

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 PAINTING INDUSTRY INSURANCE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1948
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) PAINTING INDUSTRY INSURANCE FUND INDUSTRY INSURANCE FUND 45 WEST 14TH STREET NEW YORK, NY 10011
2b	Employer Identification Number (EIN) 13-5600369
2c	Plan Sponsor's telephone number 212-255-2950
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.	10/07/2025	JOSEPH AZZOPARDI
	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 5640
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) 4988 6a(2) 4871 6b 639 6c 6d 5510 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 525

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

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

4A 4B 4C 4D 4E 4F 4L 4Q 4U

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 8
- (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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369	

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 RETIREMENT INSURANCE & ANNUITY CO.

(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
84-0467907	93629	017106		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
JOHN SCHMITT
2 MAYFLOWER RD
BROOKVILLE, NY 11545

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			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** 7878984**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 ▶ GUARANTEED GENERAL ACCOUNT CON**b** Balance at the end of the previous year **7b** 7591881**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 190064
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 223551

▶ REALIZED/UNREALIZED GAIN

(6) Total additions **7c(6)** 413615**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 8005496**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 212757
(2) Administration charge made by carrier **7e(2)** 13313
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 0

▶ CONTRACT EXPENSE/UNREALIZED LOSS

(5) Total deductions **7e(5)** 226070**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 7779426

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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369

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
MVP HEALTHCARE

(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
14-1640868	95521	211639-0001	13	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 6931	(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
GALLAGHER BENEFIT SERVICES INC 300 MADISON AVE, 28TH FLR
NEW YORK, NY 10017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6931			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	

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	176912
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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369

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	G2187/C3302	90	11/01/2023	10/31/2024

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	

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

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

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

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	(c) Amount	(d) Purpose	

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	11997
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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369

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
MVP HEALTHCARE

(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
14-1640868	95521	214051-0001	245	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	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(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)	
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)	
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	1912115
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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369

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
EMBLEMHEALTH

(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
13-5511997	55239	1124054 1000	697	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	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(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)	
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)	
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	6970364
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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369	

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
SYMETRA 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
91-0742147	68608	24-000070-00		08/01/2023	07/31/2024

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

(a) Total amount of commissions paid 7542	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN H BLASCH
71 BEECHWOOD LANE
BERKELEY HEIGHTS, NJ 07922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7542			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	

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)	
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)	
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) ▶ **AD&D**

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	37711
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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369	

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
SYMETRA 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
91-0742147	68608	01-018184-00		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 93153	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN H BLASCH
71 BEECHWOOD LANE
BERKELEY HEIGHTS, NJ 07922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93153			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	

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)	
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)	
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) ▶ **AD&D**

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	465765
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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369	

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
HIGHMARK BLUESHIELD OF NORTHEASTERN NY

(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
16-1105741	55204	11447646	130	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 43832	(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
GBS INSURANCE BROKERAGE AND FINAN ONE JERICHO PLAZA, STE 200
JERICHO, NY 11753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43832			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	

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)	
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)	
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	1298123
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 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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369	

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
EMPOWER RETIREMENT INSURANCE AND
84-0467907

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK FUND ADVISORS
94-2948313

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WILMINGTON TRUST, NA
16-1486454

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

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

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

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

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

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

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

MAGNACARE

11-3410766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50 73	NONE	1102401	Yes ☒ No ☐	Yes ☐ No ☒	312726	Yes ☐ No ☒

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

MARSHALL AND MOSS LLP

11-3360166

(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	825945	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARNES,IACCARINO & SHEPHERD LLP

26-3858697

(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	348879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY 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 17 50	NONE	310275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPIRX HEALTH LLC

47-1226691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	300859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STACY PECCHIA

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?
30 50	EMPLOYEE	257994	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRIDGEWAY BENEFIT TEHCNOLOGIES

52-1796473

(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	250521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER BENEFIT SERVICES INC

36-2481781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	250000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AURELIA CIOCOI

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?
30 50	EMPLOYEE	242726	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)

ROCIO GARCIA

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?
30 50	NONE	193955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN MANAGEMENT INC

45-3845437

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	172886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WORKFORCE ASSISTANCE PROGRAM

20-8231145

(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 73	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	168793	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)

KEVIN MCMENOMY

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?
30 50	EMPLOYEE	144763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENERAL VISION SERVICES LLC

11-3580576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	134645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONICA ORTIZ

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?
30 50	EMPLOYEE	132121	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)

KOBGO ASSOCIATES INC

13-2751089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	122977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIMBERLY LAUGHTON

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?
30 50	EMPLOYEE	114748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY NIEVES

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?
30 50	EMPLOYEE	111126	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)

CARLA PICKNEY

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?
30 50	EMPLOYEE	110680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALVATORE SAVARESE

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?
30 50	EMPLOYEE	106025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAMONA MITCHELL

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?
30 50	EMPLOYEE	100316	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)

ADMINISTRATIVE SERVICES ONLY INC

11-2995970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	95450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UHY ADVISORS NY INC

14-1555429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	90950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVIS VISION INC

11-3051991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	88260	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)

STEVEN SALZMAN

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?
30 50	EMPLOYEE	82584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	72567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(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	72500	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)

MIRIAM MOGOLLON

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?
30 50	EMPLOYEE	69388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEORGEANNE MAMAKAS

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?
30 50	EMPLOYEE	61970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBORAH HEIBISCH

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?
30 50	EMPLOYEE	61434	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)

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	60546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE

13-3786306

(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	58836	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONATHAN MOSTAFA

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?
30 50	EMPLOYEE	53738	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)

ERIC KATECHIS

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?
30 50	NONE	51587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CELESTE BALLARD

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?
30 50	EMPLOYEE	48170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION SCREENING INC

06-1434201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	47630	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)

WHITNEY JENKINS

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?
30 50	EMPLOYEE	47340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOUNDRY PARTNERS LLC

46-1184506

(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 68 71	NONE	46367	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PATRICK JOSEPH

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?
30 50	EMPLOYEE	45469	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)

MARITZA BORBON

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?
30 50	EMPLOYEE	40026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	39146	Yes ☐ No ☒

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

AETNA

23-2229683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	38952	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)

AINSWORTH INC

83-1674559

(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	37691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSETMARK TRUST COMPANY

30-0774039

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	35568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANNETTE CHEVALIER

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?
30 50	EMPLOYEE	33128	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)

SEBASTIAN ROMERO

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?
30 50	EMPLOYEE	32414	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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	32402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASTE CONNECTIONS INC

68-0400286

(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	28294	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)

METROPOLITAN TEMPORARIES

13-3423067

(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	23500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNI PRINTING SOLUTIONS LLC

42 READS WAY
NEW CASTLE, DE 19720

(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?
38 50	NONE	23239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON CONTROLS SECURITY SOLUTIONS

26-2485989

(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	21751	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)

ARISTOTLE CAPITAL MANAGEMENT LLC

47-1867873

(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 68	NONE	19568	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIFTH THIRD WEALTH ADVISORS

86-1254229

(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	17400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACKAY SHIELDS LLC

13-5582869

(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	16646	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)

BP ELEVATOR CO

13-3313826

(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	16270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILMINGTON TRUST, NA

16-1486454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62	NONE	15576	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEW YORK PLUMBING HEATING & COOLING

87-71 LEFFERTS BLVD
RICHMOND HILL, NY 11418

(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	14251	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)

REYNOLDS CONSULTING SERVICES LLC

20-1899564

(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 50	NONE	13100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER RETIREMENT INSURANCE AND

84-0467907

(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	12659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA INVESTMENT MANAGEMENT

45-2872871

(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 68	NONE	9013	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)

AMALGAMATED BANK OF NEW YORK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	7030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAGNACARE	12 73	305545

(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.
ZELIS CLAIMS INTEGRITY LLC 86-1040704	CLAIMS FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAGNACARE	12 73	1178

(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.
NEXCLAIM RECOVERIES LLC 77-0612297	CLAIMS FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAGNACARE	12 73	6003

(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.
OPTUMINSIGHT INC 41-1858498	CALIMS 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
SEGAL SELECT INSURANCE SERVICES	22 53	3400

(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.
RLI INSURANCE 37-0915434	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	17897

(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.
CHUBB 13-1963496	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	2250

(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.
AMWINS 13-4279678	INSURANCE BROKERAGE COMMISSIONS

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
SEGAL SELECT INSURANCE SERVICES	22 53	4470

(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.
EUCLID SPECIALTY MANAGERS LL 45-3957469	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	9074

(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.
ULLICO 13-2988846	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	2055

(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.
OLD REPUBLIC INSURANCE GROUP 25-0410420	INSURANCE BROKERAGE COMMISSIONS

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
WORKFORCE ASSISTANCE PROGRAM	49 73	168793

(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.
MAGNACARE 11-3410766	OTHER INSURANCE FEES AND EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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.
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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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369	

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: LONGVIEW LARGECAP 500 VEBA INDEX FD			
b Name of sponsor of entity listed in (a): AMALGAMATED BANK			
c EIN-PN 13-4015803-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26061752	
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FULL DISCRETION TRUS			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC			
c EIN-PN 20-8080381-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19944865	
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD			
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC			
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) 4725233	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SHORT TERN BOND FUND			
b Name of sponsor of entity listed in (a): AMALGAMATED BANK			
c EIN-PN 92-0747061-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21290745	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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**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 PAINTING INDUSTRY INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTING INDUSTRY INSURANCE FUND INDUSTRY	D Employer Identification Number (EIN) 13-5600369	

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	4514427	5498454
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10981917	12095964
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2464887	5250219
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36774377	31188570
(2) U.S. Government securities	1c(2)	9244714	8488651
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	8385355	6246380
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	246801	243362
(B) Common	1c(4)(B)	8210837	9719488
(5) Partnership/joint venture interests	1c(5)	19440913	18503371
(6) Real estate (other than employer real property)	1c(6)	15000000	15000000
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	62663152	67297362
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	4378088	4725233
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2858240	2920960
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7591881	7878984
(15) Other.....	1c(15)	34109	24600

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	147480	132907
f Total assets (add all amounts in lines 1a through 1e).....	1f	192937178	195214505
Liabilities			
g Benefit claims payable	1g	19737762	19737762
h Operating payables	1h	915237	1927078
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	17811204	17655573
k Total liabilities (add all amounts in lines 1g through 1j)	1k	38464203	39320413
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	154472975	155894092

