to respond quickly to market opportunities.

The purpose and investment objective of the ERECT Fund is to invest in financing instruments, primarily loans to real estate projects. These real estate construction projects are built utilizing employees organized under collective bargaining agreements with labor organizations affiliated with the Building and Construction Trades Department of the AFL-CIO. Excess cash is invested in short-term, liquid investments until additional loans are identified, approved, and funded. The Fund seeks diversified properties to lend to; including office, retail, operating, and residential rental properties.

The Long View Ultra I Construction Loan Fund was established to invest the pooled contributions of eligible trusts principally in real estate construction loans which are secured by properties constructed with union labor. All loans made by the Fund have an approved exit strategy, including, but not limited to, a permanent take-out commitment or acceptable alternative.

The BNYM AFL-CIO SL Stock Index Fund's investment objective is to track the performance of the S&P 500 Index. While there is no assurance that the Fund will achieve its investment objective, it endeavors to do so by following the principal investment strategies and policies.

Caxton Global Investments Institutional Limited, a British Virgin Islands corporation, offers shares to Benefit Plan Investors as defined under the U.S. Employee Retirement Income Security Act of 1974, as amended. The Company's objective is capital appreciation.

The EnTrust Special Opportunities Fund II (EnTrust) operates as a fund of funds with the investment objective of minimizing risk through diversification and maximizing total return through manager selection. EnTrust seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. EnTrust expects to invest in a broad range of investments, including but not limited to, global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high yield bonds, leverage loans, unsecured debt, collateralized debt obligations, mortgage backed securities, commercial mortgage backed securities, direct lending and sovereign debt, as stated in the offering memorandum.

The Marshall Wace European Tops Fund takes the buy and sell recommendations from sell side analysts and applies quantitative analysis to those recommendations to build an optimized portfolio of European equities. The highly diversified portfolio and sell side alpha signals are not high return strategies. They focus on providing a stable return stream with modest volatility.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Renaissance Institutional Equities Funds invest primarily in US and non-US equity securities publicly traded on US exchanges, based on a quantitative, long-biased investment strategy. The Fund has been designed to achieve over the long term a risk-adjusted return that, on a gross basis, exceeds that of the S&P 500 Index with dividends reinvested. The Fund seeks a higher Sharpe ratio than the Index, a beta to the Index of 0.4 or lower, and the generation of most returns as alpha relative to the Index. The Fund is not a tracking fund and seeks to provide diversification from the Index. The RIEF investment process is automated and employs proprietary statistical models of price prediction, risk, and trading cost to build a portfolio of thousands of long/short positions.

Davidson Kempner International (BVI), Ltd is a multi-strategy fund with an event-driven focus, seeking to exploit situations in which announced or anticipated events create opportunities to invest in securities and other financial instruments at a discount to their exit values. The Fund also invests in a long/short equities portfolio of securities that can be readily valued and trade at a discount or premium to the fair value of the underlying assets.

KLCP Offshore Fund II and KLCP Offshore Fund III invests substantially all of its assets in the Intermediate Fund, KLCP Intermediate Fund LP, a Cayman Islands Exempt Limited Partnership pursuant to the limited partnership agreement dated November 5, 2019. The investment objective is long-term growth of capital. Kennedy Lewis Management LP intends to achieve the investment objective by investing in a focused portfolio of debt and equity securities.

Orchard Landmark LTD investment objective is to achieve an attractive risk-adjusted return by employing a primarily credit and credit linked investment program with a focus on privately negotiated credit-intensive investments in securities and assets of companies that have a strong presence in developed and developing Asian/Pacific countries.

Adams Street Partnership Fund - 2009 Non-U.S. Emerging Markets Fund, L.P., Adams Street Partnership Fund - 2009 U.S. Fund, L.P., and the Adams Street Partnership Fund - 2009 Non-U.S. Developed Markets Fund, L.P. are Delaware limited partnerships. The Partnerships were formed for the purpose of investing in closed-end private equity limited partnerships. Closed-end limited partnership interests are generally illiquid and cannot be redeemed. It is expected that the liquidation of the limited partnership interests will generally coincide with the term of the Partnership. The limited partnerships fall into five categories which are venture capital, buyout, mezzanine/subordinated debt, restructuring/distressed debt and special situation.

The object of the Alcentra European Credit Opportunities Fund III (ECOF) is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income. Alcentra expects to utilize two separate investment strategies in seeking to achieve the ECOF Fund's investment objective, which may include, without limitation, investment in "European Direct Lending" and "European Leverage Loans." As it takes time to deploy capital in the direct lending space, the ECOF Fund will at first invest in more liquid European senior secured loans, which will be sold as opportunities to present themselves in European Direct Lending. The strategies will generally be managed based upon bottom-up, fundamental research. For European Direct Lending investment opportunities will be assigned to a specific risk category in order to seek to achieve diversification of the risk in the portfolio. The ECOF Fund will not seek to utilize borrowing.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Union Labor Life Insurance Infrastructure, a Delaware limited partnership, commenced operations on April 17, 2012. It is designed to permit U.S. tax-exempt investors, including principally multiemployer plans subject to the Taft-Hartley Act, to commingle a portion of their assets for investment. Substantially all of the Partnership's assets are invested in units issued by Ullico Infrastructure Master Fund, L.P, the objective of which is to make, either directly or indirectly through a blocker corporation, investments with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. It seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility.

The Washington Capital Transportation Fund's primary objective is to realize substantial capital appreciation without subjecting principal to undue risk, targeting control or influential minority investments in core infrastructure assets across the transportation sector. The Fund will seek to achieve this objective primarily by making investments in corporations, partnerships, limited liability companies and other similar entities that focus primarily on the transportation infrastructure industry, including hard assets, brownfield investments, operating companies and other permitted investments, such as airports, railroads, toll roads, ports, parking and other transportation assets in the air, land and sea transportation sectors.

The AFL-CIO Housing Investment Trust invests in high credit quality mortgage securities. The investment objective of the trust is to provide current income while preserving capital over time and obtaining returns competitive with industry benchmarks.

The Plan holds an investment in the PAT International Pension Realty, Inc. The PAT International Pension Realty, Inc. has an investment in 1000K, LLC. 1000K, LLC was formed to own, construct and operate a hotel in the District of Columbia. There are no redemption issues with these real estate investments.

The unfunded commitments, redemption and redemption notice period information are as follows at December 31, 2023:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnership - hedge fund of funds:				
Highbridge Institutional Credit Fund	\$ 4,328,580	\$ -	(y)	(y)
Limited partnerships - private equity:				
Adams Street Co-Investment Fund II	5,410,980	407,000	(a)	(a)
Adams Street 2009 Direct Fund	799,194	59,400	(a)	(a)
Advent International GPE X-C L.P.	7,919,167	14,080,000	(x)	(x)
Alcentra European Credit Opportunities Fund	458,165	-	(j)	(j)
Alcentra Multi-Strategy European Credit Fund	836,112	-	(j)	(j)
Alcentra Clareant European Direct Lending Fund II	11,173,655	8,583,399	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Asia Alternative AACP Tax Exempt	\$ 16,910,648	\$ 16,060,617	(x)	(x)
Asia Alternative Delaware VI (ERISA) L.P.	248,390	1,176,964	(x)	(x)
Beachpoint Opportunities Fund III L.P.	34,453,112	-	Daily	10 days
BentallGreenOak US Core Plus Fund L.P.	32,051,404	17,592,593	Quarterly	90 days
Bessemer Venture Partners XI Institutional L.P.	4,771,084	1,910,471	(x)	(x)
Bessemer Venture Partners Century II L.P.	408,308	2,480,000	(x)	(x)
Blue Wolf Capital Fund V L.P.	7,952,313	20,588,755	(x)	(x)
Bond II L.P.	5,904,761	881,250	(u)	(u)
Bond III L.P.	2,124,669	12,562,500	(u)	(u)
BPEA Strategic Healthcare I-B, L.P.	28,687,513	2,080,000	(x)	(x)
BPEA Strategic Healthcare II, L.P.	4,897,156	15,100,000	(x)	(x)
Clareant Strategic Credit Fund	9,801,949	9,654,922	(x)	(x)
Crescent Mezzanine Partners VIB	2,862,352	1,853,522	(c)	(c)
Crescent Mezzanine Partners VIIB	5,684,328	3,209,251	(c)	(c)
CVC Capital Partners VIII, L.P.	12,072,700	4,078,709	(x)	(x)
CVI Credit Value Fund B V, L.P.	23,621,153	9,000,000	(ad)	(ad)
Grosvenor Labor Impact Feeder Fund, L.P.	18,852,861	3,996,228	(x)	(x)
Industry Ventures Secondary IX, L.P.	16,563,722	1,483,662	(x)	(x)
Industry Ventures Partnership Holdings VI, L.P.	11,353,435	9,592,004	(x)	(x)
J.F. Lehman Equity Investors IV, L.P.	4,693,306	43,728	(z)	(z)
Kayne Anderson Energy Fund VI, L.P.	1,394,133	8,503	(d)	(d)
KPS Special Situations Fund IV, L.P.	8,550,980	2,825,712	(o)	(o)
KPS Special Situations Fund V, L.P.	14,031,155	9,806,464	(o)	(o)
Lightyear Fund IV, L.P.	21,092,735	1,188,381	(aa)	(aa)
Mesirow Financial Private Equity Fund VII-A, L.P.	95,118,422	12,750,000	(x)	(x)
MGG SF Evergreen Fund (Cayman) L.P.	40,936,401	4,799,374	(x)	(x)
Mill Point Capital Partners II-1, L.P.	10,371,309	7,185,967	(x)	(x)
Napier Park Credit Strategies BPI LP	36,117,826	-	Quarterly	65 days
Napier Park Multi-Asset Fund I (Cayman) LP	52,619,969	-	(x)	(x)
NEA 18 Venture Growth Equity, L.P.	2,573,040	6,625,000	(x)	(x)
New Enterprise Associates 18, L.P.	2,942,914	6,975,000	(x)	(x)
North Sky Alliance Fund II	2,192,553	-	(x)	(x)
Nut Tree Drawdown Offshore Fund, L.P.	23,569,735	8,400,000	(x)	(x)
Oak Hill Strategic Credit Fund II (Offshore) L.P.	8,860,757	7,000,000	(ab)	(ab)
OakTree TICP Feeder 2 (Cayman) L.P.	48,236,675	3,065,277	(x)	(x)
Riverstone Global Power and Energy Fund VI	7,130,759	3,580,670	(x)	(x)
Schroder Taft-Hartly Income Fund, L.P.	74,685,510	15,000,000	Annual	90 days
Sigular Guff Trade Finance Opportunities Fund, L.P.	1,817,284	2,444,215	(x)	(x)
Spark Capital Growth Fund IV, L.P.	8,607,851	14,280,000	(x)	(x)
Spark Capital VII, L.P.	5,496,579	6,000,000	(x)	(x)
Thoma Bravo XII, L.P.	36,648,630	7,380,854	(x)	(x)
Thoma Bravo XIV, L.P.	14,800,963	2,535,075	(x)	(x)
Thoma Bravo XV-A, L.P.	27,800,915	12,768,201	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Tiger Infrastructure Partners Fund III, L.P.	\$ 18,613,589	\$ 10,154,320	(x)	(x)
Trive Capital Fund IV, L.P.	11,956,504	5,259,975	(x)	(x)
Trive Structured Capital Fund I, L.P.	8,721,001	6,500,187	(x)	(x)
VWH Offshore Fund III, L.P.	38,218,491	7,785,588	(x)	(x)
Whitehorse Liquidity Partners (Offshore) IV, L.P.	18,333,257	7,313,791	(x)	(x)
Whitehorse Liquidity Partners (Offshore) V, L.P.	17,818,915	23,903,239	(x)	(x)
Limited partnerships - real estate:				
Prudential PRISA III Fund, L.P.	13,507,239	-	Quarterly	90 days
Westport (WCP) Special Core Plus Fund	16,941,098	-	(x)	(x)
Limited partnerships - Infrastructure:				
Alinda Infrastructure Fund II	216,487	2,562,841	(b)	(b)
Caryle Global Infrastructure Opportunity Fund	72,742,942	18,413,175	(b)	(b)
Star America Infrastructure Fund II	12,431,323	25,059,741	(b)	(b)
Foreign limited partnerships:				
Park Square Capital Credit Opportunities Fund II	78,876	-	(b)	(b)
Pooled separate accounts - fixed income:				
Union Labor Life Insurance Separate Account J	27,078,326	-	^Monthly	^90 days
Common collective trust - equity:				
NEPC Global Equity CIT	550,402,727	-	Daily	n/a
Metis Real Asset Index Portfolio	71,281,222		Monthly	5 days
State Street MSCI ACWI EX USA NL Fund	379,165,190		Daily	n/a
Common collective trust - fixed income:				
Crescent Capital Trust II Levered	29,495,825	3,243,599	(s)	(s)
PIMCO All Assets Fund	20,252,904	-	Daily	n/a
State Street US Tips Index Non-Lending Fund	135,150,438	-	Daily	1 day
State Street U.S. Treasury Index NL Common Trust Fund	165,359,812	-	Daily	n/a
NEPC Diversified Credit CIT	178,794,128	-	Daily	n/a
Common collective trust - building investment trust:				
AFL-CIO Building Investment Trust	56,213,576	-	Quarterly	one year
Common collective trust - real estate:				
ASB Allegiance Real Estate Fund	20,466,226	-	Quarterly	n/a
ERECT Fund	6,034,220	-	Monthly	(w)
Long View Ultra I Construction Loan Fund	81,856	-	^Monthly	^90 days

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Hedge fund of funds - diversified:				
BNY Mellon AFL-CIO Stock Index Fund	\$ 527,661,206	\$ -	Daily	1 day
EnTrust Special Opportunities Fund II	636,052	-	Quarterly	95 days
Marshall Wace European Tops Fund	29,961,820	-	Monthly	30 days
Caxton Global Investments Instl. Ltd.	19,875,276	-	Quarterly	45 days
Renaissance Institutional Equities Fund LLC	13,464,227	-	Monthly	60 days
Davidson Kempner International	36,349,906	-	Quarterly	60 days
KLCP Offshore Fund	35,447,533	3,893,203	(x)	(x)
KLCP Offshore Fund III	22,957,788	19,751,873	(x)	(x)
Orchard Landmark LTD	68,425,290	-	(x)	(x)
103-12 investment entity- balanced:				
Adams Street Partnership Fund- 2009 Non-US Emerging Markets Fund	2,013,197	244,500	(a)	(a)
Adams Street Partnership Fund- 2009 U.S. Fund	7,745,545	1,230,000	(a)	(a)
Adams Street Partnership Fund- 2009 Non-US Developed Market Fund	3,573,906	994,500	(a)	(a)
Alcentra European Credit Opportunities Fund III	28,642,842	7,802,421	(m)	(m)
Union Labor Life Insurance Infrastructure	17,358,073	-	(v)	(v)
Washington Capital Transportation Fund	46,166,673	6,015,907	(x)	(x)
Housing investment trust:				
AFL-CIO Housing Investment Trust	48,023,910	-	Monthly	15 days
Total	<u>\$ 3,598,097,528</u>	<u>\$ 441,222,528</u>		

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Adams Street Co-Investment Fund II, Adams Street 2009 Direct Fund, Advent International GPE X-C L.P., Alcentra Multi-Strategy European Credit Fund, Alcentra Clareant European Direct Lending Fund II, Ares Global Multi-Asset Credit Fund, Asia Alternatives AACP Tax Exempt, Asia Alternative Delaware VI (ERISA) L.P., Beachpoint Opportunities Fund III, L.P., BentallGreenOak US Core Plus Fund L.P., Bessemer Venture Partners XI L.P., Bessemer Venture Partners XII Institutional L.P., Bessemer Venture Partners Century II L.P., Blue Torch Offshore Credit Opportunities Fund III, L.P., Blue Wolf Capital Fund V L.P., Bond II L.P., Bond III L.P., BPEA Strategic Healthcare I-B, L.P., BPEA Strategic Healthcare II, L.P., Clareant Strategic Credit Fund, Crescent Mezzanine Partners VIB, Crescent Mezzanine Partners VIIB, CVC Capital Partners IX, L.P., CVC Capital Partners VIII, L.P., CVI Credit Value Fund B V, L.P., Dawson Liquidity Partners (Offshore) IV, L.P., Dawson Liquidity Partners (Offshore) V, L.P., Dawson Liquidity Partners (Offshore) VI, L.P., Grosvenor Labor Impact Feeder Fund, Grosvenor Infrastructure Advantage Fund II, L.P., Industry Ventures Secondary IX, L.P., Industry Ventures Partnership Holdings VI, L.P., J.F. Lehman Equity Investors IV, Kayne Anderson Energy Fund VI, L.P., KPS Special Situations Fund IV, L.P., KPS Special Situations Fund V, L.P., KPS Special Situations Fund VI, L.P., Lightyear Fund IV, L.P., Mesirow Financial Private Equity Fund VII-A, LP, MGG SF Evergreen Fund (Cayman) L.P., Mill Point Capital Partners II-1, L.P., Napier Park Multi-Asset Fund I (Cayman) LP, NEA 18 Venture Growth Equity, L.P., New Enterprise Associates 18, L.P., Nexus Special Situations IV, L.P., North Sky Alliance Fund II, Nut Tree Drawdown Offshore Fund, L.P., Oak Hill Strategic Credit Fund II (Offshore) L.P., OakTree TICP Feeder 2 (Cayman) L.P., Riverstone Global Power and Energy Fund VI, Schroder Taft-Hartley Income Fund, L.P., Schroder Taft-Hartley Ventures SCS, L.P., Spark Capital Growth Fund IV, L.P., Spark Capital VII, L.P., Spark Capital VIII, L.P., Thoma Bravo XII, L.P., Thoma Bravo XIV, L.P., Thoma Bravo XV-A, L.P., Tiger Infrastructure Partners Fund III, L.P., Trive Capital Fund IV, L.P., Trive Structured Capital Fund I, L.P., VWH Offshore Fund III, L.P., Prudential PRISA III Fund, L.P., Westport (WCP) Special Core Plus Fund III, Westport (WCP) Special Core Plus Fund, Alinda Infrastructure Fund II, Carlyle Global Infrastructure Opportunity Fund, Star America Infrastructure Fund II, Park Square Capital Credit Opportunities Fund II, Union Labor Life Insurance Separate Account J, Acadian Global Equity Fund, Arrowstreet Global Equity Fund, Metis Real Asset Index Portfolio, State Street MSCI ACWI EX USA NL Fund, Crescent Capital Trust II Levered, JPMCB Core Bond Fund, AFL-CIO Building Investment Trust, ASB Allegiance Real Estate Fund, ERECT Fund, Long View Ultra I Construction Loan Fund, BNY Mellon AFL-CIO Stock Index Fund, Caxton Global Investment Instl. Ltd., EnTrust Special Opportunities Fund II, Renaissance Institutional Equities Fund LLC, KLCP Offshore Fund, KLCP Offshore Fund III, Orchard Landmark Ltd., Adams Street Partnership Fund-2009 Non-US Emerging Markets Fund, Adams Street Partnership Fund-2009 U.S. Fund, Adams Street Partnership Fund-2009 Non-US Developed Market Funds, Alcentra European Credit Opportunities Fund III, Union Labor Life Insurance Infrastructure, Washington Capital Transportation Fund and AFL-CIO Housing Investment Trust are measured at fair value, without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2024 and 2023, respectively.