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)	119040038	
(B) Participants	2a(1)(B)	811158	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		119851196
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	911001	
(B) U.S. Government securities	2b(1)(B)	77010	
(C) Corporate debt instruments	2b(1)(C)	186625	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	888363	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2062999
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	12063	
(B) Common stock	2b(2)(B)	226822	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	143180	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		382065
(3) Rents	2b(3)		459740
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	16898588	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16111108	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		787480
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	-13127	
(B) Other	2b(5)(B)	-147108	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-160235

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10697733
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		520192
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		62720
c Other income	2c		2605930
d Total income. Add all income amounts in column (b) and enter total	2d		137269820

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	116968798	
(2) To insurance carriers for the provision of benefits	2e(2)	11233598	
(3) Other	2e(3)	238036	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		128440432
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)	3916895	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	948922	
(4) IQPA audit fees	2i(4)	60546	
(5) Investment advisory and investment management fees	2i(5)	348208	
(6) Bank or trust company trustee/custodial fees	2i(6)	10381	
(7) Actuarial fees	2i(7)	310275	
(8) Legal fees	2i(8)	206018	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1607026	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7408271
j Total expenses. Add all expense amounts in column (b) and enter total	2j		135848703

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1421117
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 FRANCELLO, 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?	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Painting Industry Insurance
Fund and Subsidiary

Opinion

We have audited the financial statements of the Painting Industry Insurance Fund and Subsidiary (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 these 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, Schedules of Benefits Paid, Schedule of Reportable Transactions, and Schedules of Administrative 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

New York, New York
September 24, 2025

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
United States Government and Government		
Agency obligations	\$ 8,488,651	\$ 9,244,714
Corporate obligations	6,246,380	8,385,355
Preferred stock	243,362	246,801
Common stock	9,719,488	8,210,837
Investment contract with insurance company	7,878,984	7,591,881
Common collective trusts	67,297,362	62,663,152
103-12 investment	4,725,233	4,378,088
Exchange traded funds	2,920,960	2,858,240
Short-term investments	31,188,570	36,774,377
Real estate	15,000,000	15,000,000
Limited partnerships	18,503,371	19,440,913
	<u>172,212,361</u>	<u>174,794,358</u>
Total investments		
RECEIVABLES		
Employer contributions	12,095,964	10,981,917
Accrued interest and dividends	118,281	74,177
Due from related parties	3,456,691	2,058,736
Securities sold and not settled	1,412,000	216
Security deposit	5,205	5,205
Other	24,600	34,109
	<u>17,112,741</u>	<u>13,154,360</u>
Total receivables		
OTHER ASSETS		
Cash	5,498,454	4,514,427
Property and equipment - net	132,907	147,480
Prepaid expenses	258,042	326,553
	<u>5,889,403</u>	<u>4,988,460</u>
Total other assets		
Total assets	<u>195,214,505</u>	<u>192,937,178</u>

See accompanying notes to the financial statements.

	<u>2024</u>	<u>2023</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Cash overdraft	\$ 952,771	\$ 366,734
Accrued expenses	974,307	548,503
Due to other entities	9,507,606	10,002,413
Employers' escrow payable	2,135,843	1,823,609
Unallocated employer contributions	<u>6,012,124</u>	<u>5,985,182</u>
Total liabilities	<u>19,582,651</u>	<u>18,726,441</u>
COMMITMENTS AND CONTINGENCIES (NOTE 11)		
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 175,631,854</u>	<u>\$ 174,210,737</u>

See accompanying notes to the financial statements.

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

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	\$ 11,907,890	\$ 9,738,065
Interest and dividends	2,445,064	2,166,621
Rental income	256,200	207,200
	<u>14,609,154</u>	<u>12,111,886</u>
Less investment expenses	<u>(358,589)</u>	<u>(362,800)</u>
Investment income - net	<u>14,250,565</u>	<u>11,749,086</u>
Contribution income		
Employer	119,040,038	119,520,566
Employer late charges	614,899	348,262
COBRA	187,670	190,675
Retiree	623,488	509,733
Total contribution income	<u>120,466,095</u>	<u>120,569,236</u>
Other income	<u>5,732</u>	<u>658,073</u>
Total additions	<u>134,722,392</u>	<u>132,976,395</u>
DEDUCTIONS		
Benefits paid	128,440,432	113,987,183
Government fees mandated by the Affordable Care Act	36,041	33,021
Administrative expenses	<u>4,824,802</u>	<u>4,663,672</u>
Total deductions	<u>133,301,275</u>	<u>118,683,876</u>
NET INCREASE	1,421,117	14,292,519
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>174,210,737</u>	<u>159,918,218</u>
End of year	<u><u>\$ 175,631,854</u></u>	<u><u>\$ 174,210,737</u></u>

See accompanying notes to the financial statements.

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Painting Industry Insurance Fund (the Plan) provides only general information. Participants should refer to Painting Industry Insurance Fund Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan was established January 1, 1948 pursuant to a collective bargaining agreement between the Association of Master Painters and Decorators of the City of New York (the Employers) and the International Union of Painters and Allied Trades, AFL-CIO, District Council No. 9 of Greater New York Metropolitan Area and its affiliated local unions (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended.

Benefits - The Plan provides major medical, hospital and other health care benefits, as well as vacation benefits. All persons on whose behalf the Employers are contributing into the Plan, and who otherwise qualify, are eligible for benefits.

The Plan also provides health care benefits to certain retirees. Upon meeting specific eligibility requirements, retired participants may receive coverage at no cost (Local 806 and Local 1969), self-pay coverage, or Medicare supplemental coverage.

The self-pay program is fully funded by retiree premiums. All other retiree coverage is provided at no cost to members (excluding co-payments or coinsurance paid directly to medical providers).

Additionally, the Plan provides a monthly benefit to certain eligible retirees to assist in offsetting the cost of premiums. The monthly benefit is \$0.60 per service unit for Plan retirees who are retired under the International Union of Painters and Allied Trades National Pension Fund. The benefit can be used to reduce the cost of self-pay retiree coverage offered through the Plan or programs offered outside the Plan as well.

Eligibility - A participant generally becomes eligible by completing 300 hours of covered employment within a calendar quarter. Continued eligibility is maintained by completing 1,200 hours in the previous calendar year. A participant will be eligible for benefits for the twelve months beginning March 1. If a participant falls short of the annual eligibility requirements, the participant may self-pay for additional hours in order to maintain their eligibility. The participant can buy up to 100 hours, minus any hours they have bought in the previous 3 quarters.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

The self-pay amount is the number of hours that they fall short of the eligibility requirement multiplied by the applicable employer contribution rate.

<u>Accumulation Period</u>	<u>Coverage Begins</u>
January - March	June 1
April - June	September 1
July - September	December 1
October - December	March 1

A participant's vacation account includes the sum of the amount in the vacation account attributable to contributions received from an employer. Every six months, the Plan distributes to each participant for whom a vacation account has been established the amount accumulated in the account.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments - Investments in common stock, preferred stock, U.S. Government and Government Agency obligations, corporate obligations and exchange traded funds are carried at fair value which generally represents quoted market prices or net asset value of the fund as of the last business day of the fiscal year as provided by the custodian or investment manager or valued using pricing models maximizing the use of observable inputs for similar securities with similar credit ratings. Short-term investments are valued at cost, which approximates fair value. The common collective trusts, 103-12 investment and limited partnerships are valued at net asset value (NAV) of units held at estimated fair value as determined by the investment managers. The NAV is used as a practical expedient to estimate fair value. The investment contract with insurance company is not fully-benefit responsive and is carried at fair value as provided by the insurance company. Real estate is carried at estimated fair value as determined by an independent third-party appraisal.

Purchase and sales of securities are recorded on a trade date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions - 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 carried 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 over the estimated useful lives for furniture, fixtures and leasehold improvements of three to seven years by the straight-line method. Depreciation and amortization expense totaled \$31,672 and \$33,717 for the years ended December 31, 2024 and 2023, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Securities Purchased or Sold and Not Settled - 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.

Unallocated Contributions - The Plan acts as a collection and disbursing agent and receives employer contributions on behalf of various affiliated entities and subsequently allocates and transfers the monies to each respective entity. At December 31, 2024 and 2023, \$6,012,124 and, \$5,985,182, respectively, of employer contributions were unallocated.

Payment of Benefits - Benefit payments are recorded when paid.

Claims Incurred but not Reported - Claims incurred but not reported at year end were estimated by the Plan's consultant based on claims experience.

Accumulated Eligibility Credits - The obligation for accumulated eligibility credits was estimated by the Plan's consultant.

HRA Liability - A Health Reimbursement Arrangement (HRA) is set up for certain participants of the Plan. The HRA is funded through monthly employer contributions. A participant account is set up; however, the account can only be used for qualified medical expenses. Any remaining amount is not portable once the participant leaves the Plan. A liability has been recorded for the participants' total balances at year-end, since the probability of payment could not be reasonably estimated.

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

NOTE 3. FUNDING POLICY

The Plan is financed by employer contributions, retiree contributions, and contributions from participants electing COBRA coverage. The employer contribution rates are specified in the collective bargaining agreements.

The employer contribution rate for health benefits for journeymen in effect during the year ended December 31, 2024 ranged from \$12.22 to \$13.12 per hour and \$12.22 to \$12.62 per hour in 2023.

The employer contribution rate for vacation benefits in effect during the years ended December 31, 2024 and 2023 ranged from \$2.30 to \$12.25 per hour.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 5. TAX STATUS

The Plan obtained its latest exemption letter in 1948 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(c)(9). The Plan has been amended since receiving the exemption letter. The Plan's administrator and the Plan's counsel believe that the 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 6. CASH CONCENTRATIONS

The Plan places its cash with financial institutions deemed to be creditworthy. The balance is insured by the Federal Deposit Insurance Corporation up to \$250,000. Cash balances may at times exceed the insured deposit limits.

NOTE 7. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2024 and 2023:

	2024	2023
Computer equipment	\$ 1,216,248	\$ 1,213,819
Furniture and fixtures	474,545	459,875
Building improvements	75,411	75,411
	<u>1,766,204</u>	<u>1,749,105</u>
Less: accumulated depreciation and amortization	(1,633,297)	(1,601,625)
Property and equipment - net	<u>\$ 132,907</u>	<u>\$ 147,480</u>

NOTE 8. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- Painting Industry Annuity Fund
- Finishing Trades Institute of New York
- District Council No. 9, International Union of Painters and Allied Trades, AFL-CIO
- International Union of Painters and Allied Trades Pension Fund
- International Union of Painters and Allied Trades Promotion Fund
- Labor Management Cooperation Initiative
- Political Action Together Fund

All of the above entities qualify as tax-exempt organizations. The entities listed above share common Trustees or officers with this Plan.

Administrative Expenses

The Plan shares facilities and staff with related organizations. Joint operating expenses are initially paid by the Plan. These expenses are reimbursed monthly among the funds based on allocations approved by the Trustees.

Administrative expenses allocated to related parties totaled \$1,988,055 and \$1,591,308 for the years ended December 31, 2024 and 2023, respectively.

The Plan receives employer contributions and other monies on behalf of itself and other related parties. The funds are deposited into a clearing account and subsequently allocated and transferred to the appropriate parties.

As of December 31, 2024 and 2023, the Plan was due \$3,456,691 and \$2,058,736, respectively, from related parties which represents allocated administrative expenses in excess of undistributed contributions from the clearing account.

The Building Corp. owns the land and building where the plan offices are located. The Plan shares office space with other entities that pay rent to the Building Corp. The amount of rents received by the Building Corp. from related entities amounted to \$256,200 and \$207,200 for each of the years ended December 31, 2024 and 2023, respectively. All leases are on a month-to-month basis.

Certain plan investments are managed by Wilmington Trust. Wilmington Trust is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedule of Assets Held at End of Year and the Schedule of Reportable Transactions.

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

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the Plan participate in two multiemployer defined benefit pension plans under the terms of a collective bargaining agreement that cover its union-represented employees and a participation agreement that covers its non-collectively bargained employees. The Plan remits the contributions to these multiemployer defined benefit pension plans for the shared employees on behalf of the related entities who reimburse the Plan for their share of the contributions based on a cost allocation study. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans 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 Plan chooses to stop participating in any of its multiemployer defined benefit pension plans, the Plan may be required to pay those multiemployer defined benefit pension plans an allocated amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each 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 orange or yellow zones are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plans	Plan's Employer Identification Number	Pension Plan's Plan Number	Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	Date of Collective Bargaining Agreement
International Painters & Allied Trades Industry Pension Plan	52-6073909	001	Red as of 01/01/24	No	Red as of 01/01/23	No	*
Local 153 OPEIU Pension Fund	13-2864289	001	Red as of 01/01/24	No	Red as of 01/01/23	No	**

* The employees of the Plan participate in the International Painters & Allied Trades Industry Pension Plan through a participation agreement between the Plan and the International Painters & Allied Trades Industry Pension Plan.

** The employees of the Plan participate in the Local 153 OPEIU Pension Fund through a participation agreement between the Plan and the Local 153 OPEIU Pension Fund.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Contribution paid directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer contribution rates of the Pension Plans		Number of employees covered by Pension Plans for which the Plan contributes directly to Pension Plans.	
	12/31/2024	12/31/2023			12/31/2024	12/31/2023	12/31/2024	12/31/2023
International Painters & Allied Trades Industry Pension Plan	\$360,305	\$301,526	\$0, Plan year ending 12/31/24.	\$0, Plan year ending 12/31/23.	\$2.06 - \$12.24 per hour plus 13.50% of gross for 5 employees	\$1.44 - \$11.41 per hour plus 13.50% of gross for 5 employees	8 shared employees	10 shared employees
Local 153 OPEIU Pension Fund	76,235	75,795	\$0, Plan year ending 12/31/24.	\$0, Plan year ending 12/31/23.	\$97.39 - \$100.31 per week	\$94.55 - \$97.39 per week	14 shared employees	16 shared employees
Total contributions to Pension Plans	\$436,540	\$377,321						

Reimbursements by related entities for their allocated share of the pension contribution for shared employees participating in the International Painters & Allied Trades Industry Pension Plan and Local 153 OPEIU Pension Fund were as follows:

	2024	2023
Painting Industry Annuity Fund	\$ 116,154	\$ 130,148
Finishing Trades Institute of New York	27,162	19,262
Total	<u>\$ 143,316</u>	<u>\$ 149,410</u>

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
International Painters & Allied Trades Industry Pension Plan	Funding Improvement Plan Implemented	No	No	N/A
Local 153 OPEIU Pension Fund	Funding Improvement Plan Implemented	No	No	N/A

NOTE 10. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Plan contributed to a multiemployer defined benefit health and welfare plan that provides postretirement benefits for its union-represented and non-collectively bargained employees during the years ended December 31, 2024 and 2023. The Plan remits the contributions to the multiemployer health and welfare plan that provides postretirement benefits for the shared employees on behalf of the related entities and the related entities reimburse the Plan for their share of the contributions based on a cost allocation study. Information about the health and welfare plan is below:

Legal Name of Pension Plans providing postretirement benefits other than pension	Contribution paid by the Plan directly		Employer Contribution rates of the Plans		Number of employees covered by the Plans for which the Health Fund contributes directly to the Plans	
	12/31/2024	12/31/2023	12/31/2024	12/31/2023	12/31/2024	12/31/2023
Painting Industry Insurance Plan	\$506,137	\$503,727	\$12.62 - \$13.12 per hour	\$12.12 - \$12.62 per hour	26 shared employees	26 shared employees

Reimbursements by related entities for their allocated share of the health and welfare contributions for share employees participating in Painting Industry Insurance Fund were as follows:

	2024	2023
Painting Industry Annuity Fund	\$ 102,085	\$ 111,123
Finishing Trades Institute of New York	23,872	17,104
Total	<u>\$ 125,957</u>	<u>\$ 128,227</u>

The Plan provides postretirement health benefits (medical, hospital, surgical, major medical, organ transplant, vision, and prescription drug), disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

NOTE 11. COMMITMENTS AND CONTINGENCIES

Litigation - There are various lawsuits and claims against the Plan which have arisen in the ordinary course of operations. The Plan has evaluated these claims and has provided for potential liabilities which may arise, where appropriate. In the opinion of management, based in part upon advice from counsel, these actions will not have a material adverse effect on the Plan's financial position.

NOTE 12. BENEFIT OBLIGATIONS

The following summary presents the benefit obligations of the Plan as of December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Claims payable, insurance premiums payable and claims incurred but not reported	\$ 12,634,200	\$ 10,141,700
Vacation benefits payable	9,035,838	9,596,062
Accumulated eligibility credits for active participants	74,167,100	72,078,000
HRA liability	7,115,667	7,108,162
Postretirement benefit obligations		
Current retirees	27,983,570	31,130,851
Other participants fully eligible for benefits	7,569,367	6,503,468
Other participants not fully eligible for benefits	<u>17,523,757</u>	<u>23,475,714</u>
Total benefit obligations	<u>\$ 156,029,499</u>	<u>\$ 160,033,957</u>

The changes in benefit obligations during the years ended December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Benefit obligations at beginning of year	<u>\$ 160,033,957</u>	<u>\$ 154,044,473</u>
Increase (decrease) during the year attributable to		
Claims payable, insurance premiums payable and claims incurred but not reported	2,492,500	(94,300)
Vacation benefits payable	(560,224)	(732,904)
Accumulated eligibility credits for active participants	2,089,100	2,850,500
HRA liability	7,505	1,242,317
Postretirement benefit obligations		
Benefits earned and other changes	1,598,352	1,606,105
Actuarial experience gain	714,970	6,042,775
Changes in actuarial assumptions	<u>(10,346,661)</u>	<u>(4,925,009)</u>
	<u>(4,004,458)</u>	<u>5,989,484</u>
Benefit obligations at end of year	<u>\$ 156,029,499</u>	<u>\$ 160,033,957</u>

NOTE 13. POSTRETIREMENT BENEFIT OBLIGATIONS

The Plan provides certain health care coverage to eligible retirees and their dependents. Retirees under the age of 65 are required to pay a premium to continue their medical coverage.

Accounting principles generally accepted in the United States of America require that the Plan include the actuarial present value of postretirement benefit obligations in the benefit obligations of the Plan.

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants.

The following are significant assumptions used in the postretirement benefit obligation valuations as of December 31, 2024 and 2023:

Discount rates:

Local 806 Division	5.5% for 2024 and 4.75% for 2023
Local 155 and 1969 Divisions	5.5% for 2024 and 4.75% for 2023
Insurance	5.5% for 2024 and 4.75% for 2023

Health trend rates:

Local 1969 Division medical spending account, dental, vision and hearing aid	3% for 2024 and 2023
Local 806 Division hospital, medical and HMO	6.0% in 2025 graded to 4.5% in 6 years for 2024; 6.25% in 2024 graded to 4.5% in 7 years for 2023
Local 806 Division dental, vision and hearing aid	3% for 2024 and 2023
Local 806 Division prescription drugs and Medicare Part D subsidy	6.5% in 2025 graded to 4.5% in 8 years for 2024; 6.75% in 2024 graded to 4.5% in 9 years in 2023
Local 155 Division medical	5.75% in 2025 graded to 4.5% over 5 years for 2024; 6.5% graded to 4.5% over 6 years for 2023
Local 155 Division vision	3.0% for 2024 and 2023
Local 155 Division Medicare Part B	4.5% for 2024 and 2023

NOTE 13. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)**Mortality:**

Healthy 109% of the Headcount-weighted Pri-2012 Blue Collar Employee/Healthy Retiree Mortality Tables with generational projection using Scale MP-2021 from 2012 for 2024 and 2023.

Disabled Headcount-weighted Pri-2012 Disabled Retiree Mortality with generation projection using Scale MP-2021 from 2012 for 2024 and 2023.

Assumptions changes were also made to reflect more recent claims experience and to match turn-over assumptions with the International Painters and Allied Trades Industry Pension Fund.

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

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point, that would increase the obligations as of December 31, 2024 and 2023 by \$5,471,862 and \$6,933,462, respectively.

NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements	\$ 175,631,854	\$ 174,210,737
Claims currently payable, insurance premiums payable, claims incurred but not reported and vacation benefits payable	<u>(21,670,038)</u>	<u>(19,737,762)</u>
Net assets available for benefits as reported on Form 5500	<u><u>\$ 153,961,816</u></u>	<u><u>\$ 154,472,975</u></u>

NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of the cost of benefits per the financial statements to Form 5500:

	<u>2024</u>
Benefits paid to or for participants per the financial statements	\$ 128,440,432
Add - amounts payable at end of year	21,670,038
Less - amounts payable at beginning of year	<u>(19,737,762)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 130,372,708</u>

NOTE 15. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Empower (formally Prudential Financial). The account is credited with earnings on the underlying investments and charged for plan withdrawals and administrative expenses. The contract is included in the financial statements at fair value as estimated by the insurance company. The fair value, as estimated by Empower, of the investment contract at December 31, 2024 and 2023 was \$7,878,984 and \$7,591,881, respectively. The average yield, calculated for the years ended December 31, 2024 and 2023, was approximately 3.83% and 3.13%, respectively. The effective crediting interest rates was 4.20% and 3.50% for the years ended December 31, 2024 and 2023, respectively. The crediting interest rate is determined annually by Empower, but cannot be less than zero.

NOTE 16. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sector and credit 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 statement of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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 17. 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.

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 reporting period.

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

NOTE 17. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2024 and 2023:

Fair Value Measurements at December 31, 2024				
	Total	Level 1	Level 2	Level 3
U.S Government and Government				
Agency obligations:				
United States Treasuries	\$ 6,960,833	\$ 6,960,833	\$ -	\$ -
Government Agencies	1,527,818	-	1,527,818	-
Common stock	9,719,488	9,719,488	-	-
Preferred stock	243,362	-	243,362	-
Corporate obligations	6,246,380	-	6,246,380	-
Exchange traded funds	2,920,960	2,920,960	-	-
Investment contract with insurance company	7,878,984	-	-	7,878,984
Common collective trusts *	47,352,497	-	47,352,497	-
Real estate	15,000,000	-	-	15,000,000
Short-term investments *	31,188,570	-	31,188,570	-
Total assets in the fair value hierarchy	129,038,892	<u>\$ 19,601,281</u>	<u>\$ 86,558,627</u>	<u>\$ 22,878,984</u>
Investments measured at NAV	43,173,469			
Total investments	<u>\$ 172,212,361</u>			

*Three investments account for 40.03% of net assets available for benefits at December 31, 2024.

Fair Value Measurements at December 31, 2023				
	Total	Level 1	Level 2	Level 3
U.S Government and Government				
Agency obligations:				
United States Treasuries	\$ 7,654,600	\$ 7,654,600	\$ -	\$ -
Government Agencies	1,590,114	-	1,590,114	-
Common stock	8,210,837	8,210,837	-	-
Preferred stock	246,801	-	246,801	-
Corporate obligations	8,385,355	-	8,385,355	-
Exchange traded funds	2,858,240	2,858,240	-	-
Investment contract with insurance company	7,591,881	-	-	7,591,881
Common collective trusts *	47,940,510	-	47,940,510	-
Real estate	15,000,000	-	-	15,000,000
Short-term investments *	36,774,377	-	36,774,377	-
Total assets in the fair value hierarchy	136,252,715	<u>\$ 18,723,677</u>	<u>\$ 94,937,157</u>	<u>\$ 22,591,881</u>
Investments measured at NAV	38,541,643			
Total investments	<u>\$ 174,794,358</u>			

NOTE 17. FAIR VALUE MEASUREMENTS (continued)

*Two investments account for 41.88% of net assets available for benefits at December 31, 2023.

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

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2024 and 2023.

Change in Level 3 Fair Value Measurements for 2024						
	Beginning Balance	Contributions	Distributions	(App.) in Investment	Manager Fees	Ending Balance
Investment contract with insurance company	\$ 7,591,881	\$ 289,621	\$ (212,757)	\$ 223,552	\$ (13,313)	\$ 7,878,984
Real estate	15,000,000	-	-	-	-	15,000,000
Total	<u>\$ 22,591,881</u>	<u>\$ 289,621</u>	<u>\$ (212,757)</u>	<u>\$ 223,552</u>	<u>\$ (13,313)</u>	<u>\$ 22,878,984</u>

Change in Level 3 Fair Value Measurements for 2023						
	Beginning Balance	Contributions	Distributions	Appr (Depr.) in Investment	Manager Fees	Ending Balance
Investment contract with insurance company	\$ 7,849,799	\$ -	\$ (481,008)	\$ 231,102	\$ (8,012)	\$ 7,591,881
Real estate	15,400,000	-	-	(400,000)	-	15,000,000
Total	<u>\$ 23,249,799</u>	<u>\$ -</u>	<u>\$ (481,008)</u>	<u>\$ (168,898)</u>	<u>\$ (8,012)</u>	<u>\$ 22,591,881</u>

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and ranges of values for those inputs at December 31, 2024.

Instrument	Fair Value	Underlying Investment	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Empower	\$ 7,878,984	N/A	Interest rate based	Market interest rate	3.70% - 4.20%	3.825%
Painting Industry Building Corporation	\$ 15,000,000	N/A	Sales comparison Direct	Value per square foot Overall Cap Rates	\$814 - \$1,432 4.00% - 7.00%	\$1,176 5.85%

NOTE 17. FAIR VALUE MEASUREMENTS (continued)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and ranges of values for those inputs at December 31, 2023.

Instrument	Fair Value	Underlying Investment	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Prudential Insurance Company	\$ 7,591,881	N/A	Interest rate based	Market interest rate	2.75% - 3.50%	3.13%
Painting Industry Building Corporation	\$ 1,500,000	N/A	Sales comparison Direct	Value per square foot Overall Cap Rates	\$814 - \$1,432 4.00% - 7.00%	\$1,176 5.85%

The following table summarizes investments at fair value based on the net asset value (NAV) per share as of December 31, 2024:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trusts -				
NHIT: Core Plus Full Discretion Trust	\$ 19,944,865	\$ -	Daily	3 days
103-12 Investment				
Ullico Infrastructure Tax-Exempt Fund, LP	4,725,123	-	(b)	(b)
Limited partnerships -				
U.S. Real Estate Investment Fund LLC	10,029,466	-	(c)	(c)
Boyd Watterson GSA Fund L.P.	5,015,207	-	(d)	(d)
Labor Impact Feeder Fund, LP	3,458,698	778,242	(e)	(e)
	<u>\$ 43,173,359</u>	<u>\$ 778,242</u>		

NOTE 17. FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments at fair value based on the net asset value (NAV) per share as of December 31, 2023:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trusts -				
NHIT: Core Plus Full Discretion Trust	\$ 10,444,908	\$ -	Daily	3 days
Voya Senior Loan Common Trust	4,277,734	-	(a)	(a)
103-12 Investment				
Ullico Infrastructure Tax-Exempt Fund, LP	4,378,088	-	(b)	(b)
Limited partnerships -				
U.S. Real Estate Investment Fund LLC	10,708,408	-	(c)	(c)
Boyd Watterson GSA Fund L.P.	5,332,303	-	(d)	(d)
Labor Impact Feeder Fund, LP	<u>3,400,202</u>	<u>719,321</u>	(e)	(e)
	<u>\$ 38,541,643</u>	<u>\$ 719,321</u>		

- (a) Voya Senior Loan Common Trust: A common collective trust where redemptions occur on the 15th day of the month (or if not a business day, next following day), but requires a written request by the 15th day of the month preceding the requested withdrawal date. If the redemption request is an off-cycle request, approval is needed from the Senior Loan Team.
- (b) Ullico Infrastructure Tax-Exempt Fund, LP - The Fund invests substantially all of its net assets in a master-feeder arrangement where the master will facilitate tax structuring for the acquisition and administration of investments for the Partnership and any parallel funds. The General Partner will permit a limited partner to redeem all or a portion of its units after the expiration of a four year lock-up period beginning on the limited partner's admission date to the Partnership. Upon 45 days' notice to the General Partner, the limited partner will be placed in a redemption queue. A limited partner who is next up in the redemption queue will be able to have all or a portion of its requested units redeemed.

NOTE 17. FAIR VALUE MEASUREMENTS (continued)

- (c) U.S. Real Estate Investment Fund, LLC: The Fund investment objectives are to:
 - (i) preserve and protect investor's capital, (ii) provide potential for capital appreciation; (iii) generate current income on invested capital in the range of 6% to 8% per annum; and (iv) provide an average annual total return of approximately 10% per annum. The Fund will seek to invest directly and indirectly in real estate and real estate-related assets. Members may request redemption of its interest at any time after the later of (i) the first anniversary of the Initial Closing, and (ii) the date upon which the net asset value first exceeds \$200 million. A member may elect to have the company redeem some or all of its interest by providing the manager with written notice such effect ("Redemption Notice") in a form acceptable to the manager at least 90 days prior to a calendar quarter end. Redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period (the "Redemption Effective Date").
- (d) Boyd Watterson GSA Fund LP: The Fund's investment objective is wealth preservation and generating consistent current income, using risk parameters and portfolio strategies established by the General Partner. The Fund invests predominantly in real estate leased to the U.S. federal government through either the General Services Administration or other government agencies. Fund partners may request that the Fund redeem all or a portion of their units by delivering written notice to the Fund stating the number of units to be redeemed. A partial redemption will only be permitted in increments of \$250,000 and will not be permitted for amounts less than \$250,000. The Fund intends to redeem units on a quarterly basis at the NAV per units of the last day of the applicable calendar quarter less any applicable redemption fees. Redemption requests (and the request to resend a prior redemption request) shall be made no later than 60 days prior to and will be effective as of the last day of a calendar quarter.
- (e) Labor Impact Feeder Fund, LP - The Fund invests substantially all of its net assets in a master-feeder arrangement where the master was formed for the purpose of (a) identifying potential Investments, (b) acquiring, holding, financing, managing and disposing of Investments, (c) pending utilization or disbursement of funds, to invest such funds in accordance with the terms of the Amended and Restated Limited Partnership Agreement. The Fund does not allow for redemption. The only way an investor can exit the Fund is through a transfer or secondary sale.

NOTE 18. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) are equal to \$3.47 per covered life for the 2024 calendar year and \$3.22 for 2023. The fee is indexed based on increases in the projected per capita amount of national health expenditures. For the years ended December 31, 2024 and 2023, the Plan paid \$36,041 and \$33,021 in PCORI fees.