NOTE 14. DERIVATIVES

One of the Plan's investment managers has purchased derivative financial instruments as allowed under the Plan's investment policy. These types of investments must be consistent with the investment guidelines established by the Board of Trustees. According to management, the use of derivative financial instruments is not believed to materially increase the market risk of the Plan's investments as the investment manager monitors and controls this risk by accounting for the portfolio duration impact of the derivative positions and adhering to the Plan's investment policy. Risks associated with derivatives vary widely, but generally may be categorized as market risk and credit risk. Market risk is defined as that risk associated with fluctuations in market price. Credit risk is defined as that risk associated with an entity not paying.

To monitor the Plan's investment portfolio, reports are reviewed and investments are monitored by the investment consultant on a monthly basis. Specific reports related to accounts with derivative transactions are prepared by the investment manager in which market values, gains and losses, and duration gaps are presented to the investment consultant and investment committee for review.

This investment manager uses futures. A futures contract is a standardized agreement between two parties to buy and sell an asset at a set price on a future date. The Plan invests in financial futures contracts solely for the purpose of hedging its existing portfolio securities, or securities the Plan intends to purchase, against fluctuations in fair value caused by changes in prevailing interest rates. Upon entering into a financial futures contract, the Plan is required to pledge to the broker an amount in cash, U.S. Government securities, or other assets equal to a certain percentage of the contract amounts (initial margin deposit).

Subsequent payments, known as "variation margin," are made or received by the Plan each day, depending on the daily fluctuations in the fair value of the underlying security. The Plan recognizes a gain or loss equal to the daily variation margin. Should market conditions move unexpectedly, the Plan may not achieve the anticipated benefits of the financial futures contracts and may realize a loss. The use of futures transactions involves the risk of imperfect correlation in movements in the price of futures contracts, interest rates, and the underlying hedged assets.

The Plan may sell a security it does not own in anticipation of a decline in the fair value of that security. When the Plan sells a security short, it must borrow the security sold short and deliver it to the broker-dealer through which the short sale was made. A gain, limited to the price which the Plan sold the security short, or a loss, unlimited in size, will be recognized upon termination of the short sale.

Derivatives and Hedging seeks to provide adequate information about how derivative and hedging activities affect an entity's financial position, financial performance, and cash flows.

The Plan records the fair value of derivative financial instruments on the Statements of Net Assets Available for Benefits as an investment if the instrument has a positive fair value. The Plan records the fair value of derivative financial instruments on the Statements of Net Assets Available for Benefits as a liability if the instrument has a negative fair value. The following table shows the amount and classification of the Plan's derivatives as of December 31, 2024 and 2023:

NOTE 14. DERIVATIVES (continued)

	Statements of Net Assets Available for Benefits Location	December 31, 2024 Fair Value	December 31, 2023 Fair Value
Asset derivatives:			
Derivatives designated as hedging instruments:			
Equity futures	Investments	\$ -	\$ 35,318,157
Fixed income futures	Investments	-	14,879,867
Total derivatives designated as hedging instruments		-	50,198,024
Total asset derivatives		\$ -	\$ 50,198,024
Liability derivatives:			
Derivatives designated as hedging instruments:			
Equity futures	Liabilities	\$ -	\$ 35,318,157
Fixed income futures	Liabilities	-	14,879,867
Total derivatives designated as hedging instruments		-	50,198,024
Total liability derivatives		\$ -	\$ 50,198,024

The effect of the Derivative Instruments on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 is as follows:

	December 31, 2024		December 31, 2023	
	Amount recognized in net appreciation (depreciation) in fair value of investments	Amount recognized in interest and dividends	Amount recognized in net appreciation (depreciation) in fair value of investments	Amount recognized in interest and dividends
Equity futures	\$ 3,961,385	\$ -	\$ 19,717,455	\$ -
Fixed income futures	(3,109,793)	-	118,961	-
Currency futures	(270,514)	1,577,324	42,185	1,351,484
Total	\$ 581,078	\$ 1,577,324	\$ 19,878,601	\$ 1,351,484

NOTE 15. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

NOTE 16. AMENDMENTS

The Plan has been amended to modify the suspension of benefits rules effective for 2024 and to clarify both the before and after normal retirement age to the plan.

NOTE 17. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 2, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

SCHEDULES OF EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
INVESTMENT EXPENSES		
INVESTMENT MANAGER FEES		
AFL-CIO	\$ 14,816	\$ 7,109
Acadian	158,203	-
ASB Capital Management	228,313	161,038
Asia Alternatives	63,794	-
Blackrock	29,325	267,269
Carlyle	-	444,732
Chartwell Investment Partners	205,284	141,526
KPS	17,396	-
Lightyear	-	156,078
Orchard Landmark	127	-
Parametric	244,742	135,612
Prudential Insurance	128,760	47,623
Robeco	-	203,986
Schroder Taft-Hartley	180,950	-
State Street	14,862	67,062
Thoma Bravo	60,578	-
ULLICO	29,332	23,951
Washington Capital	104,530	131,016
Wellington Management	-	260,241
Whitehorse	149,826	420,363
Investment custodian fees and expenses	156,848	156,571
Investment consultant fees	1,191,764	1,373,453
Miscellaneous investment expenses	418,059	377,608
	<u>\$ 3,397,509</u>	<u>\$ 4,375,238</u>
ADMINISTRATIVE EXPENSES		
PERSONNEL		
Salaries	\$ 4,070,809	\$ 3,371,026
Employee benefits	2,174,518	1,731,871
Payroll taxes	307,610	259,370
Vehicle expense	-	15,339

	2024	2023
ADMINISTRATIVE EXPENSES (continued)		
SHARED SERVICES		
Accounting	\$ 227,323	\$ 217,484
Human resources	41,016	40,840
Information services accounting	142,052	190,283
OFFICE EXPENSES		
Delivery and freight	8,351	10,799
Leases and maintenance	52,347	13,516
Office supplies and expense	5,815	11,738
Postage	171,885	138,428
Scanning services	11,136	7,101
Stationary and printing	67,116	82,740
Telephone	49,602	33,443
OCCUPANCY		
Rent	551,714	482,941
COMMUNICATION		
Administrative travel	96,481	95,300
Pension Newsletter	16,930	8,244
Promotion	6,812	-
THIRD PARTY ADMINISTRATION FEES	566,723	238,487
COMPUTER EXPENSES		
Vitech Systems Group, Inc. (non-recurring)	22,466	7,504
Linea Solutions	-	13,844
Data processing	137,756	156,332
Maintenance, licensing and support - Vitech (recurring)	1,138,812	643,654
OTHER		
Bank fees	132,447	105,038
Depreciation and amortization	2,992	5,359
Insurance	383,483	372,562
Meetings	2,363	-
Miscellaneous	334	375
NCCMP Membership dues	26,380	26,333
Pension Benefit Guaranty premium	3,240,349	3,028,305
Penalties and Interest	-	410,614
Taxes - personal property	2,521	3,942
Federal Tax - UBIT	1,528,745	4,861,474
Training and education	14,718	55,044
Miscellaneous pension expenses	2,750	8,883
Administrative Reimbursements	(271,494)	(275,835)
Trustee meetings - net of IUPAT reimbursements	177,442	126,967
Total administrative expenses	<u>\$ 15,110,304</u>	<u>\$ 16,499,345</u>

	<u>2024</u>	<u>2023</u>
PROFESSIONAL FEES		
Actuarial and consulting fees	\$ 332,150	\$ 358,414
Audit and accounting fees	166,832	166,684
Legal fees and expenses - X PAN	72,540	56,551
Litigation fees - outside counsel	16,696	14,024
Legal Fees - Bredhoff	185,797	179,249
Collections - national	326,084	94,538
Collections - local	607,590	1,075,209
Collections - special projects	-	7,500
Collections - Wilson McShane Corp.	53,703	532,765
Legal fees - withdrawal liab.	1,206,048	1,858,056
Employer payroll review fees	<u>1,310,118</u>	<u>720,052</u>
Total professional fees	<u><u>\$ 4,277,558</u></u>	<u><u>\$ 5,063,042</u></u>

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6073909

Plan No: 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Corporate obligations:					
	Ares Cap Corp	Bond	1,280,000	3.250 %	07/15/25	\$ 1,267,540	\$ 1,267,601
	Chase Home Lending Mtg TR	Bond	580,000	6.000	06/25/54	570,415	576,484
	CMO JP Morgan Mtg	Bond	1,306	VAR	10/25/36	1,191	918
	Energy Transfer Oper LP Corp	Bond	885,000	VAR	12/31/49	871,584	888,109
	Flagstar Mtg Tr	Bond	611,891	2.500	02/01/51	629,292	482,964
	Ford Mtr Cr Co LLC	Bond	1,315,000	4.542	08/01/26	1,285,215	1,299,697
	Fortress Transn &	Bond	1,090,000	5.500	05/01/28	1,062,396	1,066,032
	Frontier Issuer	Bond	1,620,000	6.600	08/20/53	1,621,943	1,648,735
	General Motors Fin Co	Bond	1,475,000	5.650	01/17/29	1,518,324	1,496,962
	Getty Images Inc	Bond	1,070,000	9.750	03/01/27	1,067,646	1,066,202
	GS Mtg Backed Secs Fltg Rt	Bond	912,291	2.500	08/25/51	925,975	724,630
	GS Mtg Backed Secs Fltg Rt	Bond	345,851	2.500	11/25/51	302,295	302,210
	GS Mtg Backed Secs Fltg Rt	Bond	708,389	2.500	07/25/52	696,877	616,150
	GS Mtg Backed Secs Fltg Rt	Bond	552,833	2.500	08/25/52	502,233	512,937
	GS Mtg Backed Secs Fltg Rt	Bond	434,590	3.000	10/25/52	366,686	362,763
	GS Mtg Backed Secs Fltg Rt	Bond	1,121,284	5.000	10/27/53	1,076,083	1,076,346
	GS Mtg Backed Secs Fltg Rt	Bond	567,930	6.500	01/25/54	566,656	574,037
	GS Mtg Backed Secs Fltg Rt	Bond	970,000	6.000	02/25/54	914,757	965,980
	Herbalife Intl Sr Nt	Bond	1,750,000	4.875	06/01/29	1,255,625	1,225,000
	Hewlett Packard Step Cpn	Bond	2,864,000	6.350	10/15/45	3,093,507	2,982,842
	HP Enterprise Co	Bond	2,625,000	5.600	10/15/54	2,568,730	2,475,597
	JBS USA Hold/Food/Lux Co	Bond	1,400,000	6.750	03/15/34	1,517,605	1,481,906
	JBS USA/Food/Finance	Bond	2,015,000	5.125	02/01/28	2,003,963	2,002,403
	JP Morgan Mtg Fltg	Bond	523,822	3.000	09/25/52	491,902	433,314
	JP Morgan Mtg Fltg	Bond	658,146	6.000	12/26/53	650,472	660,442
	JP Morgan Mtg Fltg	Bond	670,000	6.000	02/25/54	649,221	666,626
	JP Morgan Mtg Tr	Bond	791,456	2.500	08/25/51	798,257	627,662
	JP Morgan Mtg Tr	Bond	690,143	2.500	10/25/51	697,584	548,179
	JP Morgan Mtg Tr	Bond	3,240,202	3.000	04/25/53	2,777,967	2,704,810
	JP Morgan Mtg Tr	Bond	785,000	6.000	05/25/54	763,140	776,359
	JP Morgan Mtg Tr	Bond	2,829,828	5.500	01/25/55	2,824,522	2,778,096
	JP Morgan Mtg Tr	Bond	2,407,058	5.500	04/25/55	2,359,669	2,360,046
	Kennedy Wilson Inc	Bond	1,260,000	4.750	03/01/29	1,057,056	1,139,585
	Mello Mtg Cap Fltg	Bond	321,538	2.500	07/01/51	322,693	253,789
	Morgan Stanley	Bond	3,470,000	5.656	04/18/30	3,594,484	3,531,964
	Morgan Stanley	Bond	515,774	5.500	12/25/53	507,876	505,056
	Morgan Stanley Fltg	Bond	620,000	6.000	11/25/53	603,436	620,039
	Morgan Stanley Resdntl Mtg Ln Tr	Bond	1,829,521	6.000	07/25/54	1,829,521	1,825,376
	NRZ Fht Excess LLC	Bond	45,525	3.104	07/25/26	45,524	43,908
	OBX 2021--J1 Tr Fltg	Bond	692,813	2.500	05/25/51	698,118	549,018
	Oracle Corp	Bond	3,330,000	3.950	03/25/51	2,729,819	2,468,570
	Oracle Corp Fixed	Bond	1,445,000	6.900	11/09/52	1,595,381	1,621,599
	Pra Group Inc	Bond	680,000	5.000	10/01/29	633,165	622,019
	Provident Fdg	Bond	1,150,000	9.750	09/15/29	1,150,000	1,177,357
	Pvtpl AAdvantage Loyalty Ip Ltd	Bond	665,000	5.500	04/20/26	655,437	663,543
	Pvtpl AAdvantage Loyalty Ip Ltd	Bond	890,000	5.750	04/20/29	876,545	882,602
	Pvtpl Adamds Home Inc	Bond	1,065,000	9.250	10/15/28	1,101,434	1,104,634

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate	Date		
		Corporate obligations (continued):					
	Pvtpl Affinity Gaming	Bond	990,000	6.875 %	12/15/28	\$ 914,314	\$ 743,095
	Pvtpl Ameritex Holdco Inter LLC	Bond	1,030,000	10.250	10/15/28	1,067,875	1,097,952
	Pvtpl Arko Corp Sr	Bond	1,000,000	5.125	11/15/29	877,480	909,793
	Pvtpl BlueLinx Hldgs Inc	Bond	625,000	6.000	11/15/29	563,309	610,186
	Pvtpl Bread Finl Hldgs Inc	Bond	540,000	9.750	03/15/29	554,120	580,360
	Pvtpl CMO Gs Mtg Backed Secs	Bond	751,253	VAR	06/25/51	782,595	602,353
	Pvtpl CMO Gs Mtg Backed Secs	Bond	775,049	VAR	06/25/51	801,085	619,494
	Pvtpl CMO Gs Mtg Backed Secs	Bond	717,663	VAR	07/25/51	742,445	568,710
	Pvtpl CMO Gs Mtg Backed Secs	Bond	1,193,642	VAR	09/25/51	1,207,443	954,074
	Pvtpl CMO Gs Mtg Backed Secs	Bond	3,501,262	VAR	01/25/53	3,002,329	2,909,605
	Pvtpl CMO Gs Mtg Backed Secs	Bond	2,307,070	VAR	11/25/54	2,283,278	2,262,010
	Pvtpl CMO J P Morgan Mtg Tr	Bond	3,687,768	VAR	12/25/52	3,200,291	3,073,813
	Pvtpl CMO J P Morgan Mtg Tr	Bond	831,767	VAR	01/25/53	804,344	748,005
	Pvtpl CMO OBX 2023	Bond	720,000	VAR	11/25/53	690,178	717,440
	Pvtpl CMO RMF Buyout Insurance	Bond	229,633	VAR	10/25/50	229,633	218,166
	Pvtpl CPI CG Inc	Bond	1,070,000	10.000	07/15/29	1,101,168	1,143,196
	Pvtpl FMC GMSR Issuer Trust	Bond	725,000	VAR	01/25/26	724,720	695,063
	Pvtpl Genting New York LLC	Bond	1,125,000	7.250	10/01/29	1,126,094	1,158,979
	Pvtpl Harsco Corp	Bond	1,090,000	5.750	07/31/27	1,065,207	1,036,969
	Pvtpl Jw Alum Continuous Cast Co	Bond	335,000	10.250	06/01/26	335,000	334,163
	Pvtpl Kehe Distrs LLC	Bond	1,195,000	9.000	02/15/29	1,225,151	1,238,272
	Pvtpl Manitowoc Co Inc	Bond	1,100,000	9.250	10/01/31	1,108,250	1,127,596
	Pvtpl Neon Hldgs Inc Snr Nts	Bond	435,000	10.125	04/01/26	459,893	428,706
	Pvtpl Newrez LLC	Bond	199,368	3.474	11/25/26	199,364	190,485
	Pvtpl Nrz Excess Spread	Bond	150,552	3.844	12/25/25	150,551	148,057
	Pvtpl Organon & Co	Bond	1,235,000	7.875	05/15/34	1,262,207	1,262,614
	Pvtpl Starwood Pty Tr Inc	Bond	990,000	3.625	07/15/26	943,304	955,454
	Pvtpl Std Hldg Co LLC	Bond	950,000	8.750	02/15/29	975,425	1,004,362
	Pvtpl Univision Communications Inc	Bond	1,600,000	8.500	07/31/31	1,579,550	1,568,799
	Pvtpl Velocity Veh Group LLC	Bond	1,000,000	8.000	06/01/29	1,016,400	1,039,900
	Radian Mtg Cap Tr	Bond	1,572,575	6.000	11/25/54	1,566,432	1,569,011
	Radian Mtg Cap Tr	Bond	3,991,962	5.500	03/25/55	3,942,686	3,906,213
	Railworks Hldgs LP	Bond	1,032,000	8.250	11/15/28	1,036,035	1,032,625
	Rate Mtg Tr Fltg Rt	Bond	805,255	2.500	01/25/52	779,714	642,591
	Rate Mtg Tr Fltg Rt	Bond	2,938,966	5.500	07/25/54	2,905,902	2,885,238
	Rckt Mtg Tr 2021-1 Fltg	Bond	459,772	2.500	03/25/51	467,961	362,896
	Rckt Mtg Tr 2021-1 Fltg	Bond	418,354	2.500	01/25/52	409,922	333,344
	Rckt Mtg Tr 2021-4 Fltg	Bond	928,811	2.500	09/25/51	933,890	736,591
	Rckt Mtg Tr 2022-2 Mtg	Bond	719,880	2.500	02/25/52	701,658	626,448
	Safehold Oper Partnership LP	Bond	1,955,000	2.850	01/15/32	1,747,739	1,642,917
	Sequoia Mtg Tr Fltg Rt	Bond	644,609	6.000	09/25/53	637,961	643,148
	Small Business Admin	Bond	111,059	VAR	03/01/33	109,115	101,648
	Small Business Admin	Bond	190,146	2.570	11/01/36	189,636	165,989
	Va Elec & Pwr Co	Bond	935,000	3.500	03/15/27	934,769	911,360
	Warnermedia Hldgs Inc	Bond	4,355,000	5.141	03/15/52	3,342,295	3,251,173
	Total corporate obligations					105,798,479	102,419,961
	U.S. Government and						
	Government Agency obligations:						
	Fannie Mae Pool #CB7331	Bond	522,615	5.500	10/01/53	510,530	516,726
	Fannie Mae Pool FN CB5266	Bond	2,444,123	4.500	11/01/52	2,370,036	2,301,685
	Fed Natl Mtg Assn Gtd Mtg Pool #Aj0764	Bond	34,084	4.500	09/01/41	36,203	33,033
	Federal Farm Credit Bank	Bond	1,680,000	3.800	04/05/32	1,632,893	1,561,440
	Federal Farm Credit Bank	Bond	915,000	3.300	03/23/32	915,000	831,599
	Federal Home Ln Bks	Bond	815,000	VAR	02/26/31	815,000	701,488
	Federal Home Ln Bks	Bond	1,425,000	1.250	07/07/31	1,425,000	1,246,530
	Federal Home Ln Mtg Corp Pool #C91347	Bond	42,388	3.500	07/22/05	44,309	41,195
	Federal Home Ln Mtg Corp Pool #C91370	Bond	12,399	4.500	05/01/31	13,124	12,309
	Federal Home Ln Mtg Corp Pool #C91707	Bond	79,445	3.000	06/01/33	81,382	74,853
	Federal Home Ln Mtg Corp Pool #C91826	Bond	44,999	3.000	05/01/35	46,173	41,664