NOTE 19. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 24, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

SCHEDULES OF BENEFITS PAID

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
BENEFITS PAID:		
Insured benefits:		
HMO	\$ 6,970,364	\$ 6,980,310
Comprehensive medical - Local 155	2,269,623	2,003,070
Comprehensive medical - Local 201/466	1,482,985	1,281,627
Group, life and AD&D - Local 806	44,861	38,722
Group, life and AD&D - CSWF	465,765	441,070
Total insured benefits	<u>11,233,598</u>	<u>10,744,799</u>
Self-insured benefits:		
Vacation	45,690,728	44,601,005
Hospital, medical, surgical and other claims	58,248,917	46,063,308
Prescription drug	7,871,134	7,402,220
Dental	1,811,499	1,749,529
Medical spending	489,499	414,708
Optical	287,216	288,025
Retiree medical premium reimbursements	311,267	271,972
Death	53,000	40,000
Supplemental unemployment benefits	4,200	4,900
Legal services	238,036	245,483
Hearing aids	10,000	10,965
Total self-insured benefits	<u>115,015,496</u>	<u>101,092,115</u>
SERVICE FEES:		
Hospital, medical and surgical	1,756,077	1,524,326
Dental	134,402	155,813
Prescription drug	300,859	470,130
Total service fees	<u>2,191,338</u>	<u>2,150,269</u>
Total benefits paid	<u><u>\$ 128,440,432</u></u>	<u><u>\$ 113,987,183</u></u>

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Payroll	\$ 2,240,520	\$ 2,170,286
Employee benefits	1,463,506	1,381,283
Compliance payroll auditing	829,320	816,450
Actuarial and other consulting	483,161	332,648
Office equipment and maintenance	289,093	301,200
Building operation and maintenance	259,525	260,224
Payroll taxes	212,869	198,556
Accounting and auditing	180,148	176,713
Insurance	169,309	153,823
Real estate taxes	161,429	163,086
Legal	156,026	156,620
Office and others	125,210	125,985
Legal collection fees	49,992	50,317
Stationary and supplies	38,194	19,713
Conferences and meetings	37,054	41,378
Postage and shipping	32,480	30,608
Depreciation	31,672	33,717
Communications	26,064	59,827
Telephone	24,529	27,181
	6,810,101	6,499,615
Less: reimbursed administrative expenses	(1,985,299)	(1,835,943)
	\$ 4,824,802	\$ 4,663,672

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Form 5500, Schedule H, Item 4i

EIN: 13-5600369

Plan No. 501

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
		Par / Maturity					
Identity of Issuer, Borrower, Identity of Issuer, Borrower,		Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
<u>1c(1) Interest bearing cash:</u>							
	Amalgamated Bank	MMA	Demand	Var %	22,950,820	\$ 22,950,820	\$ 22,950,820
	AssetMark FDIC Insured Cash	MMA	Demand	Var	149,372	149,372	149,372
	TD Bank	MMA	Demand	Var	7,002,507	7,002,507	7,002,507
*	Wilmington US Government Money Market Fu	MMA	Demand	Var	1,085,871	1,085,871	1,085,871
	Total Interest bearing cash					31,188,570	31,188,570
<u>1c(2) United States Government securities:</u>							
	Federal Home Loan Mortgage Corporation	CMO	04/25/30	3.511	120,000	121,003	113,200
	Federal Home Loan Mortgage Corporation	CMO	12/25/30	3.900	40,000	44,038	38,222
	Federal Home Loan Mortgage Corporation	CMO	01/25/31	3.718	95,000	98,048	89,285
	Federal Home Loan Mortgage Corporation	CMO	10/25/31	3.117	55,000	54,119	49,353
	Federal Home Loan Mortgage Corporation	CMO	08/25/33	3.990	35,000	38,627	32,536
	Federal Home Loan Mortgage Corporation	CMO	10/25/33	3.900	20,000	21,666	18,531
	Federal Home Loan Mortgage Corporation	CMO	08/25/25	3.010	93,440	96,552	92,612
	Federal Home Loan Mortgage Corporation	CMO	04/25/28	3.900	15,000	15,684	14,656
	Federal Home Loan Mortgage Corporation	CMO	07/25/29	4.543	65,000	65,608	64,369
	Federal Home Loan Mortgage Corporation	Pool	01/01/33	3.500	19,789	20,973	19,046
	Federal Home Loan Mortgage Corporation	Pool	11/01/34	5.500	10,226	10,608	10,360
	Federal Home Loan Mortgage Corporation	Pool	12/01/34	5.000	9,003	8,665	8,940
	Federal Home Loan Mortgage Corporation	Pool	07/01/36	5.000	7,566	7,152	7,524
	Federal Home Loan Mortgage Corporation	Pool	12/01/36	5.500	1,375	1,391	1,393
	Federal Home Loan Mortgage Corporation	Pool	01/01/37	6.118	1,593	1,616	1,614
	Federal Home Loan Mortgage Corporation	Pool	08/01/37	6.500	2,302	2,463	2,409
	Federal Home Loan Mortgage Corporation	Pool	06/01/38	5.500	4,817	5,049	4,849
	Federal Home Loan Mortgage Corporation	Pool	01/01/40	5.500	3,720	4,106	3,742
	Federal Home Loan Mortgage Corporation	Pool	06/01/42	3.500	28,869	30,218	26,340
	Federal Home Loan Mortgage Corporation	Pool	07/01/43	3.000	22,621	22,854	19,984
	Federal Home Loan Mortgage Corporation	Pool	10/01/44	4.500	9,268	9,953	8,917
	Federal Home Loan Mortgage Corporation	Pool	11/01/44	4.000	7,250	7,765	6,751
	Federal Home Loan Mortgage Corporation	Pool	03/01/45	3.500	14,819	15,414	13,398
	Federal Home Loan Mortgage Corporation	Pool	08/01/45	3.000	6,332	6,329	5,529
	Federal Home Loan Mortgage Corporation	Pool	05/01/47	4.000	18,028	18,868	16,744
	Federal Home Loan Mortgage Corporation	Pool	10/01/47	3.500	19,961	20,422	17,957
	Federal Home Loan Mortgage Corporation	Pool	12/01/48	4.000	21,444	21,384	19,902
	Federal Home Loan Mortgage Corporation	Pool	11/01/25	3.500	1,274	1,290	1,266
	Federal Home Loan Mortgage Corporation	Pool	06/01/26	7.000	409	458	424
	Federal National Mortgage Association	CMO	10/25/26	2.415	38,363	35,786	36,931
	Federal National Mortgage Association	CMO	12/25/26	2.464	60,255	65,744	57,937
	Federal National Mortgage Association	CMO	02/25/27	2.825	29,459	28,198	28,491
	Federal National Mortgage Association	CMO	09/25/27	2.960	48,521	47,551	46,648
	Federal National Mortgage Association	CMO	12/25/27	2.988	25,686	24,738	24,616
	Federal National Mortgage Association	CMO	03/25/28	3.032	40,363	38,882	38,570

(a)	(b)	(c)			(d)	(e)		
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value						
	Identity of Issuer, Borrower, Identity of Issuer, Borrower,	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value	
1c(2)	United States Government securities (continued):							
	Federal National Mortgage Association	CMO	07/25/28	3.355	%	44,159	\$ 44,573	\$ 42,478
	Federal National Mortgage Association	Pool	03/01/28	3.000		4,932	5,209	4,821
	Federal National Mortgage Association	Pool	08/01/32	3.500		8,459	8,913	8,103
	Federal National Mortgage Association	Pool	01/01/33	2.870		61,637	63,087	57,255
	Federal National Mortgage Association	Pool	01/01/33	6.000		291	291	296
	Federal National Mortgage Association	Pool	04/01/33	5.500		2,173	2,196	2,188
	Federal National Mortgage Association	Pool	08/01/33	4.500		1,088	1,111	1,061
	Federal National Mortgage Association	Pool	10/01/33	4.500		4,766	4,863	4,574
	Federal National Mortgage Association	Pool	05/01/34	7.375		10,158	10,411	10,102
	Federal National Mortgage Association	Pool	07/01/34	5.000		201	193	200
	Federal National Mortgage Association	Pool	12/01/34	5.500		3,851	3,713	3,883
	Federal National Mortgage Association	Pool	02/01/35	5.000		1,198	1,154	1,188
	Federal National Mortgage Association	Pool	01/01/36	6.000		1,131	1,151	1,173
	Federal National Mortgage Association	Pool	05/01/36	2.000		56,388	58,377	49,990
	Federal National Mortgage Association	Pool	05/01/37	6.000		20,381	20,393	21,068
	Federal National Mortgage Association	Pool	09/01/37	7.000		901	949	933
	Federal National Mortgage Association	Pool	06/01/39	4.500		5,013	4,875	4,860
	Federal National Mortgage Association	Pool	07/01/39	4.500		14,505	15,670	14,062
	Federal National Mortgage Association	Pool	07/01/39	5.000		7,722	7,930	7,659
	Federal National Mortgage Association	Pool	08/01/39	4.500		10,454	10,877	10,136
	Federal National Mortgage Association	Pool	09/01/39	4.000		12,507	13,207	11,801
	Federal National Mortgage Association	Pool	05/01/40	4.500		9,243	9,645	8,961
	Federal National Mortgage Association	Pool	06/01/40	5.000		4,663	4,939	4,545
	Federal National Mortgage Association	Pool	02/01/41	4.000		5,267	5,257	4,970
	Federal National Mortgage Association	Pool	04/01/41	4.000		39,316	39,605	37,095
	Federal National Mortgage Association	Pool	07/01/41	2.500		51,873	53,505	44,022
	Federal National Mortgage Association	Pool	09/01/41	4.000		14,307	15,047	13,499
	Federal National Mortgage Association	Pool	05/01/42	3.500		15,362	15,511	14,002
	Federal National Mortgage Association	Pool	06/01/42	3.500		31,291	33,501	28,629
	Federal National Mortgage Association	Pool	01/01/43	3.000		9,919	9,691	8,752
	Federal National Mortgage Association	Pool	02/01/43	3.500		5,000	5,097	4,556
	Federal National Mortgage Association	Pool	02/01/43	3.000		17,130	17,079	15,113
	Federal National Mortgage Association	Pool	04/01/43	3.000		23,783	23,790	20,983
	Federal National Mortgage Association	Pool	08/01/43	3.000		7,943	7,980	7,007
	Federal National Mortgage Association	Pool	12/01/43	3.500		7,505	7,654	6,822
	Federal National Mortgage Association	Pool	03/01/45	4.000		4,462	4,756	4,148
	Federal National Mortgage Association	Pool	03/01/45	4.000		10,540	11,296	9,801
	Federal National Mortgage Association	Pool	04/01/45	3.500		9,849	10,352	8,881
	Federal National Mortgage Association	Pool	08/01/45	3.500		6,743	6,995	6,055
	Federal National Mortgage Association	Pool	04/01/46	3.500		15,652	16,493	14,048
	Federal National Mortgage Association	Pool	07/01/46	3.000		23,334	23,887	20,263
	Federal National Mortgage Association	Pool	08/01/46	3.000		2,773	2,732	2,408
	Federal National Mortgage Association	Pool	11/01/47	4.000		20,424	20,874	18,990
	Government Nation Mortgage Association	CMO	12/16/45	1.750		10,238	10,014	9,446
	Government Nation Mortgage Association	CMO	04/16/47	2.350		15,485	15,671	13,945
	United States Treasury	Bond	08/15/40	1.125		495,000	330,008	295,154
	United States Treasury	Bond	11/15/41	2.000		395,000	278,020	265,211
	United States Treasury	Bond	11/15/42	2.750		95,000	75,899	70,997
	United States Treasury	Note	03/31/25	0.500		1,432,000	1,361,774	1,419,022
	United States Treasury	Note	06/30/25	0.250		1,447,000	1,365,872	1,419,190
	United States Treasury	Note	09/30/25	0.250		1,458,000	1,375,298	1,415,171
	United States Treasury	Note	10/15/25	4.250		250,000	250,149	250,063

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Identity of Issuer, Borrower,	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(2) United States Government securities (continued):</u>							
	United States Treasury	Note	12/31/25	4.250	% 1,388,000	\$ 1,394,005	\$ 1,388,216
	United States Treasury	Note	08/15/29	1.625	200,000	174,908	177,507
	United States Treasury	Note	08/15/32	2.750	110,000	99,812	97,551
	United States Treasury	Note	02/15/34	4.000	170,000	168,023	162,751
	Total United States Government securities					8,537,504	8,488,651
<u>1c(3) Corporate debt instruments:</u>							
	ACE INA Holdings Inc.	Bond	05/03/26	3.350	25,000	25,353	24,611
	Adobe Inc.	Bond	04/04/34	4.950	25,000	24,951	24,796
	Advanced Energy Conv	Bond	09/15/28	2.500	57,000	57,860	62,073
	Affrim Holding Inc Conv	Bond	12/15/29	0.750	10,000	10,397	9,587
	Aflac Inc.	Bond	10/15/46	4.000	30,000	30,044	23,526
	Air Canada	CMO	11/15/26	4.125	9,507	9,650	9,461
	Akamai Tech	Bond	09/01/27	0.375	32,000	33,936	32,082
	Ally Financial Inc.	Bond	11/02/28	2.200	60,000	59,271	53,381
	Amazon.com Inc	Bond	06/03/50	2.500	45,000	44,540	26,847
	American Air	Bond	07/01/25	6.500	25,000	25,000	29,205
	American Express	Bond	02/16/28	5.098	25,000	25,038	25,144
	American Honda	Bond	01/12/26	4.750	35,000	34,980	35,032
	Amphastar Pharm Conv	CMO	03/15/29	2.000	47,000	49,924	43,738
	Apple Inc	Bond	05/11/50	2.650	70,000	60,484	43,488
	AT&T Inc	Bond	06/01/41	3.500	50,000	50,709	38,314
	Bank Of America	CMO	09/15/48	3.705	100,000	106,063	99,000
	Bank of America Corp MTN	Bond	04/21/45	4.750	45,000	46,646	39,738
	Bank of America V-A	Bond	09/21/36	2.482	75,000	75,000	61,105
	Bank of Montreal V-S	Bond	12/15/32	3.803	80,000	80,000	76,513
	Bentley SYS Inc	Bond	01/15/26	0.125	19,000	18,647	18,430
	Berkshire Hathaway Inc.	Bond	02/11/43	4.500	45,000	50,121	41,576
	Berkshire Hathaway Inc.	Bond	10/15/50	2.850	15,000	14,988	9,413
	Berkshire Hathaway Inc.	Bond	01/15/51	2.500	35,000	34,598	20,203
	Bill.com Holdings	Bond	04/01/30	0.000	15,000	15,050	14,783
	BioMarin Pharmaceutical	Bond	05/15/27	1.250	54,000	55,339	50,112
	Blackrock Funding	Bond	03/14/54	5.250	30,000	29,638	28,340
	BMW Vehicle Lea	ABS	06/25/27	5.000	25,000	24,998	25,134
	Booking Holdings	Bond	05/01/25	0.750	18,000	26,357	47,496
	Bridgebio Pharmaceuticals	Bond	02/01/29	2.250	16,000	12,956	13,648
	Burlington North	Bond	03/01/41	5.050	25,000	25,101	23,642
	California St	Bond	10/01/29	2.500	115,000	114,101	104,801
	Capital One	ABS	08/15/28	2.060	60,000	59,984	57,727
	Carnival Corp	Bond	12/01/27	5.750	26,000	30,945	52,312
	Centennial Resource Dev Inc.	Bond	04/01/28	3.250	18,000	18,461	45,281
	Chefs Warehouse	Bond	12/15/28	2.375	28,000	28,205	35,938
	Citigroup Inc.	Bond	09/19/39	5.411	65,000	65,124	61,901
	CNH Equipment	ABS	03/15/28	3.910	35,000	34,999	34,511
	Coca-Cola Company	Bond	05/13/54	5.300	45,000	44,739	43,405
	Columbus Oh	Bond	04/01/36	4.122	40,000	39,764	36,660
	Datadog Inc	Bond	06/15/25	0.125	24,000	28,754	37,152
	Dexcom Inc	Bond	11/15/25	0.250	44,000	44,095	42,348
	Duke Energy Corp	Bond	03/15/28	4.300	65,000	65,061	63,984
	Eli Lilly & Co	Bond	02/27/33	4.700	45,000	44,904	44,105
	Enbridge Energy Partners	Bond	09/15/40	5.500	25,000	26,461	23,930
	Enterprise Products	Bond	01/10/26	5.050	70,000	70,020	70,342

(a)	(b)	(c)				(d)		(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value							
	Identity of Issuer, Borrower, Identity of Issuer, Borrower,	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost		Current Value	
<u>1c(3) Corporate debt instruments (continued):</u>									
	EOG Resources Inc	Bond	12/01/54	5.650	% 40,000	\$ 39,764		\$ 39,170	
	Etsy Inc.	Bond	10/01/26	0.125	30,000	29,290		28,977	
	Exact Sciences Corp.	Bond	04/15/31	1.750	53,000	61,189		49,226	
	Expedia Group Cov	Bond	02/15/26	0.000	31,000	30,798		30,753	
	Exxon Mobil Corp	Bond	08/16/49	3.095	45,000	45,000		29,979	
	First National	ABS	05/15/30	5.340	30,000	29,995		30,278	
	First National Mstr	ABS	04/15/29	5.130	35,000	35,016		35,204	
	Five9 Inc Conv	Bond	03/15/29	1.000	20,000	20,450		17,990	
	Florida Power & Light	Bond	02/01/38	5.950	15,000	18,821		15,696	
	Ford Credit Floorplan Master	ABS	09/15/27	1.060	170,000	170,002		165,850	
	Ford Motor Company	Bond	03/15/26	0.000	55,000	59,023		53,185	
	General Motors Financial Co.	Bond	07/13/25	4.300	65,000	64,740		64,807	
	Global Payments Inc Conv	Bond	03/01/31	1.500	40,000	40,925		39,160	
	Georgia St	Bond	11/12/08	4.000	90,000	106,039		91,818	
	Greenbrier Cos Inc.	Bond	04/15/28	2.875	32,000	34,454		38,736	
	Guidewire Software Conv	Bond	11/01/29	1.250	25,000	25,412		24,388	
	Halozyme Therapeutics Inc.	Bond	08/15/28	1.000	39,000	36,849		42,058	
	Home Depot Inc.	Bond	04/01/43	4.200	30,000	29,030		25,371	
	Impinj Inc.	Bond	05/15/27	1.250	15,000	15,250		21,259	
	Integer Holdings Conv	Bond	02/15/28	2.125	37,000	40,735		59,126	
	Ionis Pharmaceuticals Conv	Bond	06/15/28	1.750	27,000	29,707		26,538	
	iRhythm Technologies	Bond	09/01/29	1.500	11,000	11,000		10,626	
	John Deere Owner Trust	ABS	12/17/29	5.010	45,000	44,989		45,247	
	JP Morgan Chase	Bond	06/01/45	4.950	55,000	60,116		49,937	
	JP Morgan Chase & Co.	Bond	02/01/44	4.850	25,000	29,348		23,008	
	JP Morgan Mortgage Trust	CMO	06/25/29	3.000	5,389	5,408		5,253	
	Kimco Reality Corp	Bond	02/01/33	4.600	30,000	29,923		28,558	
	KLA Corp.	Bond	03/01/50	3.300	30,000	32,971		20,720	
	Kosmos Energy Conv	Bond	03/15/30	3.125	33,000	34,719		28,297	
	Kroger Co	Bond	04/15/38	6.900	20,000	22,151		21,990	
	Lantheus Holdings	Bond	12/15/27	2.625	39,000	43,772		51,909	
	Lennar Corp.	Bond	11/29/27	4.750	50,000	57,801		49,841	
	Liberty Broad Conv	Bond	03/31/53	3.125	15,000	15,000		14,707	
	Liberty Media	Bond	08/15/27	2.250	32,000	32,272		39,056	
	Liberty Media	Bond	03/15/28	3.750	28,000	28,000		28,868	
	Live Nation Entertainment	Bond	01/15/30	2.875	30,000	30,813		30,120	
	Lockheed Martin Corp.	Bond	05/15/46	4.700	25,000	28,204		22,339	
	Lowe's Cos Inc.	Bond	10/15/30	1.700	70,000	66,798		58,567	
	Lumentum Holdings Inc.	Bond	06/15/28	0.500	30,000	26,466		28,935	
	Marriott Intl	Bond	10/15/28	5.550	45,000	44,716		45,976	
	Masco Corp	Bond	02/15/51	3.125	25,000	25,130		15,741	
	Mercedes Benz Auto	Bond	04/16/29	4.310	30,000	29,994		29,843	
	Merit Med SYS Conv	Bond	02/01/29	3.000	44,000	45,282		55,510	
	Meritage Homes Conv	Bond	05/15/28	1.750	25,000	25,483		24,500	
	MetLife Securitization Trust	CMO	04/25/55	3.000	18,512	18,704		17,471	
	MGP Ingredients	Bond	11/15/41	1.875	36,000	39,821		33,257	
	Microsoft Corp	Bond	06/01/50	2.525	50,000	50,955		30,770	
	Mirium Pharma	Bond	05/01/29	4.000	24,000	29,074		36,540	
	MKS Instruments Inc Conv	Bond	06/01/30	1.250	32,000	32,215		30,976	
	Morgan Stanley	Bond	09/16/36	2.484	45,000	45,000		36,600	
	Morgan Stanley	Bond	01/25/52	2.802	35,000	35,000		21,375	
	NCL Corp	Bond	02/15/27	1.125	37,000	33,056		38,295	