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date			
		Type					
		U.S. Government and Government Agency obligations (continued):					
	Federal Home Ln Mtg Corp Pool #C91945	Bond	193,761	3.000 %	08/01/37	\$ 197,970	\$ 177,059
	Federal Home Ln Mtg Corp Pool #G05297	Bond	93,631	4.500	02/01/39	94,187	90,525
	Federal Home Ln Mtg Corp Pool #G06893	Bond	105,667	4.000	01/01/42	110,174	99,708
	Federal Home Ln Mtg Corp Pool #G07579	Bond	30,780	4.000	08/01/43	32,218	28,916
	Federal Home Ln Mtg Corp Pool #G60989	Bond	25,180	3.000	12/01/46	25,330	21,847
	Federal Home Ln Mtg Corp Pool #J13314	Bond	18,786	3.500	10/01/25	19,691	18,675
	Federal Home Ln Mtg Corp Pool #Q24143	Bond	85,570	4.000	01/01/44	89,461	80,175
	Federal Home Ln Mtg Corp Pool #Q50554	Bond	60,972	3.500	09/01/47	60,771	54,776
	Federal Home Ln Mtg Corp Pool #RA9258	Bond	1,563,446	5.000	06/01/53	1,535,108	1,512,181
	Federal Home Ln Mtg Corp Pool #SD2184	Bond	822,302	6.000	01/01/53	817,870	826,712
	Federal Home Ln Mtg Corp Pool #SD3857	Bond	800,693	6.000	09/01/53	793,437	805,069
	Federal National Mortgage Assoc	Bond	4,086,634	3.500	05/01/52	3,681,802	3,616,867
	Federal National Mortgage Assoc	Bond	6,324,618	4.500	12/01/52	6,076,799	5,959,812
	Federal Natl Mtg Assn Gtd Mtg Pool #AH7007	Bond	21,050	4.000	03/01/41	21,971	19,854
	Federal Natl Mtg Assn Gtd Mtg Pool #AJ6973	Bond	27,452	3.000	11/01/26	28,293	27,047
	Federal Natl Mtg Assn Gtd Mtg Pool #AL1697	Bond	22,649	4.000	10/01/41	23,639	21,362
	Federal Natl Mtg Assn Gtd Mtg Pool #AH3659	Bond	110,996	4.000	02/01/31	117,656	108,874
	Fhlmc C9-1926	Bond	31,334	4.000	04/01/37	33,292	30,195
	Fhlmc Gold Pool -18662	Bond	13,753	2.500	10/01/32	13,835	12,895
	Fhlmc Pool #SD3518	Bond	1,589,337	5.500	07/01/53	1,579,155	1,571,428
	Fhlmc Super 30Y Fixed	Bond	2,485,211	5.000	05/01/54	2,461,135	2,403,687
	Fnma	Bond	393,218	2.500	08/01/40	414,722	337,582
	Fnma Pool #190379	Bond	11,384	5.500	05/01/37	11,362	11,462
	Fnma Pool #256339	Bond	235	5.500	07/01/36	227	233
	Fnma Pool #256808	Bond	181	5.500	07/01/37	174	179
	Fnma Pool #256900	Bond	364	5.500	09/01/37	355	360
	Fnma Pool #880871	Bond	2,116	5.500	04/01/36	2,052	2,110
	Fnma Pool #888637	Bond	11,561	6.000	09/01/37	11,664	11,992
	Fnma Pool #899303	Bond	359	5.500	03/01/37	349	352
	Fnma Pool #910333	Bond	11,714	5.500	03/01/37	11,686	11,789
	Fnma Pool #922386	Bond	3,061	5.500	01/01/37	2,965	3,008
	Fnma Pool #959983	Bond	3,491	6.000	11/01/37	3,523	3,608
	Fnma Pool #AD3812	Bond	207,328	5.000	04/01/40	216,852	206,529
	Fnma Pool #BK5492	Bond	46,184	4.000	05/01/48	47,036	42,813
	Fnma Pool #BM3635	Bond	225,405	3.500	07/01/47	224,348	205,314
	Fnma Pool #BM4427	Bond	405,184	3.500	04/01/48	398,600	363,515
	Fnma Pool #BM6059	Bond	196,155	3.000	09/01/29	198,914	192,792
	Fnma Pool #BO3192	Bond	347,199	3.000	10/01/49	355,852	299,378
	Fnma Pool #BO8653	Bond	388,922	3.000	02/01/50	398,949	334,751
	Fnma Pool #BP6450	Bond	285,692	2.500	07/01/40	300,959	246,629
	Fnma Pool #BP6565	Bond	929,798	2.500	08/01/40	974,544	799,187
	Fnma Pool #CB6096	Bond	296,100	6.000	04/01/53	294,319	298,263
	Fnma Pool #FM8793	Bond	364,755	2.500	10/01/51	379,232	300,412
	Fnma Pool #FS5175	Bond	508,620	5.000	05/01/53	499,242	491,563
	Fnma Pool #MA0457	Bond	76,003	4.000	07/01/30	80,755	74,628
	Fnma Pool #MA0680	Bond	97,565	3.500	03/01/31	102,382	94,615
	Fnma Pool #MA4840	Bond	982,138	4.500	12/01/52	950,833	925,030
	Fnma Pool #MA5283	Bond	1,122,815	4.000	02/01/54	1,079,657	1,026,887
	FNMA Preassign 00733	Bond	65,758	4.360	09/26/33	65,226	63,872
	Fnma Preassign 00837	Bond	17,683	7.500	10/25/40	18,151	17,800
	Fnma Preassign 00886	Bond	12,020	7.500	02/25/41	12,409	12,634
	Fnma Remic Tr 2001-T4 CL	Bond	33,202	7.500	07/25/41	34,260	33,585
	Fnma Ser 2001-T5 CL	Bond	47,039	8.000	06/19/41	49,427	48,603
	Freddie Mac Pool Fr QX0525	Bond	5,250,853	5.000	12/01/54	5,126,146	5,074,646
	Freddie Mac SD5165	Bond	3,555,664	4.500	08/01/52	3,455,528	3,349,933
	Small Business Admin Gtd	Bond	129,332	2.090	11/01/32	126,846	117,904
	Small Business Admin Gtd	Bond	66,611	2.130	01/01/33	64,930	60,939
	TSY Inflation Index	Bond	8,110,000	VAR	02/15/48	8,080,179	7,643,218
	United States of Amer Bond Indexed	Bond	6,395,000	0.875	02/15/47	6,573,970	6,049,746

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>U.S. Government and</u>					
		<u>Government Agency obligations (continued):</u>					
	United States Of Amer Treas Bonds	Bond	2,375,000	3.000 %	08/15/52	\$ 1,870,802	\$ 1,706,938
	United States Of Amer Treas Bonds	Bond	8,960,000	2.875	05/15/52	6,805,436	6,276,900
	United States of Amer Treas Noted DTD	Note	2,845,000	4.125	11/15/32	2,842,214	2,774,875
	United States Of Amer Treas Notes	Note	2,815,000	2.875	05/15/32	2,605,008	2,528,112
	United States of Amer Treas Notes	Note	6,825,000	2.750	05/31/29	6,413,080	6,380,309
	United States Of Amer Treas Notes	Note	5,895,000	0.125	01/15/31	6,324,528	6,344,449
	United States Of Amer Treas Notes	Note	7,740,000	1.125	01/15/33	7,623,109	7,545,008
	United States Treas Bds	Bond	2,190,000	1.875	02/15/51	1,522,443	1,220,070
	United States Treas Bds Bd	Bond	3,355,000	3.750	08/15/41	3,636,748	2,954,497
	United States Treas Nts	Note	11,965,000	1.125	02/15/31	10,423,843	9,872,995
	United States Treas Nts	Note	3,675,000	2.750	08/15/32	3,368,605	3,259,122
	United States Treas Nts	Note	11,025,000	2.375	03/31/29	10,195,818	10,173,577
	United States Treas Nts	Note	10,545,000	1.375	11/15/31	9,049,946	8,616,418
	United States Treas Nts DTD	Note	1,490,000	1.250	04/15/28	1,506,818	1,527,631
	United States Treas Nts DTD	Note	8,115,000	2.875	04/30/29	7,693,478	7,637,293
	United States Treasury Infl Indx	Note	1,140,000	0.125	01/15/30	1,279,244	1,270,277
	Total U.S. Government and Government Agency obligations					139,433,189	133,696,518
	<u>Foreign corporate obligations:</u>						
	Pvtpl GGAM Fin Ltd	Bond	725,000	8.000	02/15/27	720,893	747,806
	Pvtpl IAMGOLD Corp	Bond	710,000	5.750	09/09/28	730,707	688,175
	Pvtpl Kronos Acquisition Hldgs Inc	Bond	1,280,000	8.250	06/30/31	1,280,206	1,219,259
	Pvtpl MacQuarie Airfinance Hldgs Ltd	Bond	550,000	8.375	05/01/28	556,500	576,348
	Pvtpl Mercer Intl Inc	Bond	1,000,000	12.875	10/01/28	1,065,300	1,076,454
	Saturn Oil & Gas Inc Sr Secd Nt	Bond	1,644,000	9.625	06/15/29	1,658,553	1,598,239
	Total foreign corporate obligations					6,012,159	5,906,281
	<u>Foreign limited partnership:</u>						
	Park Square Capital Credit Opp Fund II	1				1	9,795
	<u>Limited partnerships - private equity:</u>						
	Adams Street Co-Investment Fund II, L.P.	1,942,754				1,942,754	4,661,864
	Adams Street 2009 Direct Fund, L.P.	1				1	676,583
	Advent International GPE X-C Limited	11,440,000				11,440,000	13,280,637
	Alcentra European Credit Credit Fund	2				2	854,635
	Alcentra Clareant European Direct Lending Fund II	11,391,275				11,391,275	8,778,586
	Ares Global Multi-Asset Credit	40,000,000				40,000,000	40,681,450
	Asia Alternative AACP Tax Exempt	21,595,048				21,595,048	22,149,879
	Asia Alternatives Delaware VI	958,408				958,408	1,362,172
	Beachpoint Opportunities Fund III L.P.	2				2	20,198,538
	Bentall Green Oak US Core Plus Fund	50,000,000				50,000,000	50,311,131
	Bessemer Venture Partners XI Institutional L.P.	5,800,187				5,800,187	6,126,271
	Bessemer Venture Partners XII Institutional L.P.	2,746,199				2,746,199	2,543,400
	Bessemer Venture Partners Century II L.P.	700,000				700,000	683,664
	Blue Torch Offshore Credit Opportunities III L.P.	18,311,673				18,311,673	19,895,358
	Blue Wolf Capital Fund V L.P.	23,592,325				23,592,325	25,026,916
	Bond II L.P.	6,993,750				6,993,750	6,090,558
	Bond III L.P.	6,465,000				6,465,000	5,919,235
	BPEA Strategic Healthcare I-B, L.P.	21,705,670				21,705,670	28,928,133
	BPEA Strategic Healthcare II, L.P.	7,187,428				7,187,428	8,476,398
	Clareant Strategic Credit Fund	11,003,108				11,003,108	10,405,648
	Crescent Mezzanine Partners VIB L.P.	4,109,924				4,109,924	1,287,074
	Crescent Mezzanine Partners VIIIB L.P.	4,976,052				4,976,052	4,735,877
	CVC Capital Partners VIII, L.P.	14,114,340				14,114,340	15,305,992
	CVC Capital Partners IX, L.P.	2,171,689				2,293,612	2,141,535
	CVI Credit Value Fund B V, L.P.	19,666,413				19,666,413	24,313,715

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Shares/ Type	Interest Rate	Maturity Date		
		Principal				
		<u>Limited partnerships - private equity (continued):</u>				
	Dawson Partners (Offshore) IV, L.P.	13,543,624			\$ 13,543,624	\$ 17,966,915
	Dawson Partners (Offshore) V, L.P.	15,789,907			15,789,907	19,440,337
	Dawson Partners (Offshore) VI, L.P.	21,416,954			21,416,954	23,692,584
	Grosvenor Infrastructure Advantage Fund II, L.P.	7,505,107			7,505,107	7,171,935
	Grosvenor Labor Impact Feeder Fund, L.P.	16,723,059			16,723,059	19,214,987
	Industry Ventures Secondary IX, L.P.	13,044,462			13,044,462	16,552,833
	Industry Ventures Partnership Holdings VI, L.P.	13,017,989			13,017,989	14,029,706
	J.F. Lehman Equity Investors IV, L.P.	2,792,249			2,792,249	1,424,139
	Kayne Anderson Energy Fund VI, L.P.	12,608,638			12,608,638	1,292,645
	KPS Special Situations Fund, IV, L.P.	15,229,450			15,229,450	7,831,917
	KPS Special Situations Fund, V, L.P.	12,119,526			12,119,526	15,107,500
	KPS Special Situations Fund, VI, L.P.	1,254,283			1,254,283	1,224,519
	Lightyear Fund IV, L.P.	14,388,924			14,388,924	17,454,871
	Mesirow	53,259,246			53,259,246	93,276,716
	MGG SF Evergreen Fund (Cayman) L.P.	35,271,189			35,271,189	42,109,961
	Mill Point Capital Partners II-A, L.P.	11,138,472			11,138,472	13,909,138
	Napier Park Multi-Asset Fund I (Cayman) L.P.	45,592,415			45,592,415	54,011,613
	NEA 18 Venture Growth Equity, L.P.	7,030,417			7,030,417	6,539,953
	New Enterprise Associates 18, L.P.	4,217,250			4,217,250	6,877,122
	Nexus Special Situations IV, L.P.	2,056,139			2,056,139	2,759,535
	North Sky Alliance Fund II	1,169,971			1,169,971	2,138,983
	Nut Tree Drawdown Offshore Fund, L.P.	1			1	12,279,884
	Oak Hill Strategic Credit Fund II (Offshore) L.P.	1,534,200			1,534,200	7,109,565
	OakTree TICP Feeder 2 (Cayman) L.P.	50,600,156			50,600,156	55,420,824
	Riverstone Global Power and Energy Fund VI	10,847,611			10,847,611	5,769,130
	Schroder Taft-Hartley Income Fund, L.P.	65,284,243			65,284,243	74,665,832
	Schroder Taft-Hartley Capital Ventures	5,175,000			5,175,000	4,539,676
	Spark Capital Growth Fund IV, L.P.	19,800,000			19,800,000	24,556,012
	Spark Capital Growth Fund V, L.P.	3,000,000			3,000,000	2,884,468
	Spark Capital VII, L.P.	8,940,000			8,940,000	11,812,918
	Spark Capital VIII, L.P.	1,250,000			1,250,000	1,128,886
	Thoma Bravo XII	25,586,760			25,586,760	34,733,940
	Thoma Bravo XIV	13,548,970			13,548,970	16,634,864
	Thoma Bravo Fund XV-A	29,047,559			29,047,559	38,786,371
	Tiger Infrastructure Partners Fund III, L.P.	19,780,515			19,780,515	24,500,406
	Trive Capital Fund IV, L.P.	12,049,465			12,049,465	16,305,889
	Trive Structured Capital Fund I, L.P.	11,860,717			11,860,717	15,979,119
	VWH Offshore Fund III L.P.	14,231,334			14,231,334	22,481,780
	Total limited partnerships - private equity				898,698,973	1,078,452,722
		<u>Limited partnerships - real estate:</u>				
	Prudential PRISA III Fund, L.P.	4,500			6,178,122	13,080,732
	Westport (WCP) Special Core Plus Fund III	15,125,928			15,125,928	17,520,754
	Westport (WCP) Special Core Plus Fund	7,132,531			7,132,531	2,203,406
	Total limited partnerships - real estate				28,436,581	32,804,892
		<u>Limited partnerships - infrastructure:</u>				
	Alinda Infrastructure Fund II, L.P.	16,473,061			16,473,061	27,291
	Carlyle Global Infrastructure Opportunity Fund	61,867,727			61,867,727	82,851,318
	Star America Infrastructure Fund II, L.P.	18,967,039			18,967,039	13,272,536
	Total limited partnerships - infrastructure				97,307,827	96,151,145
		<u>Guaranteed investment contracts:</u>				
	GAC Cigna GR-1123	1,809,016			1,809,016	1,809,016
	GAC Prudential GA-9400	18,552,730			18,552,730	18,552,730
	Total guaranteed investment contracts				20,361,746	20,361,746
		<u>Pooled separate account - fixed income:</u>				
	Ullico Separate Account J	3,424,124			34,894,556	64,056,286

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares/ Type Principal Interest Rate Maturity Date		
		<u>Common collective trusts - equity:</u>		
	Arrowstreet Global Equity Fund	1,619,296	\$ 200,000,000	\$ 221,272,362
	Metis Real Asset Index Portfolio	70,000,000	70,000,000	77,585,417
	State Street MSCI ACWI EC USA NL Fund	8,441,105	216,814,735	241,187,703
	Total common collective trusts - equity		<u>486,814,735</u>	<u>540,045,482</u>
		<u>Common collective trusts - fixed income:</u>		
	Crescent Capital Trust II Levered	26,751,947	26,751,954	27,280,187
	JPMCB Core Bond Fund	30,324,107	649,997,807	643,174,314
	Total common collective trusts - fixed income		<u>676,749,761</u>	<u>670,454,501</u>
		<u>Common collective trust - building investment trust:</u>		
	AFL-CIO Building Investment Trust	10,318	30,697,352	56,427,336
		<u>Common collective trusts - real estate:</u>		
	Amalgamated Bank Long View Ultra I Construction Loan Fund	288	541,340	159,534
	ASB Allegiance Real Estate Fund Investment Trust For Employee Benefit	11,978	7,039,048	16,861,177
	ERECT Fund	1,467	5,000,000	6,320,252
	Total common collective trusts - real estate		<u>12,580,388</u>	<u>23,340,963</u>
		<u>Hedge fund of funds - diversified:</u>		
	BNY Mellon AFL-CIO Stock Index Fund	45,699,106	671,467,895	816,643,016
	Caxton Global Investments Instl. Ltd.	74,527	10,349,887	21,579,689
	Entrust Spl Opportunities II Ltd Fd	6	6,269	8,552
	KLCP Offshore Fund	24,035,409	24,035,409	36,935,949
	KLCP Offshore Fund III	28,483,392	28,483,392	35,957,039
	Orchard Landmark Ltd	69,954	69,953,320	61,967,620
	Total hedge fund of funds - diversified		<u>804,296,172</u>	<u>973,091,865</u>
		<u>103-12 investment entity-balanced:</u>		
	Acadian Global Equity Fund	26,952	99,847,629	107,607,381
	Adams Street Partnership Fund - 2009 Non-U.S. Emerging Markets Fund	902,230	902,230	1,526,949
	Adams Street Partnership Fund - 2009 US Fund	3,523,293	3,523,293	6,313,472
	Adams Street Partnership Fund - 2009 Non-U.S Developed Markets Fund	1,291,375	1,291,375	2,986,725
	Alcentra European Credit Opportunities Fund III	22,521,205	22,521,205	23,586,545
	Ullico Infrastructure Fund	62,344	14,423,695	18,557,420
	Washington Capital Transportation Fund	38,031,742	38,031,742	52,649,169
	Total 103-12 investment entity-balanced		<u>180,541,169</u>	<u>213,227,661</u>
		<u>Housing investment trust:</u>		
	AFL-CIO Housing Investment Trust	51,168	56,711,677	49,156,369
		<u>Real estate equity investment:</u>		
	PAT International Pension Realty, Inc.		100,341,456	160,547,022
		<u>Short-term investments:</u>		
*	NTGI Coltv Short Term Inv't Fd	110,874,184	110,874,184	110,874,184
	Total investments		<u>\$ 3,790,550,405</u>	<u>\$ 4,331,024,729</u>

* A party-in-interest as defined by ERISA.

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date		
Securities loaned to third parties							
Included in the above listing of assets held for investment purposes are the following, which the custodian has indicated are held by third parties under a securities lending agreement:							
<u>Corporate obligations:</u>							
	GENERAL MOTORS FIN	Bond	99,000	5.650 %	01/17/29	\$	103,100
	GETTY IMAGES INC	Bond	1,070,000	9.750	03/01/27		1,101,846
	HEWLETT PACKARD	Bond	636,000	6.350	10/15/45		671,253
	HERBALIFE INTL SR NT	Bond	1,750,000	4.875	06/01/29		1,232,583
	KENNEDY WILSON INC	Bond	1,260,000	4.750	03/01/29		1,160,034
	PROVIDENT FDG	Bond	38,000	9.750	09/15/29		40,005
	PVTPL AMERITEX HOLDCO INTER LLC	Bond	574,000	10.250	10/15/28		624,779
	PVTPL ARKO CORP SR NT	Bond	333,000	5.125	11/15/29		305,236
	PVTPL BREAD FINL HLDGS INC	Bond	25,000	9.750	06/15/28		27,607
	PVTPL GENTING NEW YORK LLC	Bond	700,000	7.250	10/01/29		735,239
	PVTPL HARSCO CORP	Bond	290,000	5.750	07/31/27		283,070
	PVTPL KEHE DISTRS LLC/KEHE FIN CORP	Bond	200,000	9.000	02/15/29		214,242
	PVTPL MANITOWOC CO INC	Bond	1,086,000	9.250	10/01/31		1,142,544
	PVTPL ORGANON & CO	Bond	1,235,000	7.875	05/15/34		1,275,582
	PVTPL STARWOOD PPTY TR INC	Bond	120,000	3.625	07/15/26		117,879
	SATURN OIL & GAS INC SE SECD NT	Bond	1,646,000	9.625	06/15/29		1,608,106
	VA ELEC & PWR CO	Bond	378,000	3.500	03/15/27		372,449
	Total corporate obligations						<u>11,015,554</u>
<u>U.S. Government and</u>							
<u>Government Agency obligations:</u>							
	TSY INFL IX N/B TII	Bond	5,000,000	1.125	04/15/27		4,736,699
	UNITED STATES OF AMER BDS INDX LNKD	Bond	3,642,691	2.486	01/15/26		3,461,971
	UNITED STATES OF AMER TREAS BONDS	Bond	2,704,051	2.875	05/15/43		1,904,510
	UNITED STATES OF AMER TREAS NOTES	Note	7,740,000	1.125	02/15/31		7,588,118
	UNITED STATES OF AMER TREAS NOTES	Note	5,795,000	2.750	08/15/32		5,431,788
	UNITED STATES OF AMER TREAS NOTES	Note	2,510,000	2.875	08/15/28		2,263,659
	UNITED STATES OF AMER TREAS NOTES DTD	Note	2,513,000	1.125	02/15/31		2,464,653
	UNITED STATES TREAS BDS	Bond	2,190,000	1.875	02/15/51		1,235,776
	UNITED STATES TREAS BDS	Bond	1,525,000	3.750	11/15/43		1,364,828
	UNITED STATES TREAS NTS	Note	4,205,000	1.375	11/15/31		3,443,527
	UNITED STATES TREAS NTS	Note	9,420,000	2.375	02/15/42		8,749,985
	UNITED STATES TREAS NTS	Note	4,076	2.750	08/15/32		3,658
	UNITED STATES TREAS NTS DTD	Note	635,780	4.000	04/28/23		653,642
	UNITED STS TREAS NTS	Note	11,965,000	1.125	02/15/31		9,924,482
	Total U.S. Government and Government Agency obligations						<u>53,227,296</u>
	Total securities on loan					\$	<u>64,242,850</u>

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 52-6073909
Plan No: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction
*	NTGI Collective Short Term Inv Fund	\$ 2,974,198,350 N/A	N/A \$ 2,977,718,475	\$ 2,974,198,350 2,977,718,475	\$ 2,974,198,350 2,977,718,475	N/A \$ -
	BNYM Mellon AFL-CIO SL Stock Index	420,000,000 N/A	N/A 280,043,499	420,000,000 248,532,105	420,000,000 280,043,499	N/A 31,511,394
	JPMCB Core Bond Fund	650,000,000 N/A	N/A 2,205	650,000,000 2,193	650,000,000 2,205	N/A 12
	State Street MSCI ACWI EC USA NL Fund	359,985,491 N/A	N/A 520,019,125	359,985,491 503,170,756	359,985,491 520,019,125	N/A 16,848,369

* A party-in-interest as defined by ERISA.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Fifth anniversary of a Participant's Plan participation
- **Amount:** Sum of (A) and (B) below:
 - A) For non-GO Staff and LUDC participants: Sum of (1), (2) and (3) below:
 - 1) Accrued monthly pension benefit as of December 31, 2002
 - 2) 2% times Employer Contributions made between January 1, 2003, and December 31, 2005
 - 3) The applicable percent of Employer Contributions as shown in the following table. For 2018 – 2021, if the investment return for the second preceding Plan Year is negative, the accrual for the Plan Year is zero.

Section 3: Certificate of Actuarial Valuation

Year	Percent of Contributions Based on 2006 Base Rate (contribution rate in effect as of January 1, 2006)	Percent of Contributions above 2006 Base rate up to 2009 Rate (contribution rate in effect as of March 2009)	Percent of Contributions Above 2009 Rate up to 135% of 2009 Rate	Percent of Contributions Made in Excess of 135% of 2009 Rate
2006 – 2007	1%	2%	N/A	N/A
2008	2%	2%	N/A	N/A
2009	1%	2%	N/A	N/A
2010 – 2011	0.5%	1%	2%	2%
2012	0.5%	1%	0%	0%
2013 – 2021	0.5%	1%	0%	2%

For GO Staff participants: Sum of (1) and (2) below:

- 1) 1% of benefit-bearing salaried contributions
- 2) 1% of benefit-bearing hourly contributions

For LUDC participants: Sum of (1) and (2) below:

- 1) 0.5% of benefit-bearing salaried contributions
- 2) 2% of benefit-bearing hourly contributions

B) Variable Benefit Accrual Rate (VBAR) formula effective January 1, 2022. Benefit-bearing contributions multiplied by the applicable percent shown in the following table. To earn an accrual during the year, a participant must work at least 450 Hours.

Section 3: Certificate of Actuarial Valuation

Default, Alternate 1 & LUDC 1 Salary Accrual

3-Yr Ave. Investment Return on MVA	Plan Years with Hours of Service up to 9,000	Plan Years with Hours of Service in Excess of 9,000
15.0% or higher	1.00%	1.30%
10.0% up to 14.9%	0.80%	1.05%
5.0% up to 9.9%	0.65%	0.85%
0.0% up to 4.9%	0.50%	0.65%
Less than 0.0%	0.35%	0.45%

Alternate 2, GO Staff, LUDC 2, & LUDC 1 Hourly Accrual

3-Yr Ave. Investment Return on MVA	Plan Years with Hours of Service up to 9,000	Plan Years with Hours of Service in Excess of 9,000
15.0% or higher	1.15%	1.50%
10.0% up to 14.9%	0.95%	1.25%
5.0% up to 9.9%	0.75%	1.00%
0.0% up to 4.9%	0.60%	0.75%
Less than 0.0%	0.40%	0.50%

For Alternate 2, increased VBAR does not apply until contribution rate is increased by 8% over the 2022 Base Rate. For LUDC 2, increased VBAR does not apply on salary accruals until the hourly contribution rate is increased by \$0.78 per hour. The accrual rate varies each year based on the average investment returns on the market value of assets for the three-year period ending with the second preceding plan year.

- **Delayed Retirement Amount:** Normal Retirement pension accrued at Normal Retirement Age (NRA), increased by greater of 1.5% for each month past NRA and actuarially equivalent late retirement adjustment using the 1994 Group Annuity Mortality Male Table and a 7% interest rate. Benefits will be adjusted for each complete calendar month between Normal Retirement Age and the Annuity Starting Date, provided that no suspension due to continued work occurs before the Participant's Required Beginning Date.

Section 3: Certificate of Actuarial Valuation

Special early retirement

- **Age/Service Requirements:**

Cumulative Hours Requirements for Each Age

Age	Default & Alternate 1	Alternate 2, GO Staff, LUDC 1 & LUDC 2
55	N/A	60,000
58	60,000	N/A
60	N/A	54,000
62	45,000	45,000

Participants on the Default and Alternate 1 Schedules who earn the necessary hours for an unreduced early retirement under Alternate 2 Schedule provisions by December 31, 2024, will be eligible for an unreduced early retirement at the applicable age.

- **Amount:** Unreduced Normal Retirement pension accrued benefit

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 18,000 Benefit Hours
- **Amount:**

For Default Schedule: Normal Retirement pension accrued reduced by 3% for each year of age less than NRA if completed 45,000 Benefit Hours by December 31, 2024, otherwise, reduced by 6% each year of age less than NRA

For all other Schedules: Normal Retirement pension accrued reduced by 3% for each year of age less than NRA if completed 45,000 Benefit Hours, otherwise, reduced by 6% each year of age less than NRA

Section 3: Certificate of Actuarial Valuation

Disability

- **Age Requirement:** Under age 65
- **Service Requirement:** 18,000 Benefit Hours
- **Other Requirement:** Entitlement to Social Security Disability Benefits.
- **Amount:** 110% of Accrued Benefit, reduced by 3% per year that the benefit begins before age 65, but not greater than Accrued Benefit

Vesting

- **Normal Retirement Age:** 65
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Normal Retirement accrued

Pro rata pension

- **Age Requirement:** Same as for Normal, Special Early or Early Retirement Pension
- **Service Requirement:** At least one year of pension credit for benefit accrual purposes under each of the Signatory Plans
- **Amount:** Calculated in the same manner as Regular, Early, Disability or Vested Pension.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the 50% Joint and Survivor option

Section 3: Certificate of Actuarial Valuation

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** 9,000 Benefit Hours
- **Amount:** A lump-sum payment equal to 50% of the total amount of contributions paid to the Fund on the participant's behalf. While the Plan is in critical status, the amount is payable as a monthly annuity over the lifetime of the designated Beneficiary, rather than a lump sum. This benefit is not provided if the Spouse's Benefit is payable.

Post-retirement death benefit

Married Participant Pension: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

Life Annuity with 60 or 120 months guaranteed; 50%, 75% or 100% joint and survivor option; Married Participant Pension with pop-up. While the Plan is in critical status, Social Security level income, combined level income and joint and survivor, and partial lump sum payment options are not available.

Active Participant

A Participant in the Plan who has not retired as of a particular relevant date and earned 450 Benefit Hours in the three-year period immediately preceding the relevant date.

Benefit Hours

Effective January 1, 2003, hours worked in Covered Employment or other hours on behalf of which contributions are required to be made to the fund. Prior to January 1, 2003, Benefit Hours were set equal to Pension Credits times 150.

Vesting credit

One year of vesting service for each calendar year in which the employee works 1,000 hours.

Section 3: Certificate of Actuarial Valuation

Contribution rate

Non-GO Staff and non-LUDC participants: As of January 1, 2024, the average hourly contribution rates were as follows:

- 2022 Base Rate: \$5.81
- Total contribution rate: \$6.96

GO Staff participants:

Item	Benefit-Bearing	Non-Benefit-Bearing	Total
Percent of gross wages			
2022 to 2024	13.75%	5.22%	18.97%
Beginning in 2025	18.97%	—	18.97%
Per hour	\$3.30	—	\$3.30

LUDC participants:

Item	Benefit-Bearing	Non-Benefit-Bearing	Total
Percent of gross wages			
2022 to 2024	11.5%	2.0%	13.5%
Beginning in 2025	13.5%	—	13.5%
Per hour			
LUDC Schedule 1	\$2.72	—	\$2.72
LUDC Schedule 2	\$3.50	—	\$3.50

Changes in plan provisions

In this year's valuation, the benefit accrual rate for 2024 was adjusted based on the three-year average market value investment return for 2020-2022 and the terms of the VBAR formula.

Default, Alternate 1 & LUDC 1 Salary Accrual

Year	First 9,000 Hours	After 9,000 Hours
2023	0.80%	1.05%
2024	0.50%	0.65%

Alternate 2, LUDC 2 & LUDC 1 Hourly Accrual

Year	First 9,000 Hours	After 9,000 Hours
2023	0.95%	1.25%
2024	0.60%	0.75%

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

	Total	Cumulative Hours									
		Under 1,800	1,800 - 8,999	9,000 - 17,999	18,000 - 26,999	27,000 - 35,999	36,000 - 44,999	45,000 - 53,999	54,000 - 62,999	63,000 - 71,999	72,000 & over
Under 25	2,098	828	1,193	77	-	-	-	-	-	-	-
	\$98	\$47	\$121	\$281	-	-	-	-	-	-	-
25 - 29	3,119	637	1,673	771	38	-	-	-	-	-	-
	\$225	\$84	\$176	\$426	\$693	-	-	-	-	-	-
30 - 34	4,167	613	1,763	1,360	387	43	1	-	-	-	-
	\$333	\$93	\$196	\$480	\$747	\$1,033	\$1,308	-	-	-	-
35 - 39	4,568	568	1,604	1,293	567	503	33	-	-	-	-
	\$488	\$140	\$246	\$547	\$794	\$1,092	\$1,410	-	-	-	-
40 - 44	4,973	494	1,354	1,268	637	805	391	24	-	-	-
	\$694	\$201	\$292	\$641	\$856	\$1,143	\$1,613	\$1,981	-	-	-
45 - 49	4,541	408	1,157	999	505	644	513	301	14	-	-
	\$883	\$308	\$377	\$676	\$938	\$1,223	\$1,655	\$2,104	\$2,149	-	-
50 - 54	4,355	323	832	827	450	562	633	482	214	32	-
	\$1,107	\$387	\$413	\$720	\$1,004	\$1,167	\$1,684	\$2,023	\$2,458	\$2,608	-
55 - 59	4,411	225	697	743	453	570	600	539	327	240	17
	\$1,269	\$397	\$453	\$698	\$955	\$1,193	\$1,642	\$1,964	\$2,450	\$2,744	\$3,245
60 - 64	2,994	98	404	556	339	387	391	344	187	202	86
	\$1,339	\$467	\$515	\$753	\$1,043	\$1,117	\$1,560	\$1,925	\$2,236	\$2,862	\$3,298
65 - 69	598	21	97	121	79	71	65	46	34	21	43
	\$1,130	\$197	\$322	\$552	\$915	\$1,094	\$1,567	\$1,686	\$1,842	\$2,746	\$2,875
70 & over	52	7	19	7	3	4	3	2	2	2	3
	\$582	\$56	\$195	\$172	\$408	\$1,074	\$613	\$2,050	\$3,328	\$1,899	\$1,014
Unknown	1,124	413	539	97	44	26	4	-	-	1	-
	\$154	\$38	\$107	\$457	\$776	\$539	\$1,689	-	-	\$29	-
Totals	37,000	4,635	11,332	8,119	3,502	3,615	2,634	1,738	778	498	149
	\$738	\$159	\$262	\$596	\$894	\$1,152	\$1,632	\$1,990	\$2,371	\$2,774	\$3,124

Note: Excludes 7,888 non-vested participants with less than 450 hours in the prior Plan Year.



March 29, 2024

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of January 1, 2024 for the following plan:

Name of Plan:	International Painters and Allied Trades Industry Pension Plan
Plan number:	EIN 52-6073909 / 001
Plan sponsor:	Board of Trustees, International Painters, and Allied Trades Industry Pension Plan
Address:	7234 Parkway Drive, Hanover, MD 21076
Phone number:	410.564.5500

As of January 1, 2024, the Plan is in critical status but not critical and declining status.

This certification makes no determination as to whether the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, because the rehabilitation period does not begin until January 1, 2025.

If you have any questions on the attached certification, you may contact me at the following:

Segal
1800 M Street NW, Suite 900 S
Washington, DC 20036-5880
Phone number: 202.833.6400



March 29, 2024
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Sincerely,

A handwritten signature in black ink, reading "Maria Kirilenko". The signature is fluid and cursive, with the first name "Maria" being more prominent than the last name "Kirilenko".

Maria Kirilenko ASA, FCA, MAAA
Vice President and Actuary
Enrolled Actuary No. 23-08331

Actuarial Status Certification as of January 1, 2024 under IRC Section 432

March 29, 2024

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the International Painters and Allied Trades Industry Pension Plan as of January 1, 2024 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2023 actuarial valuation, dated January 26, 2024. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA) and the American Rescue Plan Act of 2021 (ARPA). Additional assumptions required for the projections (including those under MPRA and ARPA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



Maria Kirilenko, ASA, FCA, MAAA	
EA#	23-08331
Title	Vice President and Actuary
Email	mkirilenko@segalco.com

Certificate Contents

Exhibit 1	Status Determination as of January 1, 2024
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2023
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2024

Status	Condition	Component Result	Final Result
Critical Status:			
	1. Initial critical status tests:		
	C1. A funding deficiency is projected in four years?	Yes	Yes
	C2. a. A funding deficiency is projected in five years,	Yes	
	b. and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
	C3. a. A funding deficiency is projected in five years,	Yes	
	b. and the funded percentage is less than 65%?	No	No
	C4. a. The funded percentage is less than 65%,	No	
	b. and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	2. In Critical Status? (If C1-C5 is Yes, then Yes)		Yes
	3. Determination of critical and declining status:	No	No
	C6. a. Any of (C1) through (C5) are Yes?	Yes	Yes
	b. and either Insolvency is projected within 15 years?	No	No
	c. or		
	1) The ratio of inactives to actives is at least 2 to 1,	No	
	2) and insolvency is projected within 20 years?	No	No
	d. or		

1) The funded percentage is less than 80%,	Yes	
2) and insolvency is projected within 20 years	No	No
4. In Critical and Declining Status?		No
Endangered Status:		
E1. a. Is not in critical status,	No	
b. and the funded percentage is less than 80%?	Yes	No
E2. a. Is not in critical status,	No	
b. and a funding deficiency is projected in seven years?	Yes	No
In Endangered Status? (Yes when either (E1) or (E2) is Yes)		No
Neither Critical Status Nor Endangered Status:		
Neither Critical nor Endangered Status?		No

This certification makes no determination as to whether the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, because the rehabilitation period does not begin until January 1, 2025.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2024 (based on projections from the January 1, 2023 valuation certificate):

1. Financial Information			
a.	Market value of assets		\$4,040,364,209
b.	Actuarial value of assets		4,292,017,529
c.	Reasonably anticipated contributions		
1)	Upcoming year		382,860,000
2)	Present value for the next five years		1,707,454,671
3)	Present value for the next seven years		2,282,005,984
d.	Projected benefit payments		455,392,898
e.	Projected administrative expenses (beginning of year)		16,917,750
2. Liabilities			
a.	Present value of vested benefits for active participants		1,312,658,769
b.	Present value of vested benefits for non-active participants		4,683,958,788
c.	Total unit credit accrued liability		6,250,564,312
d.	Present value of payments	Benefit Payments	Administrative Expenses
1)	Next five years	\$1,991,894,630	\$78,496,397
2)	Next seven years	2,652,778,850	105,940,266
e.	Unit credit normal cost plus expenses		118,520,626
f.	Ratio of inactive participants to active participants		1.4116
3.	Funded Percentage (1.b)/(2.c)		68.6%
4. Funding Standard Account			
a.	Credit Balance as of the end of prior year		\$171,822,924
b.	Years to projected funding deficiency		4
5.	Projected Year of Emergence, according to terms of Rehabilitation Plan		2035
6.	Years to Projected Insolvency		N/A

Exhibit 3: Funding Standard Account Projections

The table below presents the Funding Standard Account Projections for the Plan Years beginning January 1.

	Year Beginning January 1,					
	2023	2024	2025	2026	2027	2028
1. Credit balance (BOY)	\$253,339,231	\$171,822,924	\$133,014,824	\$93,788,712	\$52,551,506	(\$9,545,335)
2. Interest on (1)	17,733,746	12,027,605	9,311,038	6,565,210	3,678,605	(668,173)
3. Normal cost	157,071,777	101,602,876	106,811,607	107,415,683	142,190,567	144,028,790
4. Administrative expenses	16,425,000	16,917,750	17,425,283	17,948,041	18,486,482	19,041,076
5. Net amortization charges	297,446,481	298,282,299	306,275,283	311,464,515	299,951,149	305,676,464
6. Interest on (3), (4) and (5)	32,966,028	29,176,205	30,135,852	30,577,977	32,243,974	32,812,243
7. Expected contributions	392,080,000	382,860,000	399,300,000	406,560,000	413,820,000	421,080,000
8. Interest on (7)	12,579,233	12,283,425	12,810,875	13,043,800	13,276,725	13,509,650
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	\$171,822,924	\$133,014,824	\$93,788,712	\$52,551,506	(\$9,545,335)	(\$77,182,432)

	2029	2030	2031	2032	2033
1. Credit balance (BOY)	(\$77,182,432)	(\$128,858,754)	(\$144,541,692)	(\$124,381,118)	(\$77,242,951)
2. Interest on (1)	(5,402,770)	(9,020,113)	(10,117,918)	(8,706,678)	(5,407,007)
3. Normal cost	146,173,985	148,545,605	148,437,704	148,468,675	148,655,106
4. Administrative expenses	19,612,308	20,200,677	20,806,697	21,430,898	22,073,825
5. Net amortization charges	290,621,302	257,644,676	222,621,961	198,073,002	187,227,131
6. Interest on (3), (4) and (5)	31,948,532	29,847,367	27,430,645	25,758,080	25,056,924
7. Expected contributions	428,340,000	435,600,000	435,600,000	435,600,000	435,600,000
8. Interest on (7)	13,742,575	13,975,500	13,975,500	13,975,500	13,975,500
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	(\$128,858,754)	(\$144,541,692)	(\$124,381,118)	(\$77,242,951)	(\$16,087,444)

Note: Numbers may not add due to rounding.

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2023

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Loss	1/1/2024	\$59,551,779	15	\$6,110,715
Experience Loss	1/1/2025	96,332,574	15	9,884,859
Experience Loss	1/1/2026	93,872,489	15	9,632,425
Experience Loss	1/1/2027	117,407,310	15	12,047,375
Experience Gain	1/1/2028	(21,245,814)	15	(2,180,071)

Exhibit 5: Solvency Projections

The table below presents the projected Market Value of Assets for the Plan Years beginning January 1, 2023 through 2043.

	Year Beginning January 1,						
	2023	2024	2025	2026	2027	2028	2029
1. Market Value at beginning of year	\$3,756,843,391	\$4,041,948,866	\$4,230,383,515	\$4,441,022,265	\$4,667,292,151	\$4,908,700,197	\$5,166,773,046
2. Contributions	392,080,000	382,860,000	399,300,000	406,560,000	413,820,000	421,080,000	428,340,000
3. Benefit payments	448,805,025	455,392,898	462,579,086	468,425,727	475,785,373	482,678,455	490,351,895
4. Administrative expenses	16,425,000	16,917,750	17,425,283	17,948,041	18,486,482	19,041,076	19,612,308
5. Interest earnings	358,255,500	277,885,297	291,343,119	306,083,654	321,859,901	338,712,380	356,700,642
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$4,041,948,866	\$4,230,383,515	\$4,441,022,265	\$4,667,292,151	\$4,908,700,197	\$5,166,773,046	\$5,441,849,485
7. Available resources: (1)+(2)-(4)+(5)	\$4,490,753,891	\$4,685,776,413	\$4,903,601,351	\$5,135,717,878	\$5,384,485,570	\$5,649,451,501	\$5,932,201,380

	Year Beginning January 1,						
	2030	2031	2032	2033	2034	2035	2036
1. Market Value at beginning of year	\$5,441,849,485	\$5,735,345,099	\$6,040,701,012	\$6,359,621,758	\$6,692,497,024	\$7,040,377,551	\$7,404,328,022
2. Contributions	435,600,000	435,600,000	435,600,000	435,600,000	435,600,000	435,600,000	435,600,000
3. Benefit payments	497,790,567	505,532,954	512,414,225	519,815,590	527,125,847	534,401,832	541,648,852
4. Administrative expenses	20,200,677	20,806,697	21,430,898	22,073,825	22,736,040	23,418,121	24,120,665
5. Interest earnings	375,886,858	396,095,564	417,165,869	439,164,681	462,142,414	486,170,424	511,322,996
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$5,735,345,099	\$6,040,701,012	\$6,359,621,758	\$6,692,497,024	\$7,040,377,551	\$7,404,328,022	\$7,785,481,501
7. Available resources: (1)+(2)-(4)+(5)	\$6,233,135,666	\$6,546,233,966	\$6,872,035,983	\$7,212,312,614	\$7,567,503,398	\$7,938,729,854	\$8,327,130,353

Note: Numbers may not add due to rounding.

	Year Beginning January 1,						
	2037	2038	2039	2040	2041	2042	2043
1. Market Value at beginning of year	\$7,785,481,501	\$8,186,537,195	\$8,608,969,131	\$9,054,404,757	\$9,524,415,759	\$10,020,972,004	\$10,546,293,396
2. Contributions	435,600,000	435,600,000	435,600,000	435,600,000	435,600,000	435,600,000	435,600,000
3. Benefit payments	547,433,763	553,118,376	558,653,617	564,202,279	569,486,012	574,396,036	578,949,991
4. Administrative expenses	24,844,285	25,589,614	26,357,302	27,148,021	27,962,462	28,801,336	29,665,376
5. Interest earnings	537,733,742	565,539,926	594,846,545	625,761,302	658,404,719	692,918,764	729,458,108
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$8,186,537,195	\$8,608,969,131	\$9,054,404,757	\$9,524,415,759	\$10,020,972,004	\$10,546,293,396	\$11,102,736,137
7. Available resources: (1)+(2)-(4)+(5)	\$8,733,970,958	\$9,162,087,507	\$9,613,058,374	\$10,088,618,038	\$10,590,458,016	\$11,120,689,432	\$11,681,686,128

Note: Numbers may not add due to rounding.

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2023 actuarial valuation, dated January 26, 2024, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Contribution Rates:	The average hourly contribution rates are assumed to be \$6.51 for 2023, \$7.09 for 2024, and \$7.26 for 2025 and thereafter. The average hourly contribution rates on and after January 1, 2023 were based on formal commitments by the collective bargaining parties as provided by the plan sponsor.
Asset Information:	The market value of assets as of January 1, 2023 was estimated based on a net investment return for the 2023 plan year equal to 9.7%, provided by the Plan's investment consultant, NEPC, LLC. The income and expense items for 2023 were projected based on the January 1, 2023 actuarial valuation. 2023 contributions were projected based on an estimated 54.1 million hours worked during 2023. For projections after January 1, 2023, the assumed administrative expenses were increased by 3.0% per year, and the benefit payments were projected based on an open group forecast where new entrants are assumed to have the same characteristics as new entrants in the last four years. The projected net investment return was assumed to be 7.0% of the average market value of assets for the 2024–2043 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on information provided by the Board of Trustees, total contribution hours are assumed to be 54 million hours in 2024, increase by 1 million hours per year in each of the next six plan years, and remain at 60 million hours in 2030 and each year thereafter.
Future Normal Costs:	We have assumed that the normal cost based on an open group forecast with the number of active participants assumed to remain level and the new entrants to have the same demographic mix as new hires from the last four years. The Normal Cost was then adjusted for the increase in negotiated contribution rates and assumed future contribution hours per the industry activity assumption.

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Technical issues

Segal does not practice law and, therefore, cannot and does not provide legal advice.

Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Payments	Lump Sum Amounts	Total Amounts
12/22/2023	\$1,554.00	\$0.00	\$1,554.00
01/02/2024	\$0.00	\$37,984.00	\$37,984.00
01/04/2024	\$12,231.82	\$0.00	\$12,231.82
01/05/2024	\$18,380.65	\$0.00	\$18,380.65
01/09/2024	\$44,116.00	\$0.00	\$44,116.00
01/12/2024	\$24,068.00	\$225,000.00	\$249,068.00
01/23/2024	\$80,192.48	\$0.00	\$80,192.48
01/26/2024	\$24,316.00	\$0.00	\$24,316.00
01/29/2024	\$1,001.81	\$0.00	\$1,001.81
02/02/2024	\$7,877.00	\$0.00	\$7,877.00
02/06/2024	\$42,767.55	\$0.00	\$42,767.55
02/08/2024	\$518,708.00	\$0.00	\$518,708.00
02/13/2024	\$671,590.65	\$0.00	\$671,590.65
02/20/2024	\$17,011.00	\$0.00	\$17,011.00
02/23/2024	\$59,066.00	\$0.00	\$59,066.00
02/26/2024	\$12,158.00	\$0.00	\$12,158.00
02/29/2024	\$6,245.00	\$0.00	\$6,245.00
03/01/2024	\$12,158.00	\$0.00	\$12,158.00
03/05/2024	\$6,480.00	\$0.00	\$6,480.00
03/07/2024	\$2,555.81	\$0.00	\$2,555.81
03/08/2024	\$86,437.74	\$0.00	\$86,437.74
03/19/2024	\$4,108.00	\$0.00	\$4,108.00
03/20/2024	\$67,314.65	\$0.00	\$67,314.65
03/22/2024	\$17,011.00	\$0.00	\$17,011.00
03/27/2024	\$1,554.00	\$0.00	\$1,554.00
04/01/2024	\$6,245.00	\$0.00	\$6,245.00
04/04/2024	\$1,001.81	\$0.00	\$1,001.81
04/08/2024	\$4,692.00	\$10,000.00	\$14,692.00
04/10/2024	\$8,133.00	\$0.00	\$8,133.00
04/12/2024	\$70,380.00	\$0.00	\$70,380.00
04/15/2024	\$1,788.00	\$0.00	\$1,788.00
04/16/2024	\$28,830.74	\$0.00	\$28,830.74
04/25/2024	\$12,158.00	\$0.00	\$12,158.00
04/29/2024	\$59,066.00	\$0.00	\$59,066.00

Schedule MB, line 3(d) – Withdrawal Liability Amounts

05/01/2024	\$6,245.00	\$0.00	\$6,245.00
05/09/2024	\$52,902.27	\$0.00	\$52,902.27
05/10/2024	\$1,001.81	\$0.00	\$1,001.81
05/13/2024	\$18,643.00	\$0.00	\$18,643.00
05/17/2024	\$129,164.65	\$5,000.00	\$134,164.65
05/21/2024	\$59,066.00	\$6,611.12	\$65,677.12
05/23/2024	\$10,898.00	\$0.00	\$10,898.00
05/28/2024	\$6,273.00	\$0.00	\$6,273.00
05/29/2024	\$1,788.00	\$0.00	\$1,788.00
06/04/2024	\$66,542.00	\$0.00	\$66,542.00
06/05/2024	\$4,448.81	\$0.00	\$4,448.81
06/11/2024	\$28,430.65	\$0.00	\$28,430.65
06/17/2024	\$37,469.00	\$0.00	\$37,469.00
06/18/2024	\$17,011.00	\$0.00	\$17,011.00
06/21/2024	\$6,246.00	\$0.00	\$6,246.00
06/27/2024	\$89,032.00	\$0.00	\$89,032.00
07/01/2024	\$15,900.00	\$0.00	\$15,900.00
07/02/2024	\$12,676.00	\$0.00	\$12,676.00
07/03/2024	\$4,753.00	\$0.00	\$4,753.00
07/08/2024	\$20,801.81	\$0.00	\$20,801.81
07/12/2024	\$30,229.00	\$0.00	\$30,229.00
07/16/2024	\$8,248.65	\$0.00	\$8,248.65
07/17/2024	\$1,500.00	\$0.00	\$1,500.00
07/22/2024	\$59,066.00	\$0.00	\$59,066.00
07/23/2024	\$2,082.00	\$0.00	\$2,082.00
07/25/2024	\$15,415.00	\$0.00	\$15,415.00
07/29/2024	\$37,469.00	\$0.00	\$37,469.00
07/30/2024	\$20,653.00	\$0.00	\$20,653.00
08/02/2024	\$4,692.00	\$0.00	\$4,692.00
08/07/2024	\$1,001.81	\$0.00	\$1,001.81
08/13/2024	\$20,458.00	\$0.00	\$20,458.00
08/14/2024	\$37,469.00	\$0.00	\$37,469.00
08/15/2024	\$8,248.65	\$450,000.00	\$458,248.65
08/19/2024	\$5,449.00	\$0.00	\$5,449.00
08/23/2024	\$71,224.00	\$0.00	\$71,224.00

Schedule MB, line 3(d) – Withdrawal Liability Amounts

08/28/2024	\$17,400.00	\$0.00	\$17,400.00
08/29/2024	\$13,048.00	\$0.00	\$13,048.00
09/03/2024	\$5,042.00	\$0.00	\$5,042.00
09/05/2024	\$22,704.81	\$0.00	\$22,704.81
09/06/2024	\$3,447.00	\$0.00	\$3,447.00
09/10/2024	\$28,543.38	\$0.00	\$28,543.38
09/13/2024	\$56,990.65	\$0.00	\$56,990.65
09/17/2024	\$11,500.00	\$0.00	\$11,500.00
09/20/2024	\$6,449.00	\$0.00	\$6,449.00
09/24/2024	\$74,945.00	\$195,000.00	\$269,945.00
09/26/2024	\$1,632.00	\$0.00	\$1,632.00
09/27/2024	\$8,033.00	\$0.00	\$8,033.00
09/30/2024	\$1,788.00	\$0.00	\$1,788.00
10/01/2024	\$5,900.00	\$0.00	\$5,900.00
10/03/2024	\$12,158.00	\$0.00	\$12,158.00
10/04/2024	\$4,692.00	\$0.00	\$4,692.00
10/07/2024	\$3,966.81	\$0.00	\$3,966.81
10/08/2024	\$3,447.00	\$0.00	\$3,447.00
10/10/2024	\$18,789.00	\$0.00	\$18,789.00
10/11/2024	\$47,469.00	\$0.00	\$47,469.00
10/18/2024	\$4,164.00	\$0.00	\$4,164.00
10/22/2024	\$71,224.00	\$0.00	\$71,224.00
10/23/2024	\$1,788.00	\$0.00	\$1,788.00
10/24/2024	\$3,167.00	\$0.00	\$3,167.00
10/28/2024	\$1,500.00	\$0.00	\$1,500.00
10/29/2024	\$1,554.00	\$0.00	\$1,554.00
10/31/2024	\$6,245.00	\$0.00	\$6,245.00
11/01/2024	\$10,103.00	\$0.00	\$10,103.00
11/04/2024	\$5,225.00	\$0.00	\$5,225.00
11/06/2024	\$1,001.81	\$0.00	\$1,001.81
11/07/2024	\$1,632.00	\$0.00	\$1,632.00
11/08/2024	\$41,540.00	\$0.00	\$41,540.00
11/15/2024	\$287,891.30	\$0.00	\$287,891.30
11/18/2024	\$148,306.00	\$0.00	\$148,306.00
11/21/2024	\$77,865.00	\$29,676.00	\$107,541.00

Schedule MB, line 3(d) – Withdrawal Liability Amounts

11/22/2024	\$10,000.00	\$0.00	\$10,000.00
11/26/2024	\$76,347.00	\$0.00	\$76,347.00
12/03/2024	\$17,407.00	\$0.00	\$17,407.00
12/05/2024	\$9,544.13	\$0.00	\$9,544.13
12/06/2024	\$1,001.81	\$0.00	\$1,001.81
12/09/2024	\$2,965.00	\$0.00	\$2,965.00
12/10/2024	\$39,101.00	\$0.00	\$39,101.00
12/13/2024	\$33,986.65	\$0.00	\$33,986.65
12/16/2024	\$10,000.00	\$0.00	\$10,000.00
12/17/2024	\$46,377.61	\$0.00	\$46,377.61
12/19/2024	\$59,066.00	\$0.00	\$59,066.00
12/20/2024	\$1,788.00	\$0.00	\$1,788.00

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Benefit Increase	01/01/1995	\$2,762,598	1	\$2,762,598
Plan amendment	01/01/1996	1,048,644	2	542,053
Benefit Increase	01/01/1996	5,054,807	2	2,612,871
Benefit Increase	01/01/1998	2,782,219	4	767,654
Plan amendment	01/01/1999	96,042,987	5	21,891,580
Plan amendment	01/01/2000	15,109,723	6	2,962,576
Change in assumptions	01/01/2001	3,271,368	7	567,302
Plan amendment	01/01/2001	80,253,930	7	13,917,173
Plan amendment	01/01/2002	36,923,969	8	5,779,042
Plan amendment	01/01/2004	28,600,830	10	3,805,715
Plan amendment	01/01/2005	11,578,570	11	1,443,068
Plan amendment	01/01/2006	95,369,480	12	11,221,689
Change in assumptions	01/01/2007	419,855	13	46,950
Investment loss subject to relief	01/01/2009	370,106,753	14	39,551,247
Investment loss subject to relief	01/01/2010	36,989,479	14	3,952,860
Actuarial loss	01/01/2011	2,671,057	2	1,380,691
Change in assumptions	01/01/2011	3,243,358	2	1,676,518
Investment loss subject to relief	01/01/2011	42,670,387	14	4,559,947
Investment loss subject to relief	01/01/2012	49,036,556	14	5,240,264
Actuarial loss	01/01/2012	66,707,379	3	23,756,035
Change in assumptions	01/01/2013	11,259,402	4	3,106,628
Investment loss subject to relief	01/01/2013	107,615,589	14	11,500,278
Investment loss subject to relief	01/01/2014	125,493,449	14	13,410,786

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2015	29,872,476	6	5,857,121
Actuarial loss	01/01/2015	123,205,093	6	24,156,926
Change in assumptions	01/01/2016	4,342,482	7	753,048
Actuarial loss	01/01/2016	114,092,092	7	19,785,192
Change in assumptions	01/01/2017	39,528,946	8	6,186,752
Actuarial loss	01/01/2017	92,898,632	8	14,539,744
Actuarial loss	01/01/2018	115,460,901	9	16,562,323
Actuarial loss	01/01/2019	97,013,725	10	12,908,946
Change in assumptions	01/01/2020	6,071,198	11	756,669
Plan amendment	01/01/2020	12,813,695	11	1,597,004
Actuarial loss	01/01/2020	38,170,812	11	4,757,328
Change in assumptions	01/01/2022	346,037,233	13	38,694,999
Change in assumptions	01/01/2023	16,402,891	14	1,752,886
Actuarial loss	01/01/2023	124,595,637	14	13,314,842
Plan amendment ¹	01/01/2024	7,294,824	15	748,535
Actuarial loss	01/01/2024	93,410,348	15	9,585,004
Total		\$2,456,223,374		\$348,412,844

¹ Due to changes in Rehabilitation Plan schedule adoptions.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Merger base	01/01/1996	\$3,422,172	2	\$1,768,949
Merger base	01/01/1997	548,374	3	195,289
Merger base	01/01/1998	38,267	4	10,558
Change in assumptions	01/01/1998	13,716,862	4	3,784,676
Change in assumptions	01/01/1999	21,675,072	5	4,940,512
Merger base	01/01/2002	12,501,137	8	1,956,577
Plan amendment	01/01/2003	39,851,087	9	5,716,451
Actuarial gain	01/01/2010	870,716	1	870,716
Actuarial gain	01/01/2013	28,938,118	4	7,984,436
Actuarial gain	01/01/2014	8,317,738	5	1,895,906
Actuarial gain	01/01/2021	5,707,138	12	671,533
Actuarial gain	01/01/2022	35,729,488	13	3,995,386
Plan amendment	01/01/2023	113,384,106	14	12,116,728
Total		\$284,700,275		\$45,907,717

Section 3: Certificate of Actuarial Valuation

Salary increase rate

4.50% per year (applies to salaried Participants only)

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
 - The administrative expenses assumption was increased to \$20,200,000 from \$16,425,000.

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of actuarial assumptions, methods, and models

(Schedule MB, Line 6)

Rationale for assumptions

The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation is based on experience that has been accumulated over the past valuations and assumptions used by the prior actuary for the January 1, 2021, actuarial valuation. Current data is reviewed in conjunction with each annual valuation. Based on professional judgment, the following assumption was changed:

- The administrative expenses assumption was increased to \$20,200,000 from \$16,425,000.

Mortality rates

Healthy: 109% of Pri-2012 Employee and Healthy Retiree Blue Collar amount-weighted mortality tables (sex-distinct) with generational projection using Scale MP-2021 from 2022

Disabled: Pri-2012 Disabled Retiree amount-weighted mortality tables (sex-distinct) with generational projection using Scale MP-2021 from 2022

Survivor: Pri-2012 Contingent Survivor Blue Collar amount-weighted mortality tables (sex-distinct) with generational projection using Scale MP-2021 from 2022

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths by age and the projected number based on the prior year's assumption over the most recent three years, taking into consideration the results of Segal's industry mortality study.

Section 3: Certificate of Actuarial Valuation

Termination rates

Age	Disability Rate (%)
20	0.1170
30	0.1455
40	0.2535
50	0.7725
60	2.2230

Disability rates do not apply at or beyond unreduced early retirement age.

Service	Withdrawal Rate (%)
0	30.00
5	13.80
10	7.80
15	6.30
20	4.20
25	3.20
30	2.20
35	1.45
40	0.00

Each 1,500 hours is deemed to equal 1 year of service. Withdrawal rates do not apply at or beyond early retirement age.

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect the changes in economic conditions of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of disability retirements by age and actual number of terminations by service and the projected number based on the prior year's assumption over the most recent three years.

Section 3: Certificate of Actuarial Valuation

Retirement rates

Age	Rate (%) for Eligible for Unreduced	Rate (%) for Default Schedule & not projected to earn 45,000 hours by 12/31/2024	Rate (%) for Others
55	18.0	2.5	5.0
56	15.0	2.5	5.0
57 - 58	10.0	2.5	5.0
59	15.0	2.5	5.0
60	17.0	2.5	5.0
61	17.0	15.0	10.0
62	40.0	15.0	30.0
63	25.0	15.0	20.0
64	25.0	15.0	20.0
65 - 69	30.0	40.0	30.0
70 or older	100.0	100.0	100.0

Unreduced retirement rate for participants aged 55 to 61 is assumed to be 30.0% in the year when they first become eligible for early unreduced retirement.

The retirement rates were based on historical and current demographic data, adjusted to reflect the changes due to the Rehabilitation Plan, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent three years.

Description of weighted average retirement age

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024, actuarial valuation.

Section 3: Certificate of Actuarial Valuation

Retirement rates for inactive vested participants

Age	Rate (%)
65	65.0
66 – 69	10.0
70 or older	100.0

The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect the changes due to the Rehabilitation Plan, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent three years.

Future benefit accruals

Based on average amount of hours worked in the last three years of covered employment (or actual number of years, if less than three). Hours are annualized in the year of hire, up to a maximum of 2,050 hours. Participants with less than 450 hours in the prior Plan Year are not assumed to accrue any additional benefits.

For 2024, a lower VBAR accrual rate than the median applies (0.65% for the Default Schedule and 0.75% for Alternate Schedule 2) based the average market rate of return for 2020-2022. After the valuation year, the accrual rate is assumed to be the median accrual rate under the VBAR formula (0.85% for the Default Schedule and 1% for Alternate Schedule 2). The corresponding lower rates apply for participants who have not yet earned 9,000 Hours of Service. See the VBAR table in Exhibit K for reference.

The future benefit accruals were based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent three years.

Unknown data for participants

Date of birth: Same as those exhibited by participants with similar known characteristics.

Sex: Participants are assumed to be male. Beneficiaries are assumed to be female.

Expiration date for survivors with certain only benefit: Assumed to have three years certain remaining.

Section 3: Certificate of Actuarial Valuation

Participants reported as active vested or inactive vested for valuation purposes in the prior year who were not reported for valuation purposes in the current year: Assumed to be inactive vested until they reach age 85, unless they had a confirmed date of death on or before the valuation date.

Definition of active participants

Active participants are defined as those with at least 450 hours in the prior Plan Year and vested participants age 55 or over with less than 450 hours in the prior Plan Year but at least 450 hours in the prior three Plan Years, excluding those who have retired as of the valuation date.

Exclusion of inactive vested participants

Inactive participants over age 85 are excluded from the valuation.

The exclusion of inactive vested participants over age 85 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

55%, based on a review of benefit recipients over the most recent three years.

Age and sex of spouse

Where spouse information is not available, male participants are assumed to have a female spouse and female participants are assumed to have a male spouse, with the female spouse three years younger than the male.

Benefit election

Married participants elect the 100% joint and survivor form of payment and non-married participants are assumed to elect a single life annuity.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent three years.

Section 3: Certificate of Actuarial Valuation

Delayed retirement factors

Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age are valued with delayed retirement increases.

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$20,200,000 for the year beginning January 1, 2024.

The annual administrative expenses were based on historical and current data, adjusted to reflect the budget for the upcoming year, and estimated future experience and professional judgment.

Actuarial value of assets

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

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis. Normal Cost in the valuation year is prorated based on the applicable VBAR accrual rate.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Section 3: Certificate of Actuarial Valuation

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 employee and annuitant mortality tables, projected forward generationally using scale 2024 Adjusted Scale MP-2021 rates.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 5.4%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 9.2%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Additional liability

An additional liability is valued for retirees based on the Guaranteed Insurance Contracts reported in audited financial statements. The value was \$20,144,659 as of December 31, 2023.

Section 3: Certificate of Actuarial Valuation

Salary increase rate

4.50% per year (applies to salaried Participants only)

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
 - The administrative expenses assumption was increased to \$20,200,000 from \$16,425,000.

Schedule R, Summary of Rehabilitation Plan

Plan name: International Painters and Allied Trades Industry Pension Plan

Plan sponsor: Board of Trustees, International Painters and Allied Trades Industry Pension Fund

EIN / PN: 52-6073909 / 001

Plan Year: Beginning January 1, 2024 and ending December 31, 2024

Background

The International Painters and Allied Trades Industry Pension Plan ("Plan") was certified to be in "endangered" status each plan year from 2009 through 2017. The Plan was certified to be in "seriously endangered" status each plan year from 2018 through 2021. Through these years, the Plan was operating under a Funding Improvement Plan, which was originally effective in 2009 and was amended in 2017.

In 2022, the Plan was once again certified to be in "seriously endangered" status. The Board of Trustees, however, elected to enter "critical status" early for that plan year. The Board of Trustees immediately adopted and implemented a Rehabilitation Plan.

The Plan has remained in "critical status" through the 2023 and 2024 plan years and continues to operate under the adopted Rehabilitation Plan. As required by law, the Trustees review the Rehabilitation Plan annually, but no updates have been made. However, the Fund's Board has approved a one-time grace period allowing bargaining parties to adopt Alternate Schedule 1 or 2 without penalty, provided the increased contribution rate is effective and the agreement is received by April 1, 2025.

Rehabilitation Plan Summary

The Rehabilitation Plan includes three Schedules of contributions and benefits that have been provided to the bargaining parties:

- **Default Schedule.** This Schedule includes changes to benefits and does not require any further contribution rate increases above the rates required under the Funding Improvement Plan as amended in 2017. As required under federal law, the Default Schedule will be automatically imposed if the bargaining parties do not adopt one of the other Schedules within 180 days after the applicable collective bargaining agreement expires.
- **Alternate Schedule 1.** This Schedule provides the same accrual rate as the Default Schedule but provides greater Early Retirement benefits. This Schedule requires a contribution rate increase of at least 10% over the rate in effect on January 1, 2022, and the agreement must be effective and received by the Fund no later than April 1, 2025.
- **Alternate Schedule 2.** This Schedule provides a higher accrual rate and more generous Early Retirement and Special Early Retirement benefits than the Default Schedule. This Schedule requires a contribution rate increase of at least 20% above the rate in effect on January 1, 2022, and the agreement must be effective and received by the Fund no later than April 1, 2025. For the higher accrual rate to apply before January 1, 2025, the contribution rate must be increased by at least 8% above the rate in effect on January 1, 2022.

The Rehabilitation Plan is designed to enable the Plan to emerge from critical status at the end of the ten-year Rehabilitation Period. This Rehabilitation Period begins January 1, 2025 and ends December 31, 2034.

Schedule R, Summary of Rehabilitation Plan

Plan name: International Painters and Allied Trades Industry Pension Plan

Plan sponsor: Board of Trustees, International Painters and Allied Trades Industry Pension Fund

EIN / PN: 52-6073909 / 001

Plan Year: Beginning January 1, 2024 and ending December 31, 2024

A packet including a summary of the adopted Rehabilitation Plan, as well as the Rehabilitation Plan itself, can be found on the Plan's website at the address below.

https://www.iupat.org/wp-content/uploads/2023/10/Participant-Rehab-Plan-Packet_US-English.pdf

Schedule MB, line 4(c) – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

Status/Condition	Component Result	Final Result
Plan did not emerge?		Yes
3. In critical status? (If C1-C6 is Yes, then Yes)		Yes
4. Determination of critical and declining status:		
C7. a. Any of (C1) through (C5) are Yes?	No	No
b. and either insolvency is projected within 15 years?	No	No
c. or		
1) The ratio of inactives to actives is at least 2 to 1,	No	
2) and insolvency is projected within 20 years?	No	No
d. or		
1) The funded percentage is less than 80%,	Yes	
2) and insolvency is projected within 20 years?	No	No
In critical and declining status?		No
Endangered status:		
E1. a. Is not in critical status,	No	
b. and the funded percentage is less than 80%?	Yes	No
E2. a. Is not in critical status,	No	
b. and a funding deficiency is projected in seven years?	No	No
In endangered status? (Yes when either (E1) or (E2) is Yes)		No
Neither critical status nor endangered status:		
Neither critical nor endangered status?		No

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan based on the standards in the rehabilitation plan. The rehabilitation plan standards are that the Plan is projected to emerge from critical status by January 1, 2035. The projected year of emergence in this certification is 2030.

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefits

Plan Year	Active Participants	Terminated Vested	Retired Participants	Total
		Participants	and Beneficiaries	
2024	\$15,224,301	\$9,777,883	\$431,512,516	\$456,514,700
2025	\$31,044,005	\$14,737,428	\$418,227,138	\$464,008,571
2026	\$46,307,385	\$20,032,249	\$404,218,676	\$470,558,310
2027	\$60,893,508	\$25,853,437	\$389,473,510	\$476,220,455
2028	\$74,566,676	\$32,084,115	\$374,590,055	\$481,240,846
2029	\$87,195,061	\$38,138,770	\$360,015,438	\$485,349,268
2030	\$98,746,407	\$44,283,011	\$345,209,682	\$488,239,101
2031	\$109,474,226	\$50,622,015	\$330,278,461	\$490,374,701
2032	\$118,958,283	\$56,470,676	\$315,301,495	\$490,730,454
2033	\$127,769,464	\$62,374,934	\$300,437,314	\$490,581,712
2034	\$135,559,565	\$67,986,524	\$285,753,031	\$489,299,120
2035	\$142,617,063	\$73,690,343	\$271,186,983	\$487,494,389
2036	\$149,137,268	\$79,625,836	\$256,657,003	\$485,420,107
2037	\$154,928,722	\$84,200,234	\$242,206,993	\$481,335,948
2038	\$160,051,333	\$88,349,588	\$227,884,913	\$476,285,835
2039	\$164,554,885	\$92,166,301	\$213,647,631	\$470,368,816
2040	\$168,703,206	\$95,975,755	\$199,499,881	\$464,178,842
2041	\$172,329,653	\$99,517,826	\$185,509,285	\$457,356,764
2042	\$175,558,885	\$102,198,259	\$171,774,874	\$449,532,017
2043	\$178,280,821	\$104,333,652	\$158,302,673	\$440,917,146
2044	\$180,493,999	\$106,205,193	\$145,147,212	\$431,846,404
2045	\$182,215,828	\$107,515,462	\$132,364,215	\$422,095,504
2046	\$183,538,851	\$108,226,715	\$120,010,258	\$411,775,824
2047	\$184,187,381	\$108,235,429	\$108,137,139	\$400,559,948
2048	\$184,340,701	\$107,811,125	\$96,818,041	\$388,969,867
2049	\$183,869,537	\$106,788,703	\$86,097,152	\$376,755,391
2050	\$182,621,382	\$105,283,196	\$76,030,915	\$363,935,493
2051	\$181,055,495	\$103,217,051	\$66,658,157	\$350,930,703
2052	\$178,798,430	\$100,613,565	\$58,009,182	\$337,421,177
2053	\$175,848,012	\$97,651,826	\$50,104,506	\$323,604,344
2054	\$172,307,339	\$94,169,499	\$42,953,130	\$309,429,968
2055	\$168,187,484	\$90,455,473	\$36,546,375	\$295,189,332
2056	\$163,878,555	\$86,405,194	\$30,865,200	\$281,148,948
2057	\$159,024,344	\$82,242,450	\$25,879,160	\$267,145,954
2058	\$153,700,965	\$77,929,123	\$21,546,768	\$253,176,856
2059	\$148,150,406	\$73,481,741	\$17,819,882	\$239,452,030
2060	\$142,319,039	\$69,009,158	\$14,645,259	\$225,973,457
2061	\$136,309,342	\$64,452,542	\$11,966,813	\$212,728,696

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefits

2062	\$130,092,788	\$59,968,276	\$9,727,677	\$199,788,742
2063	\$123,758,230	\$55,560,247	\$7,872,297	\$187,190,775
2064	\$117,378,861	\$51,265,258	\$6,347,179	\$174,991,298
2065	\$110,909,929	\$47,097,830	\$5,103,912	\$163,111,671
2066	\$104,419,222	\$43,055,691	\$4,097,108	\$151,572,021
2067	\$97,993,554	\$39,188,184	\$3,286,678	\$140,468,416
2068	\$91,644,380	\$35,508,910	\$2,637,653	\$129,790,943
2069	\$85,411,877	\$32,028,761	\$2,120,002	\$119,560,639
2070	\$79,294,056	\$28,749,875	\$1,708,201	\$109,752,132
2071	\$73,354,659	\$25,680,531	\$1,380,982	\$100,416,173
2072	\$67,620,253	\$22,824,085	\$1,120,849	\$91,565,187

This assumes the following:

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

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$382,860,000	\$0	\$382,860,000
2025	\$399,300,000	\$0	\$399,300,000
2026	\$406,560,000	\$0	\$406,560,000
2027	\$413,820,000	\$0	\$413,820,000
2028	\$421,080,000	\$0	\$421,080,000
2029	\$428,340,000	\$0	\$428,340,000
2030	\$435,600,000	\$0	\$435,600,000
2031	\$435,600,000	\$0	\$435,600,000
2032	\$435,600,000	\$0	\$435,600,000
2033	\$435,600,000	\$0	\$435,600,000

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY PENSION RATE
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	13.33
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	12.43
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	7.46
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	9.94
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	1.16
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	8
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	10.66
A00224	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	1.52
A00224	AHERN PAINTING CONTRACTORS INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	11.41
A00224	AHERN PAINTING CONTRACTORS INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	12.24
A00224	AHERN PAINTING CONTRACTORS INC	DC9MADC9-05	DC9 - NIGHT TIME DIFFERENTIAL RATE - 5%, 10% & 15% DC9 - NIGHT TIME DIFFERI	4/30/2026	12.85
A00224	AHERN PAINTING CONTRACTORS INC	DC9MADC9-05	DC9 - NIGHT TIME DIFFERENTIAL RATE - 5%, 10% & 15% DC9 - NIGHT TIME DIFFERI	4/30/2026	11.98
A01227	ANNING-JOHNSON COMPANY	DC14INLU33-00	DC14 MWCC - DRYWALL AGREEMENT DC14 - DRYWALL RATES	5/31/2027	5.36
A01227	ANNING-JOHNSON COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	10.89
A01227	ANNING-JOHNSON COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	11.85
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	8.23
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	8.63
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	5.88
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	6.28
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	4.66
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	2.83
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	2.63
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	5.06
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	6.61
A01227	ANNING-JOHNSON COMPANY	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	7.01
A01227	ANNING-JOHNSON COMPANY	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN	6/30/2026	8.26
A01227	ANNING-JOHNSON COMPANY	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN	6/30/2026	8.7
A01227	ANNING-JOHNSON COMPANY	DC77INLU193-01	DC77 LOCAL 193 PAINTING DECORATING & DRYWALL FINISHING - ANNING JOHNSI	5/31/2026	1.18
A01227	ANNING-JOHNSON COMPANY	DC77INLU193-01	DC77 LOCAL 193 PAINTING DECORATING & DRYWALL FINISHING - ANNING JOHNSI	5/31/2026	1.3
A01227	ANNING-JOHNSON COMPANY	DC77INLU193-01	DC77 LOCAL 193 PAINTING DECORATING & DRYWALL FINISHING - ANNING JOHNSI	5/31/2026	2.49
A01227	ANNING-JOHNSON COMPANY	DC77INLU193-01	DC77 LOCAL 193 PAINTING DECORATING & DRYWALL FINISHING - ANNING JOHNSI	5/31/2026	2.61
B04150	BVCC INC NOT DISNEY ORLANDO	DC78INLU73-03	DC78 BUENA VISTA CONST. CO. CRAFT-CENTRAL FL BCTC LOCAL 73 BUENA VISTA -	1/5/2030	6.1
B04150	BVCC INC NOT DISNEY ORLANDO	DC78INLU73-03	DC78 BUENA VISTA CONST. CO. CRAFT-CENTRAL FL BCTC LOCAL 73 BUENA VISTA -	1/5/2030	5.56
B04150	BVCC INC NOT DISNEY ORLANDO	DC78INLU73-03	DC78 BUENA VISTA CONST. CO. CRAFT-CENTRAL FL BCTC LOCAL 73 BUENA VISTA -	1/5/2030	7.13
B04150	BVCC INC NOT DISNEY ORLANDO	DC78INLU73-03	DC78 BUENA VISTA CONST. CO. CRAFT-CENTRAL FL BCTC LOCAL 73 BUENA VISTA -	1/5/2030	2.83
B04150	BVCC INC NOT DISNEY ORLANDO	DC78INLU73-03	DC78 BUENA VISTA CONST. CO. CRAFT-CENTRAL FL BCTC LOCAL 73 BUENA VISTA -	1/5/2030	2.29
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC14INLU33-00	DC14 MWCC - DRYWALL AGREEMENT DC14 - DRYWALL RATES	5/31/2027	5.36
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC57MALU6-00	DC57 WESTERN PA FCA LOCALS 6/409/530 PAINTERS REGION 1	5/31/2026	7.7
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC57MALU6-00	DC57 WESTERN PA FCA LOCALS 6/409/530 PAINTERS REGION 1	5/31/2026	7.32
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	4/30/2027	9.3
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	5.81
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	5.9
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	0.45
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	0.54

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
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PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY PENSION RATE
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1293-01	DC77 LOCAL 1293 PAINTING & DECORATING AGREEMENT - NORTH ALABAMA & TI	12/31/2026	6.44
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1756-01	DC77 LOCAL 1756 SAVANNAH RIVER SITE DOE - AIKEN, SC LOCAL 1756 - SAVANNAI	8/9/2059	6.01
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1756-01	DC77 LOCAL 1756 SAVANNAH RIVER SITE DOE - AIKEN, SC LOCAL 1756 - SAVANNAI	8/9/2059	5.93
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU226-00	DC77 LOCAL 226 PAINTING - CHATTANOOGA AREA LOCAL 226 - PAINTERS CHATTA	6/30/2028	5.41
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU437-02	DC77 LOCAL 437 CLA - KNOXVILLE BCTC - DEPT. OF ENERGY OAK RIDGE TN LU 437	9/30/2026	7.21
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU437-02	DC77 LOCAL 437 CLA - KNOXVILLE BCTC - DEPT. OF ENERGY OAK RIDGE TN LU 437	9/30/2026	7.29
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NO	3/31/2027	6.83
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NO	3/31/2027	5.83
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-P	7/31/2027	6.99
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-P	7/31/2027	7.14
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MALU365-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCALS 365 AND 4!	6/30/2029	6.16
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MALU365-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCALS 365 AND 4!	6/30/2029	6.53
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MALU365-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCALS 365 AND 4!	6/30/2029	1.77
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MALU365-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCALS 365 AND 4!	6/30/2029	1.86
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTIN	2/29/2028	2.43
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL	6/30/2028	6.2
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC6INDC6-03	DC6 NORTHERN OHIO PAINTING & TAPING CONTRACTORS ASSOCIATION INC. (NO	4/30/2025	6.08
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC6MADC6-05	DC6 PAINTING WORKING CBA & RULES - LOCAL 123 AND 238 CINCINNATI AREA DC	5/1/2025	7.2
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC6MADC6-05	DC6 PAINTING WORKING CBA & RULES - LOCAL 123 AND 238 CINCINNATI AREA DC	5/1/2025	6.45
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC88INLU130-10	DC10 LOCAL 130 PAINTING - HOUSTON, TX AREA (FORMERLY DC88) LOCAL 130 - P.	6/30/2027	6.33
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC91INLU118-00	DC91 LOCAL 118 PAINTING WORKING AGREEMENT - LOUISVILLE AND VICINITY - AI	5/31/2026	8.12
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC58INLU456-00	DC58 LOCAL 456 PAINTING AGREEMENT - NASHVILLE, TN AREA - ADDENDUM 'G' P	9/30/2025	8.24
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC91MALU47-00	DC91 LOCAL 47 PAINTING & DRYWALL AGREEMENT - INDIANAPOLIS AND VICINITY	5/31/2026	9.03
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	12.43
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	13.33
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	7.46
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	9.94
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	10.66
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	8
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	1.16
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	1.52
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	12.24
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	11.41
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	2.75
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	2.67
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	5.16
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	4.91
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	6.36
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	10.37
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMEN	4/30/2026	11.19
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMEN	4/30/2026	12.17
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	1/31/2027	9.19
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	1/31/2027	9.73
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC1MINLU312-00	DC1M LOCAL 312 PAINTERS AGREEMENT - KALAMAZOO, MICHIGAN 139121360 D	5/31/2024	8.61

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY PENSION RATE
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS IN	6/30/2029	8.44
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS IN	6/30/2029	8.95
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS IN	6/30/2029	6.16
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS IN	6/30/2029	6.53
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS IN	6/30/2029	1.77
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS IN	6/30/2029	1.86
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC77INLU1756-02	DC77 LOCAL 1756 SOUTHERN NUCLEAR CONTRACTORS - PLANT FARLEY, PLANT H	7/31/2018	5.39
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	5.46
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	5.86
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC21MADC21-03	DC21 DELAWARE VALLEY INDUSTRIAL PAINTERS ALLIANCE PHILADELPHIA AREA	1/31/2027	9.86
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC21MADC21-03	DC21 DELAWARE VALLEY INDUSTRIAL PAINTERS ALLIANCE PHILADELPHIA AREA	1/31/2027	10.36
C09572	CHAMPION PAINTING SPECIALTY SERVICES CORPORATION	DC1MMALU845-02	DC1M LOCAL 845 DRYWALL AGREEMENT - MICHIGAN LU845 DRYWALL-ALLEGAN, E	6/1/2026	8.61
T01452	FD THOMAS INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	10.89
T01452	FD THOMAS INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	11.85
T01452	FD THOMAS INC	DC53MALU1144-00	DC53 MASTER PAINTING AGREEMENT LOCAL 1144 - PAINTERS - PARKERSBURG, W	11/30/2027	9.24
T01452	FD THOMAS INC	DC53MALU1144-00	DC53 MASTER PAINTING AGREEMENT LOCAL 1144 - PAINTERS - PARKERSBURG, W	11/30/2027	9.73
T01452	FD THOMAS INC	DC53MALU970-00	DC53 MASTER PAINTING AGREEMENT LOCAL 970 - PAINTERS - CHARLESTON, WES	11/30/2027	9.23
T01452	FD THOMAS INC	DC53MALU970-00	DC53 MASTER PAINTING AGREEMENT LOCAL 970 - PAINTERS - CHARLESTON, WES	11/30/2027	9.71
T01452	FD THOMAS INC	DC57MALU6-00	DC57 WESTERN PA FCA LOCALS 6/409/530 PAINTERS REGION 1	5/31/2026	7.7
T01452	FD THOMAS INC	DC57MALU6-00	DC57 WESTERN PA FCA LOCALS 6/409/530 PAINTERS REGION 1	5/31/2026	7.32
T01452	FD THOMAS INC	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	4/30/2027	9.3
T01452	FD THOMAS INC	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	4/30/2027	9.78
T01452	FD THOMAS INC	DC51MADC51-00	DC51 PAINTING, DECORATING & DRYWALL - DC, MD, VA & VC PAINTING, DECORA	5/31/2028	0.66
T01452	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	5.81
T01452	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	5.9
T01452	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	0.45
T01452	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	0.75
T01452	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	0.54
T01452	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNS	7/31/2027	0.63
T01452	FD THOMAS INC	DC77INLU1293-01	DC77 LOCAL 1293 PAINTING & DECORATING AGREEMENT - NORTH ALABAMA & TI	12/31/2026	6.44
T01452	FD THOMAS INC	DC77INLU226-00	DC77 LOCAL 226 PAINTING - CHATTANOOGA AREA LOCAL 226 - PAINTERS CHATTA	6/30/2028	5.41
T01452	FD THOMAS INC	DC77INLU437-02	DC77 LOCAL 437 CLA - KNOXVILLE BCTC - DEPT. OF ENERGY OAK RIDGE TN LU 437	9/30/2026	7.29
T01452	FD THOMAS INC	DC77INLU57-00	DC77 LOCAL 57 PAINTING - BIRMINGHAM AREA LOCAL 57 - PAINTERS - BIRMINGH.	3/31/2027	5.25
T01452	FD THOMAS INC	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NO	3/31/2027	6.83
T01452	FD THOMAS INC	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NO	3/31/2027	5.83
T01452	FD THOMAS INC	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-P	7/31/2027	6.99
T01452	FD THOMAS INC	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-P	7/31/2027	7.14
T01452	FD THOMAS INC	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-P	7/31/2027	0.4
T01452	FD THOMAS INC	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-P	7/31/2027	0.55
T01452	FD THOMAS INC	DC78MALU1010-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT ZONE 3 - INDUSTRI	6/30/2029	8.55
T01452	FD THOMAS INC	DC78MALU1010-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT ZONE 3 - INDUSTRI	6/30/2029	9.06
T01452	FD THOMAS INC	DC78MALU1010-01	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCAL 1010 - PAINT	6/30/2029	6.16
T01452	FD THOMAS INC	DC78MALU365-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCALS 365 AND 4	6/30/2029	6.53
T01452	FD THOMAS INC	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTIN	2/29/2028	2.43

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY PENSION RATE
T01452	FD THOMAS INC	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL	6/30/2028	6.2
T01452	FD THOMAS INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275	4/30/2029	8.31
T01452	FD THOMAS INC	DC6INLU476-00	DC6 LOCAL 476 BUILDERS ASSOCIATION OF EASTERN OHIO AND WESTERN PENNS)	5/31/2028	7.34
T01452	FD THOMAS INC	DC82MALU61-00	DC82 MINNESOTA PAINTING & WALLCOVERING ASSOCIATION LU61 & LU386 MINI	4/30/2028	3.94
T01452	FD THOMAS INC	DC88INLU130-10	DC10 LOCAL 130 PAINTING - HOUSTON, TX AREA (FORMERLY DC88) LOCAL 130 - P.	6/30/2027	6.33
T01452	FD THOMAS INC	DC88INLU130-10	DC10 LOCAL 130 PAINTING - HOUSTON, TX AREA (FORMERLY DC88) LOCAL 130 - P.	6/30/2027	6.38
T01452	FD THOMAS INC	DC80INLU1244-00	DC10 LOCAL 1244 PAINTING - NEW ORLEANS AREA (FORMERLY DC80) LOCAL 1244	11/30/2025	4.28
T01452	FD THOMAS INC	DC80INLU1244-00	DC10 LOCAL 1244 PAINTING - NEW ORLEANS AREA (FORMERLY DC80) LOCAL 1244	11/30/2025	4.5
T01452	FD THOMAS INC	DC81MALU676-00	DC81 PAINTING & DRYWALL-FCA QUAD CITIES CHAPTER IOWA COUNTIES - QUAD I	4/30/2027	7.12
T01452	FD THOMAS INC	DC81MALU676-00	DC81 PAINTING & DRYWALL-FCA QUAD CITIES CHAPTER IOWA COUNTIES - QUAD I	4/30/2027	7.3
T01452	FD THOMAS INC	DC82INLU106-00	DC82 LOCAL 106 MINNESOTA PAINTING & WALLCOVERING EMPLOYERS ASSOCIAT	4/30/2027	8.5
T01452	FD THOMAS INC	DC82INLU106-00	DC82 LOCAL 106 MINNESOTA PAINTING & WALLCOVERING EMPLOYERS ASSOCIAT	4/30/2027	9
T01452	FD THOMAS INC	DC88MALU823-00	DC36 LOCAL 823 - PAINTING - NEW MEXICO (MULTIPLE CONTRACTORS) (FORMER	12/31/2026	6.07
T01452	FD THOMAS INC	DC58INLU456-00	DC58 LOCAL 456 PAINTING AGREEMENT - NASHVILLE, TN AREA - ADDENDUM 'G' P	9/30/2025	8.24
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	13.75
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	12.75
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	1.91
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	2.55
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	3.45
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	1.28
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	1.88
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	1.93
T01452	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL	5/31/2028	1.98
T01452	FD THOMAS INC	DC91MALU156-00	DC91 LOCAL 156 P.D.C.A. EVANSVILLE CHAPTER - ADDENDUM 'E' PAINTERS - AREA	3/31/2027	10.28
T01452	FD THOMAS INC	DC82MALU1922-02	DC82 LOCAL 1922 P.D.C.A. BILLINGS MONTANA CHAPTER - INDUSTRIAL PAINTERS	12/31/2025	9.71
T01452	FD THOMAS INC	DC82MALU1922-02	DC82 LOCAL 1922 P.D.C.A. BILLINGS MONTANA CHAPTER - INDUSTRIAL PAINTERS	12/31/2025	8.7
T01452	FD THOMAS INC	NA-TVA-LU1293-00	TENNESSEE VALLEY AGREEMENT (TVA) LOCAL 1293 - TVA - MUSCLE SHOALS, AL	12/31/2025	6.8
T01452	FD THOMAS INC	NA-TVA-LU-226-00	TENNESSEE VALLEY AGREEMENT (TVA) LOCAL 226 - TVA - CHATTANOOGA, TN	12/31/2025	7.07
T01452	FD THOMAS INC	DC88INLU130-39	DC10 LOCAL 130 WAYTECH, INC. (FORMERLY DC88) WAYTECH, INC.	6/30/2024	0.75
T01452	FD THOMAS INC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	1/31/2027	9.19
T01452	FD THOMAS INC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	1/31/2027	9.73
T01452	FD THOMAS INC	DC77INLU437-11	DC77 LOCAL 437 PAINTING AND DECORATING CONTRACTORS - KNOXVILLE, TN LO	8/31/2024	2.29
T01452	FD THOMAS INC	DC1MINLU312-00	DC1M LOCAL 312 PAINTERS AGREEMENT - KALAMAZOO, MICHIGAN 139121360[D	5/31/2024	8.61
T01452	FD THOMAS INC	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	5.46
T01452	FD THOMAS INC	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	5.86
T01452	FD THOMAS INC	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	1.51
T01452	FD THOMAS INC	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	1.01
T01452	FD THOMAS INC	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	1.41
T01452	FD THOMAS INC	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASH	7/31/2026	1.11
T01452	FD THOMAS INC	DC21MADC21-03	DC21 DELAWARE VALLEY INDUSTRIAL PAINTERS ALLIANCE PHILADELPHIA AREA	1/31/2027	9.86
T01452	FD THOMAS INC	DC21MADC21-03	DC21 DELAWARE VALLEY INDUSTRIAL PAINTERS ALLIANCE PHILADELPHIA AREA	1/31/2027	10.36
T01452	FD THOMAS INC	DC5MALU77-02	DC5 LOCAL 77 PAINTING & DECORATING - UTAH PAINTING AND DECORATING UTA	7/31/2027	3.6
T01452	FD THOMAS INC	DC5INLU77-02	DC5 LOCAL 77 SOUTHERN ID DRYWALL FINISHING-WESTERN PARTITIONS S ID DRY'	5/31/2028	3.65
T01452	FD THOMAS INC	DC10INLU1778-00	DC10 LU 1778 MEMORANDUM OF UNDERSTANDING - F.D. THOMAS AT THE SAMS	6/30/2026	0.75

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY PENSION RATE
T01452	FD THOMAS INC	DC58MADC58-00	DC58 PAINTING - SOUTHERN ILLINOIS WORKING AGREEMENTLOCAL UNIONS: 120-	8/31/2026	11.61
T01452	FD THOMAS INC	DC58MADC58-00	DC58 PAINTING - SOUTHERN ILLINOIS WORKING AGREEMENTLOCAL UNIONS: 120-	8/31/2026	11.03
T01452	FD THOMAS INC	NA-TVA-LU437-00	TENNESSEE VALLEY AGREEMENT (TVA) LOCAL 437 - TVA - KNOXVILLE, TV	12/31/2025	6.79
T01452	FD THOMAS INC	LU911NON-00	TRAVELING LOCAL UNION 911 - MASTER AGREEMENT PAINTERS RATES PAINTERS I	12/31/2025	3
T01452	FD THOMAS INC	DC58MALU90-00	DC58 PAINTING - SOUTHERN ILLINOIS WORKING AGREEMENTLOCAL UNIONS: 120-	8/31/2026	11.66
T01452	FD THOMAS INC	DC58MALU90-00	DC58 PAINTING - SOUTHERN ILLINOIS WORKING AGREEMENTLOCAL UNIONS: 120-	8/31/2026	12.27
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	5.64
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	6.04
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	4.74
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	5.08
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	2.98
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	3.16
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	3.44
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	2.24
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	2.48
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	3.24
T01452	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOU	6/30/2028	1.58
T01452	FD THOMAS INC	DC1MMALU845-02	DC1M LOCAL 845 DRYWALL AGREEMENT - MICHIGAN LU845 DRYWALL-ALLEGAN,E	6/1/2026	8.61
R03358	GEORGE M RAYMOND COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	10.89
R03358	GEORGE M RAYMOND COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	11.85
R03358	GEORGE M RAYMOND COMPANY	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	4/30/2027	9.78
R03358	GEORGE M RAYMOND COMPANY	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	4/30/2027	0.5
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	16.44
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	16.69
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	10.58
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	10.73
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	4.3
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	16.43
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	16.68
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	4.05
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	16.4
G02321	GIROUX GLASS INC	DC16INLU2001-00	DC16 LOCAL 2001 GLAZING - SOUTHERN NEVADA LOCAL 2001 - GLAIZERS - SOUTH	2/29/2028	16.65
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	1.27
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	1.02
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	0.97
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	0.95
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	0.89
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	1.04
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	1.08
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	0.76
G02321	GIROUX GLASS INC	DC16INLU294-02	DC16 LOCAL 294 GLAZING - FRESNO AREA ADDENDUM LOCAL 294 - GLAZIERS - FRI	7/31/2028	0.66
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	10.17
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	10.37
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	4.58

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY
					PENSION RATE
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	5.09
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	5.19
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	6.22
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	6.74
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	9.15
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	4.67
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	9.33
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	6.61
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	7.78
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	8.64
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	4.36
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	6.1
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	7.63
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	8.81
G02321	GIROUX GLASS INC	DC36INLU636-00	DC36 LOCAL 636 GLASS & GLAZING MASTER CBA - SOUTHERN CALIFORNIA GLAZIE	5/31/2026	4.27
G02321	GIROUX GLASS INC	DC36INLU636-08	DC36 LOCAL 636 PRODUCTION WORKER CBA - SO CA GLASS MGMT ASSOC PRODU	9/30/2026	0.84
G02321	GIROUX GLASS INC	DC36INLU636-08	DC36 LOCAL 636 PRODUCTION WORKER CBA - SO CA GLASS MGMT ASSOC PRODU	9/30/2026	0.9
G02321	GIROUX GLASS INC	DC36INLU636-08	DC36 LOCAL 636 PRODUCTION WORKER CBA - SO CA GLASS MGMT ASSOC PRODU	9/30/2026	0.72
G02321	GIROUX GLASS INC	DC36INLU636-09	DC36 LOCAL 636 ALLIED WORKER CBA ALLIED WORKER CBA	9/30/2026	2.76
G02321	GIROUX GLASS INC	DC36INLU636-09	DC36 LOCAL 636 ALLIED WORKER CBA ALLIED WORKER CBA	9/30/2026	2.83
L00150	L AND L PAINTING COMPANY INC	DC11INDC11-13	DC11 BRIDGE AGREEMENT - CONNECTICUT & RHODE ISLAND BRIDGE AGREEMENT	5/31/2026	8.1
L00150	L AND L PAINTING COMPANY INC	DC11INDC11-13	DC11 BRIDGE AGREEMENT - CONNECTICUT & RHODE ISLAND BRIDGE AGREEMENT	5/31/2026	8.25
L00150	L AND L PAINTING COMPANY INC	DC11INDC11-13	DC11 BRIDGE AGREEMENT - CONNECTICUT & RHODE ISLAND BRIDGE AGREEMENT	5/31/2026	1.5
L00150	L AND L PAINTING COMPANY INC	DC11INDC11-13	DC11 BRIDGE AGREEMENT - CONNECTICUT & RHODE ISLAND BRIDGE AGREEMENT	5/31/2026	1.95
L00150	L AND L PAINTING COMPANY INC	DC711MADC711-00	DC711 PAINTERS AGREEMENT - GARDEN STATE COUNCIL, INC. NEW JERSEY - PAIN	4/30/2026	9.15
L00150	L AND L PAINTING COMPANY INC	DC711INLU1976-03	DC711 LOCAL 1976 DRYWALL AGREEMENT - NEW JERSEY LOCAL 1976 DRYWALL FI	4/30/2026	9.04
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	13.33
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	12.43
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	1.16
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	7.46
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	1.52
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	9.94
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	8
L00150	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YOR	9/30/2029	10.66
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	11.41
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	12.24
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	6.03
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	10.37
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	2.75
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	2.67
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	4.91
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	5.16
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	6.36
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	4/30/2026	9.71

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY PENSION RATE
L00150	L AND L PAINTING COMPANY INC	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMENT	4/30/2026	11.19
L00150	L AND L PAINTING COMPANY INC	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMENT	4/30/2026	12.17
L00150	L AND L PAINTING COMPANY INC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	1/31/2027	9.73
L00150	L AND L PAINTING COMPANY INC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	1/31/2027	5.55
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-06	DISTRICT COUNCIL 9 - PAINTERS - MAINTANANCE RATE DISTRICT COUNCIL 9 - PAINTERS	4/30/2026	11.47
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-06	DISTRICT COUNCIL 9 - PAINTERS - MAINTANANCE RATE DISTRICT COUNCIL 9 - PAINTERS	4/30/2026	12.24
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-08	DC9 PAINTERS TRADE AGREEMENT DC9 - PLA 80% RATE	4/30/2026	11.42
L00150	L AND L PAINTING COMPANY INC	DC9MADC9-08	DC9 PAINTERS TRADE AGREEMENT DC9 - PLA 80% RATE	4/30/2026	12.18
P02945	PERFORMANCE CONTRACTING INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	10.89
P02945	PERFORMANCE CONTRACTING INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	11.85
P02945	PERFORMANCE CONTRACTING INC	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWALL	6/30/2025	7.81
P02945	PERFORMANCE CONTRACTING INC	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWALL	6/30/2025	7.58
P02945	PERFORMANCE CONTRACTING INC	DC21INLU1955-00	DC21 INTERIOR FINISH CONTRACTORS ASSOCIATION OF DELAWARE VALLEY (IFCA)	4/30/2026	10.53
P02945	PERFORMANCE CONTRACTING INC	DC21INLU1955-00	DC21 INTERIOR FINISH CONTRACTORS ASSOCIATION OF DELAWARE VALLEY (IFCA)	4/30/2026	10.18
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	8.23
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	8.63
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	5.88
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	2.63
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	2.83
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	5.06
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	6.28
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	4.66
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	6.61
P02945	PERFORMANCE CONTRACTING INC	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL	8/31/2026	7.01
P02945	PERFORMANCE CONTRACTING INC	DC3INLU2015-00	DC3 LOCAL 2015 BUILDERS ASSOCIATION - SW MO - DRYWALL FINISHERS DRYWALL	3/31/2028	6.72
P02945	PERFORMANCE CONTRACTING INC	DC3INLU2015-00	DC3 LOCAL 2015 BUILDERS ASSOCIATION - SW MO - DRYWALL FINISHERS DRYWALL	3/31/2028	6.78
P02945	PERFORMANCE CONTRACTING INC	DC51MADC51-00	DC51 PAINTING, DECORATING & DRYWALL - DC, MD, VA & VC PAINTING, DECORATING	5/31/2028	4.95
P02945	PERFORMANCE CONTRACTING INC	DC51MADC51-00	DC51 PAINTING, DECORATING & DRYWALL - DC, MD, VA & VC PAINTING, DECORATING	5/31/2028	5.01
P02945	PERFORMANCE CONTRACTING INC	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN	6/30/2026	8.26
P02945	PERFORMANCE CONTRACTING INC	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN	6/30/2026	8.7
P02945	PERFORMANCE CONTRACTING INC	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTING	2/29/2028	2.43
P02945	PERFORMANCE CONTRACTING INC	DC5MADC5-05	DC5 PAINTING COMMERCIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL	6/30/2026	6.2
P02945	PERFORMANCE CONTRACTING INC	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL	6/30/2028	6.2
P02945	PERFORMANCE CONTRACTING INC	DC5MADC5-07	DC5 DRYWALL FINISHING AGREEMENT - EASTERN WASHINGTON-NORTHERN IDAHO	6/30/2028	8.31
P02945	PERFORMANCE CONTRACTING INC	DC5MADC5-07	DC5 DRYWALL FINISHING AGREEMENT - EASTERN WASHINGTON-NORTHERN IDAHO	6/30/2028	4.16
P02945	PERFORMANCE CONTRACTING INC	DC6INDC6-03	DC6 NORTHERN OHIO PAINTING & TAPING CONTRACTORS ASSOCIATION INC. (NO	4/30/2025	6.08
P02945	PERFORMANCE CONTRACTING INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275	4/30/2029	8.31
P02945	PERFORMANCE CONTRACTING INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275	4/30/2029	0.77
P02945	PERFORMANCE CONTRACTING INC	DC6MADC6-05	DC6 PAINTING WORKING CBA & RULES - LOCAL 123 AND 238 CINCINNATI AREA DC	5/1/2025	6.45
P02945	PERFORMANCE CONTRACTING INC	DC6MADC6-05	DC6 PAINTING WORKING CBA & RULES - LOCAL 123 AND 238 CINCINNATI AREA DC	5/1/2025	7.2
P02945	PERFORMANCE CONTRACTING INC	DC6MADC6-05	DC6 PAINTING WORKING CBA & RULES - LOCAL 123 AND 238 CINCINNATI AREA DC	5/1/2025	2.3
P02945	PERFORMANCE CONTRACTING INC	DC6MALU788-01	DC6 LOCAL 788 PAINTING - NO. OHIO INDEPENDENT CONTRACTORS & NORTH CEN	5/31/2028	7.8
P02945	PERFORMANCE CONTRACTING INC	DC81INLU246-07	DC81 LOCAL 246 DRYWALL FINISHING AGREEMENT - DES MOINES IA LOCAL 246 - I	4/30/2027	9
P02945	PERFORMANCE CONTRACTING INC	DC36INLU823-01	DC36 LOCAL 823 DRYWALL - MASTER DRYWALL AGREEMENT - NEW MEXICO (FOR	12/31/2028	3.96

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
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PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
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EMPLOYER_CODE	EMPLOYER_NAME	BARG_UNIT_CODE	BARG_UNIT_NAME	EXPIRATION DATE	HOURLY PENSION RATE
P02945	PERFORMANCE CONTRACTING INC	DC36INLU823-01	DC36 LOCAL 823 DRYWALL - MASTER DRYWALL AGREEMENT - NEW MEXICO (FOR	12/31/2028	0.5
P02945	PERFORMANCE CONTRACTING INC	DC91INLU1118-00	DC91 LOCAL 1118 PAINTERS & DRYWALL AGREEMENT - SOUTH BEND, IN - ADDENI	5/31/2028	9.5
P02945	PERFORMANCE CONTRACTING INC	DC91INLU1118-00	DC91 LOCAL 1118 PAINTERS & DRYWALL AGREEMENT - SOUTH BEND, IN - ADDENI	5/31/2028	4.75
P02945	PERFORMANCE CONTRACTING INC	DC58INLU456-00	DC58 LOCAL 456 PAINTING AGREEMENT - NASHVILLE, TN AREA - ADDENDUM 'G' P	9/30/2025	8.24
P02945	PERFORMANCE CONTRACTING INC	DC91MALU47-00	DC91 LOCAL 47 PAINTING & DRYWALL AGREEMENT - INDIANAPOLIS AND VICINITY	5/31/2026	9.03
P02945	PERFORMANCE CONTRACTING INC	DC91MALU47-00	DC91 LOCAL 47 PAINTING & DRYWALL AGREEMENT - INDIANAPOLIS AND VICINITY	5/31/2026	9.13
P02945	PERFORMANCE CONTRACTING INC	DC91MALU47-00	DC91 LOCAL 47 PAINTING & DRYWALL AGREEMENT - INDIANAPOLIS AND VICINITY	5/31/2026	5.48
P02945	PERFORMANCE CONTRACTING INC	DC91MALU47-00	DC91 LOCAL 47 PAINTING & DRYWALL AGREEMENT - INDIANAPOLIS AND VICINITY	5/31/2026	4.57
P02945	PERFORMANCE CONTRACTING INC	DC36INLU86-04	DC36 LOCAL 86 DRYWALL TAPING - ARIZONA LABOR AGREEMENT (PREV. DC15) DF	4/30/2026	2.73
W02543	WESTERN PARTITIONS INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	10.89
W02543	WESTERN PARTITIONS INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN V	6/30/2028	11.85
W02543	WESTERN PARTITIONS INC	DC16INLU567-00	DC16 LOCAL 567 PAINTING - NORTHERN NEVADA LOCAL 567 - PAINTERS - NORTHE	6/30/2027	6.95
W02543	WESTERN PARTITIONS INC	DC16INLU567-00	DC16 LOCAL 567 PAINTING - NORTHERN NEVADA LOCAL 567 - PAINTERS - NORTHE	6/30/2027	7.36
W02543	WESTERN PARTITIONS INC	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWAL	6/30/2025	7.58
W02543	WESTERN PARTITIONS INC	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWAL	6/30/2025	7.81
W02543	WESTERN PARTITIONS INC	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN	6/30/2026	8.26
W02543	WESTERN PARTITIONS INC	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN	6/30/2026	8.7
W02543	WESTERN PARTITIONS INC	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTIN	2/29/2028	2.43
W02543	WESTERN PARTITIONS INC	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON - NORTHERN IDAHO LOCAL	6/30/2028	6.2
W02543	WESTERN PARTITIONS INC	DC5MADC5-07	DC5 DRYWALL FINISHING AGREEMENT - EASTERN WASHINGTON-NORTHERN IDAH	6/30/2028	8.31
W02543	WESTERN PARTITIONS INC	DC5MADC5-07	DC5 DRYWALL FINISHING AGREEMENT - EASTERN WASHINGTON-NORTHERN IDAH	6/30/2028	4.16
W02543	WESTERN PARTITIONS INC	DC6INDC6-04	DC6 CONSTRUCTION EMPLOYERS ASSOCIATION OF CLEVELAND, OHIO (I.S.C.A.) DC	4/30/2028	6.08
W02543	WESTERN PARTITIONS INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275	4/30/2029	8.31
W02543	WESTERN PARTITIONS INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275	4/30/2029	0.77
W02543	WESTERN PARTITIONS INC	DC6MALU788-01	DC6 LOCAL 788 PAINTING - NO. OHIO INDEPENDENT CONTRACTORS & NORTH CEM	5/31/2028	7.8
W02543	WESTERN PARTITIONS INC	DC82MALU386-01	DC82 MINNESOTA DRYWALL & PLASTER ASSOCIATION MINNESOTA DRYWALL & PI	4/30/2028	14.41
W02543	WESTERN PARTITIONS INC	DC82MALU386-01	DC82 MINNESOTA DRYWALL & PLASTER ASSOCIATION MINNESOTA DRYWALL & PI	4/30/2028	15.17
W02543	WESTERN PARTITIONS INC	DC82MALU61-04	DC82 MINNESOTA DRYWALL & PLASTER ASSOCIATION MINNESOTA DRYWALL & PI	4/30/2028	4.16
W02543	WESTERN PARTITIONS INC	DC36INLU823-01	DC36 LOCAL 823 DRYWALL - MASTER DRYWALL AGREEMENT - NEW MEXICO (FOR	12/31/2028	3.96
W02543	WESTERN PARTITIONS INC	DC36INLU86-04	DC36 LOCAL 86 DRYWALL TAPING - ARIZONA LABOR AGREEMENT (PREV. DC15) DF	4/30/2026	2.73
W02543	WESTERN PARTITIONS INC	DC5MALU77-01	DC5 LOCAL 77 PAINTERS AGREEMENT - SOUTHERN IDAHO (FRMR 764) PAINTING -	5/31/2026	3.65
W02543	WESTERN PARTITIONS INC	DC5MALU77-02	DC5 LOCAL 77 PAINTING & DECORATING - UTAH PAINTING AND DECORATING UTA	7/31/2027	3.6
W02543	WESTERN PARTITIONS INC	DC5INLU77-02	DC5 LOCAL 77 SOUTHERN ID DRYWALL FINISHING-WESTERN PARTITIONS S ID DRY'	5/31/2028	2.84
W02543	WESTERN PARTITIONS INC	DC5INLU77-02	DC5 LOCAL 77 SOUTHERN ID DRYWALL FINISHING-WESTERN PARTITIONS S ID DRY'	5/31/2028	3.65
W02543	WESTERN PARTITIONS INC	DC5INLU77-03	DC5 LOCAL 77 DEPARTMENT OF ENERGY INL SITE STABILIZATION AGREEMENT DEF	5/31/2026	5.95
W02543	WESTERN PARTITIONS INC	DC5INLU77-05	DC5 - LOCAL 77 - SOUTHERN ID DRYWALL FINISHING - WESTERN PARTITIONS DC5 I	5/31/2028	7.41
W02543	WESTERN PARTITIONS INC	DC5INLU77-05	DC5 - LOCAL 77 - SOUTHERN ID DRYWALL FINISHING - WESTERN PARTITIONS DC5 I	5/31/2028	5
W02543	WESTERN PARTITIONS INC	DC5INLU77-06	DC5 LOCAL 77 UTAH DRYWALL FINISHING-WESTERN PARTITIONS UTAH DRYWALL I	7/31/2027	3.44

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning01/01/2024and ending12/31/2024

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A

Name of plan

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B

Three-digit plan number (PN)

001

C

Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D

Employer Identification Number (EIN)

52-6073909

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

1a

Enter the valuation date:

Month01Day01Year2024

b

Assets

(1) Current value of assets	1b(1)	4,068,219,405
(2) Actuarial value of assets for funding standard account.....	1b(2)	4,332,993,687
(1) Accrued liability for plan using immediate gain methods	1c(1)	6,308,575,742
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	6,308,575,742
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	10,597,848,083
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	265,645,063
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	457,431,516
(3) Expected plan disbursements for the plan year	1d(3)	478,381,579

Statement by Enrolled Actuary

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

SIGN HERE

Maria Kirilenko

Signature of actuary

Maria Kirilenko, ASA, FCA, MAAA, EA

Type or print name of actuary

SEGAL

Firm name

1800 M ST NW, SUITE 900 S

WASHINGTON DC 20036-5880

Address of the firm

09/17/2025

Date

2308331

Most recent enrollment number

202-833-6400

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	4,068,219,405
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	31,691	5,469,494,644
(2) For terminated vested participants	20,699	1,750,293,537
(3) For active participants:		
(a) Non-vested benefits		646,816,266
(b) Vested benefits		2,731,243,636
(c) Total active	37,000	3,378,059,902
(4) Total	89,390	10,597,848,083
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.38 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	442,944,486	0			
Totals ▶			3(b)	442,944,486	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 4,035,437

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	68.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		2035

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

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	4.50 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.2 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	20,200,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	93,410,348	9,585,004
3	7,294,824	748,535

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	131,854,963

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	2,456,223,374
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	33,618,746
e Total charges. Add lines 9a through 9d.....	9e	513,886,553

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	195,941,044
g Employer contributions. Total from column (b) of line 3.....	9g	442,944,486

	Outstanding balance	
h Amortization credits as of valuation date.....	9h	284,700,275

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	31,140,549
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j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	2,747,923,008
(2) "RPA '94" override (90% current liability FFL)	9j(2)	5,539,873,419
(3) FFL credit	9j(3)	

k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	715,933,796
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	202,047,243
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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