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Identity of Issuer, Borrower,		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(3) Corporate debt instruments (continued):</u>							
Nice Ltd Conv	Bond	09/15/25	0.000	%	49,000	\$ 54,113	\$ 46,892
New York NY	Bond	03/01/32	2.050		130,000	126,372	107,667
Northern Oil	Bond	04/15/29	3.625		26,000	31,500	30,433
Northern States Power Minnesota	Bond	05/15/46	3.600		40,000	39,012	29,820
NRG Energy	Bond	06/01/48	2.750		26,000	28,813	57,044
Nutanix Inc	Bond	10/01/27	0.250		33,000	38,042	39,864
Oil States International Inc.	Bond	04/01/26	4.750		36,000	36,877	35,028
ON Semiconductor	Bond	03/01/29	0.500		48,000	48,191	45,192
Oracle Corp	Bond	09/27/29	4.200		25,000	24,976	24,149
OSI System Inc	Bond	08/01/29	2.250		31,000	31,251	33,461
Oregon St	Bond	08/01/35	2.300		10,000	8,161	7,757
Oregon St	Bond	05/01/42	4.721		25,000	25,000	23,552
Palo Alto Networks	Bond	06/01/25	0.375		15,000	15,000	54,862
Parsons Corp	Bond	03/01/29	2.625		11,000	11,000	12,875
Patrick Industries Inc	Bond	12/01/28	1.750		31,000	29,201	42,157
PepsiCo Inc.	Bond	10/21/41	2.625		30,000	30,014	20,814
PepsiCo Inc.	Bond	10/15/49	2.875		15,000	14,739	9,783
Pfizer	Bond	05/19/43	5.110		45,000	44,100	42,242
PG & E Co	Bond	12/01/27	4.250		45,000	45,104	48,802
Post Holdings Conv	Bond	08/15/27	2.500		44,000	47,059	51,546
Progress Soft	Bond	03/01/30	3.500		10,000	10,000	11,751
Rapid Inc	Bond	03/15/29	1.250		25,000	25,200	23,673
Regions Financial Corp.	Bond	08/12/28	1.800		75,000	74,809	66,804
Rivian Auto Inc	Bond	03/15/29	4.625		22,000	23,350	22,118
Royal Caribbean	Bond	08/15/25	6.000		15,000	15,000	69,480
Seagate	Bond	06/01/28	3.500		35,000	37,991	42,018
Shell International Finance	Bond	09/12/46	3.750		65,000	53,370	48,862
Shift Payments	Bond	08/01/27	0.500		35,000	36,655	37,625
Snap Inc	Bond	05/01/30	0.500		10,000	10,000	8,455
Snowflake Inc	Bond	10/01/27	0.000		15,000	15,191	17,632
Spectrum Brands	Bond	06/01/29	3.375		22,000	21,552	21,479
State Street Corp	Bond	11/01/34	3.031		40,000	40,014	36,069
Synaptics Inc	Bond	12/01/31	0.750		10,000	10,069	10,054
Sycamore Oh Cmnty	Bond	12/01/28	5.850		30,000	32,217	30,855
Synchrony Credit	ABS	04/17/28	3.370		60,000	59,995	59,773
Target Corp	Bond	01/15/52	2.950		15,000	14,858	9,560
Teladoc Health Inc.	Bond	06/01/27	1.250		48,000	59,821	41,904
Tetra Tech	Bond	08/15/28	2.250		49,000	50,149	57,436
Texas Instruments	Bond	09/15/51	2.700		15,000	14,896	9,107
Texas St	Bond	10/01/34	4.028		65,000	65,000	60,455
Texas St	Bond	08/01/35	4.100		20,000	20,087	18,697
Texas St A&M University	Bond	05/15/45	4.250		35,000	34,694	30,393
T-Mobile USA	Bond	01/15/33	5.200		65,000	65,563	64,342
Toronto-Dominion Bank	Bond	09/15/31	3.625		60,000	59,507	58,315
Transmedics	Bond	06/01/28	1.500		26,000	27,467	26,816
Truist Fin Mtn	Bond	01/26/34	5.122		60,000	60,508	58,312
Tyler Technologies	Bond	03/15/26	0.250		26,000	28,207	31,369
Uber Technologies Inc	Bond	12/01/28	0.875		39,000	40,143	42,900
United Air	ABS	06/14/17	5.875		22,746	22,519	23,230
Upstart Holdings	Bond	11/15/30	1.000		10,000	10,150	9,530
US Bancorp	Note	11/03/36	2.491		90,000	90,000	72,896
Utah State	Bond	07/01/32	3.000		105,000	118,285	101,556

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<u>1c(3) Corporate debt instruments (continued):</u>							
	Verizon Communications Inc.	Bond	09/03/41	2.850 %	30,000	\$ 29,927	\$ 20,744
	Verizon Master	ABS	04/22/30	5.340	75,000	74,983	76,263
	Vertex Inc	Bond	05/01/29	0.750	11,000	11,325	17,391
	Visa Inc	Bond	04/15/40	2.700	20,000	19,853	14,562
	Volkswagen	ABS	10/20/26	5.810	100,000	99,985	100,847
	Walmart Inc.	Bond	09/22/51	2.650	30,000	29,889	18,551
	Wells Fargo	Bond	02/15/29	4.940	60,000	59,984	60,572
	WellTower Inc	Bond	07/15/29	3.125	39,000	41,899	44,187
	Western Digital	Bond	11/15/28	3.000	17,000	17,000	22,525
	Westpac Mtn	Bond	11/23/31	4.322	55,000	55,461	54,134
	World Omni Auto	ABS	02/15/29	5.700	70,000	69,982	71,232
	Ziff Davis Inc	Bond	11/01/26	1.750	15,000	15,000	14,016
	Zscaler Inc	Bond	07/01/25	0.125	28,000	34,802	34,734
	Total corporate debt instruments					6,425,808	6,246,380
<u>1c(4)(a) Preferred stocks:</u>							
	Apollo Global MGMT	Stock			800	41,038	69,528
	Ares Management	Stock			550	28,806	30,272
	Boeing	Stock			550	27,765	33,490
	Chart Industry	Stock			600	36,529	42,288
	HP Enterprise	Stock			200	10,000	12,542
	NextEra Energy Inc	Stock			1,350	60,217	55,242
	Total preferred stocks					204,355	243,362
<u>1c(4)(b) Common stocks:</u>							
	1 800 Flowers	Stock			1,621	13,379	13,244
	AbbVie Inc	Stock			590	100,394	104,843
	Acadia Healthcare	Stock			722	55,495	28,627
	ACI Worldwide	Stock			1,073	26,089	55,699
	Advanced Energy Industries	Stock			393	44,273	45,443
	AerCap Holdings NV	Stock			626	39,091	59,908
	AES Corp	Stock			5,660	107,394	72,844
	Alamos Gold Inc	Stock			1,532	18,774	28,250
	Albany Intl Corp Cl A	Stock			393	35,729	31,428
	ALLETE	Stock			203	11,338	13,154
	Altria Group Inc	Stock			2,745	121,546	143,536
	Amentum Holdings	Stock			583	16,365	12,260
	Americold Realty Trust	Stock			587	13,950	12,562
	Ameriprise Financial	Stock			255	77,961	135,770
	Applied Materials Inc	Stock			370	51,425	60,173
	Ardmore Shipping Corp	Stock			2,661	36,287	32,331
	Armada Hoffler Properties	Stock			1,651	19,056	16,889
	ASGN Inc	Stock			424	34,783	35,336
	Autoliv Inc	Stock			579	58,113	54,304
	Avid	Stock			854	10,145	10,547
	Axalta Coating Systems LTD	Stock			514	21,033	17,589
	Azek Co Inc	Stock			887	31,074	42,106
	Baker Hughes Company	Stock			1,220	54,839	50,044
	Baldwin Insurance Inc	Stock			479	11,854	18,566
	Bank New York Mellon Corp	Stock			2,230	105,122	171,331
	Bank United Inc	Stock			548	15,831	20,917
	Banner Corp	Stock			759	37,325	50,678
	Barnes Group Incorporated	Stock			805	30,297	38,044
	Belden	Stock			390	34,971	43,918

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<u>1c(4)(b) Common stocks (continued):</u>							
	Benchmark Electronics	Stock			421	\$ 10,713	\$ 19,113
	Berkshire Hills Bancorp	Stock			362	8,483	10,292
	Box Inc	Stock			1,122	34,142	35,455
	Bristol - Myers Squibb	Stock			2,365	129,596	133,764
	Byline Bancorp	Stock			1,312	28,661	38,048
	Carter Holdings	Stock			431	31,350	23,356
	Casella Waste Systems	Stock			282	23,175	29,838
	Caterpillar Inc	Stock			485	119,298	175,939
	Chart Industries Inc	Stock			224	33,091	42,748
	Charles River Labs	Stock			123	26,433	22,706
	Chefs Warehouse Holdings	Stock			366	11,345	18,051
	Chemed Corporation	Stock			74	38,812	39,205
	Cigna	Stock			275	95,696	75,939
	Cisco Systems	Stock			1,995	105,880	118,104
	Citigroup	Stock			3,860	180,717	271,705
	Civitas	Stock			330	22,680	15,137
	Coca-Cola	Stock			1,070	63,181	82,187
	Cohu Incorporated	Stock			970	29,195	25,899
	Columbus McKinnon	Stock			1,607	61,447	59,845
	Community Healthcare Trust	Stock			855	26,745	16,425
	Concentra Groupd	Stock			738	11,372	14,598
	Covenant Logistics Group Inc	Stock			575	30,385	31,343
	Coterra Energy Inc	Stock			2,530	69,550	64,616
	Cross Country Health	Stock			1,022	23,094	18,560
	Cummins Inc	Stock			440	121,754	153,384
	Customers Bancorp	Stock			442	17,071	21,517
	Darden Restaurants Inc	Stock			480	72,754	89,611
	Delta Airlines	Stock			3,105	115,953	187,853
	Designer Brands Inc	Stock			1,532	15,732	8,181
	Dime Community Bancshares Inc	Stock			1,330	37,548	40,878
	Duke Energy	Stock			1,595	150,285	171,845
	Dycom Industries Inc	Stock			294	28,242	51,174
	eBay Inc	Stock			1,979	102,806	122,599
	Ehealth	Stock			583	4,964	5,480
	Elevance Health	Stock			165	76,633	60,868
	Emerson Electric Co	Stock			1,055	91,301	130,746
	Enterprise Financial Service	Stock			525	21,263	29,610
	EOG Resources Inc	Stock			695	90,783	85,193
	Essential Properties Realty	Stock			1,535	39,066	48,015
	Euronet Worldwide	Stock			346	30,614	35,583
	Flushing Financial corporation	Stock			849	12,812	12,124
	First Interstate	Stock			446	14,235	14,482
	Foot Locker Inc	Stock			790	21,149	17,190
	Fox Corp	Stock			2,200	72,867	106,876
	FTI Consulting	Stock			104	20,416	19,878
	Global Ship Lease Inc	Stock			1,185	23,138	25,869
	Goldman Sachs Group	Stock			290	106,378	166,060
	Greif Inc	Stock			550	39,157	33,616
	GXO Logistics	Stock			369	22,185	16,052
	Ha Sustainable	Stock			1,294	31,189	34,718
	Haemonetics	Stock			348	30,595	27,172
	Hartford Financial SVCS	Stock			1,200	83,397	131,280
	HealthCare Services Inc	Stock			2,125	24,602	24,682
	HealthEquity Inc	Stock			552	40,091	52,964

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<u>1c(4)(b) Common stocks (continued):</u>							
	Healthpeak OP LLC	Stock			3,945	\$ 78,733	\$ 79,965
	Herbalife	Stock			971	15,040	6,496
	Hexcel Corp	Stock			219	13,930	13,731
	Huron Consulting Group Inc	Stock			538	53,526	66,852
	IBM Corporations	Stock			685	96,981	150,584
	Ichor Holding Ltd	Stock			725	22,364	23,360
	Insight Enterprises	Stock			122	18,729	18,556
	International Seaways	Stock			436	20,000	15,670
	Itron Inc	Stock			538	38,172	58,416
	J & J Snack Foods Corp	Stock			150	25,155	23,270
	JBG Smith Properties	Stock			472	7,565	7,255
	Johnson & Johnson	Stock			768	118,923	111,068
	JP Morgan	Stock			1,335	173,370	320,013
	KB Home Com	Stock			724	42,546	47,581
	KBR Inc	Stock			562	34,578	32,557
	Kemper Corp	Stock			440	24,523	29,234
	Knowles Corporations	Stock			1,913	31,716	38,126
	Kroger	Stock			2,070	102,166	126,581
	Lennar	Stock			430	62,605	58,639
	Liquidity Services	Stock			906	16,710	29,255
	Littlefuse Inc	Stock			66	16,173	15,553
	Macom Technology Solutions	Stock			464	36,409	60,278
	Matthews Intl Corp	Stock			777	32,372	21,507
	Medtronic Plc	Stock			1,550	129,722	123,814
	Mercury Systems Inc	Stock			614	21,490	25,788
	Merit Med Sys	Stock			629	43,086	60,837
	MGE Energy Inc	Stock			350	26,823	32,886
	Modivcare	Stock			525	19,220	6,216
	Monro	Stock			576	19,484	14,285
	Moog Inc	Stock			135	19,727	26,573
	Mosaic Company	Stock			3,405	89,648	83,695
	National CI A	Stock			938	32,100	40,390
	NetApp Appliance	Stock			635	66,188	73,711
	Newmont Corporation	Stock			1,490	62,554	55,458
	Northern Oil & Gas	Stock			670	25,688	24,897
	Northwestern Energy Group	Stock			795	40,342	42,501
	Novanta	Stock			180	28,299	27,498
	Nu Skin Enterprises	Stock			588	14,597	4,051
	Oceaneering Intl	Stock			2,591	54,391	67,574
	OceanFirst Finl	Stock			1,040	17,886	18,824
	Old National Bancorp	Stock			2,385	38,964	51,766
	Oracle Corporation	Stock			395	36,370	65,823
	Pacific Premier Bancorp	Stock			657	16,096	16,372
	Packaging Corp Of America	Stock			360	54,362	81,047
	Patterson UTI Energy Inc	Stock			2,310	31,870	19,081
	Pediatrix Medical Group	Stock			649	9,263	8,515
	Peoples Bancorp Inc	Stock			800	24,723	25,352
	Pfizer Inc	Stock			4,670	128,090	123,895
	Prestige Consumer Healthcare Inc	Stock			569	36,377	44,433
	Prudential Financial Inc	Stock			1,625	133,612	192,611
	Pursuit Attractions and Hospitality Inc	Stock			829	24,346	35,241
	Qualcomm	Stock			435	65,911	66,825
	Quest Diagnostics	Stock			640	102,376	96,550
	Quidelortho	Stock			317	23,072	14,122

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<u>1c(4)(b) Common stocks (continued):</u>							
	Ring Energy	Stock			3,248	\$ 6,382	\$ 4,417
	Rogers Corp	Stock			100	13,410	10,161
	RTX Corp	Stock			600	57,563	69,431
	Safehold Inc	Stock			342	7,052	6,320
	Select Medical Holdings	Stock			915	13,503	17,248
	Sempra	Stock			1,270	103,781	111,404
	Shell PLC Spons	Stock			2,905	181,183	181,998
	Silgan Holdings Incorporated	Stock			595	27,075	30,970
	Simon Property	Stock			965	112,072	166,183
	SLR Investment Corp	Stock			1,272	19,449	20,556
	SM Energy	Stock			475	21,680	18,411
	Sonos Inc	Stock			1,275	18,046	19,176
	Stag Industrial	Stock			1,042	37,669	35,240
	Standard Motor Products	Stock			775	24,103	24,010
	Summit Materials	Stock			900	34,476	45,540
	Supernus Pharmaceuticals	Stock			997	30,588	36,052
	Synchrony Financial	Stock			1,930	92,027	125,450
	Texas Capital Bancshares	Stock			195	12,349	15,249
	Titan Machinery	Stock			506	14,026	7,150
	TKO Group Holding	Stock			309	33,791	43,912
	Treehouse Foods	Stock			586	27,497	20,586
	Tronox Holdings Plc	Stock			575	6,812	5,790
	Turning Point Brands	Stock			620	15,254	37,262
	Tutor Perini Corp	Stock			875	16,524	21,175
	Tyson Foods Inc	Stock			1,295	77,508	74,384
	United Community Banks Inc	Stock			654	19,016	21,131
	United Rentals Inc	Stock			225	95,543	158,499
	Unitil Corp	Stock			661	33,019	35,820
	Unvl Health Services	Stock			455	64,951	81,636
	Veritex	Stock			881	18,724	23,928
	Verizon	Stock			5,420	206,957	216,746
	Vishay Intertechnology	Stock			1,230	27,545	20,836
	Voya	Stock			395	28,706	27,188
	Walt Disney Co	Stock			990	106,915	110,237
	W P Carey Inc	Stock			1,225	84,189	66,738
	Wabash National Corporation	Stock			445	10,063	7,623
	Wabtec	Stock			121	13,792	22,940
	Whitestone Reit	Stock			2,075	27,520	29,402
	Willscot Mobile Mini Holdings	Stock			600	25,528	20,070
	Wisdom Tree Inc	Stock			2,525	26,120	26,513
	Wolverines World Wide	Stock			961	9,363	21,334
	Zillow Group	Stock			363	28,437	26,880
	Total common stocks					8,357,125	9,719,488
<u>1c(5) Partnership/Joint Ventures:</u>							
	Boyd Watterson GSA Fund LP					5,800,399	5,015,207
	Grosvenor Labor Impact Feeder Fund, L.P.					2,821,758	3,458,698
	U.S. Real Estate Investment Fund LLC					7,886,538	10,029,466
	Total partnership/joint ventures					16,508,695	18,503,371
<u>1c(6) Real estate:</u>							
	Investment in wholly - owned subsidiary						
	Painting Industry Building Corporation					15,000,000	15,000,000

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Identity of Issuer, Borrower,	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>1c(9) Common collective trust funds:</u>						
	Longview Large Cap 500 VEBA Index				27,344	\$ 4,335,109	\$ 26,061,752
	Longview Broad Market 3000 Index				46,011	18,530,914	21,290,745
	NHIT Core Plus Full Discretion Trust				1,387,951	18,450,835	19,944,865
	Total common collective trusts					<u>41,316,858</u>	<u>67,297,362</u>
	<u>1c(12) 103-12 investment entities:</u>						
	Ullico Infrastructure Tax-Exempt Fund, LP					<u>3,137,322</u>	<u>4,725,233</u>
	<u>1c(13) Registered investment companies:</u>						
	iShares MSCI ACWI Ex US ETF				56,000	<u>2,742,970</u>	<u>2,920,960</u>
	<u>1c(14) Funds held in Insurance Co. general account:</u>						
	Empower Insurance Company					<u>8,077,156</u>	<u>7,878,984</u>
	Total investments					\$ 141,496,363	\$ 172,212,361

* A party-in-interest as defined by ERISA.

**PAINTING INDUSTRY INSURANCE FUND
AND SUBSIDIARY**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

E.I.N. 13-5600369
Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
	Longview Broad Market 3000 Index Fund	\$22,000,050	N/A	\$22,000,050	\$22,000,050	N/A
	Longview Broad Market 3000 Index Fund	N/A	\$ 3,703,632	3,469,136	3,703,632	\$ 234,496
	Longview Large Cap 500 VEBA Index Fund	58	N/A	58	58	N/A
	Longview Large Cap 500 VEBA Index Fund	N/A	25,208,345	4,836,431	25,208,345	20,371,914
*	Wilmington US Government Money Market Fund	9,471,231	N/A	9,471,231	9,471,231	N/A
*	Wilmington US Government Money Market Fund	N/A	9,243,820	9,243,820	9,243,820	-

* A party-in-interest as defined by ERISA.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS