

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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**

<p><b>1a</b> Name of plan <u>PAINTING INDUSTRY ANNUITY FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>BOARD OF TRUSTEES OF THE PAINTING INDUSTRY ANNUITY FUND</u></p> <p><u>45 WEST 14TH STREET</u> <u>NEW YORK, NY 10011-7419</u></p>	<p><b>1c</b> Effective date of plan <u>08/01/1965</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>51-6049898</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>212-255-2950</u></p> <p><b>2d</b> Business code (see instructions) <u>238300</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/07/2025	JOSEPH AZZOPARDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	8478
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	5414
	<b>6a(2)</b>	5406
	<b>6b</b>	141
	<b>6c</b>	2734
	<b>6d</b>	8281
	<b>6e</b>	199
	<b>6f</b>	8480
	<b>6g(1)</b>	8478
<b>6g(2)</b>	8480	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	442

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>PAINTING INDUSTRY ANNUITY FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE PAINTING INDUSTRY ANNUITY FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>51-6049898</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	557392-E1		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.

<p><b>(a)</b> Total amount of commissions paid <b>32055</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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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

**JOHN C. 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	
32055			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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	47122882
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	5
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	6b
<b>c</b>	Premiums due but unpaid at the end of the year .....	6c
<b>d</b>	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
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input checked="" type="checkbox"/> other ▶ <b>GUARANTEED GENERAL ACCOUNT</b>	
<b>b</b>	Balance at the end of the previous year .....	7b                      45342390
<b>c</b>	Additions: (1) Contributions deposited during the year .....	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)                      1628315
	(4) Transferred from separate account .....	7c(4)
	(5) Other (specify below)..... ▶ <b>UNREALIZED GAIN</b>	7c(5)                      1418253
	(6) Total additions .....	7c(6)                      3046568
<b>d</b>	Total of balance and additions (add lines 7b and 7c(6)) .....	7d                      48388958
<b>e</b>	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)..... ▶ <b>CONTRACT EXP/UNREALIZED LOSS</b>	7e(4)                      1266076
(5) Total deductions .....	7e(5)                      1266076	
<b>f</b>	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f                      47122882

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>PAINTING INDUSTRY ANNUITY FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE PAINTING INDUSTRY ANNUITY FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>51-6049898</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**NEW YORK LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5582869</b>	<b>66915</b>	<b>GA46016</b>		<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	16869441

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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**

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
▶		

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
▶		

(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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>PAINTING INDUSTRY ANNUITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE PAINTING INDUSTRY ANNUITY FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6049898</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>42-0127290</b>	<b>61271</b>	<b>7-14121</b>		<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

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

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	10820679

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</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. ....	<b>10b</b>

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>PAINTING INDUSTRY ANNUITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE PAINTING INDUSTRY ANNUITY FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6049898</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**SEI TRUST COMPANY**

**06-1271230**

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

**BLACKSTONE REAL ESTATE DEBT STRATEG**

**80-0883943**

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

**WINSLOW CAPITAL MANAGEMENT INC**

**90-0860898**

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

**EATON VANCE TRUST COMPANY**

**20-3293086**

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

NUVEEN FUND ADVISORS LLC

13-3760073

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

INVESCO TRUST COMPANY

46-3793325

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

INVESCO ADVISERS INC.

58-1707262

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

BNY MELLON

25-6078093

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

GREAT GRAY TRUST COMPANY LLC

92-2256810

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**(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

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**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)

PAINTING INDUSTRY INSURANCE FUND

13-5600369

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RELATED FUND	1884220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRESCENT CAPITAL GROUP LP

27-2698206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	320789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HIGHLAND CAPITAL MANAGEMENT LLC

27-5440911

(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	317173	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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	297125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTERCONTINENTAL REAL ESTATE CORPOR

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	230816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	126223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SIGULER GUFF & COMPANY LP

13-3855630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	122325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VIDALIA BONILLA

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?
64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	122066	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARSHALL & MOSS PAYROLL COMPLIANCE

04-3652965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	120023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

ARISTOTLE CAPITAL BOSTON 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	101972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SINAYA GREENIDGE

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 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	92160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	80025	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

MCMORGAN & COMPANY LLC

52-2334338

(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	89369	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	76080	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	74591	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

VOYA INVESTMENT TRUST COMPANY

06-1440627

(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	73444	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AURELIA CIOCO

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 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	68643	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	63910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EATON VANCE INVESTMENT MANAGERS

04-3101341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 28	NONE	61143	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEW YORK LIFE INSURANCE COMPANY

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	57715	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 51	NONE	55973	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	52844	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMALGAMATED BANK

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?
28 51 19	NONE	51891	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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?
28 51 62 72	NONE	45017	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	41550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	39659	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	36854	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARSHALL & 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	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	35000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	30891	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BARNES, IACCARINO, & SHEPHERD, PLLC

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	22500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6969	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

THE SEGAL COMPANY

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?
17 50	NONE	24400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEWTON INVESTMENT MANAGEMENT

86-1751460

(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	23307	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIFTH THIRD WEALTH ADVISORS LLC

31-0676865

(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	17193	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

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	15547	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UNI PRINTING SOLUTIONS LLC

P.O. BOX 206  
BLUE POINT, NY 11715

(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	14023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARDMAN JOHNSTON ASSET MANAGEMENT

13-3257590

(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	9963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRINCIPAL GLOBAL INVESTOR LLC

42-1479618

(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	8239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARSHALL & MOSS LLP	10 50	35000
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VIDALIA BONILLA	30 64	122066
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LLOYD GOLDENBERG	30 64	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	

**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
BARNES, IACCARINO, & SHEPHERD, PLLC	29 50	7204
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	LEGAL FEES - COLLECTIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KEVIN MCMENOMY	30 64	74591
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BRIDGEWAY BENEFIT TECHNOLOGIES	15 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	COMPUTER SERVICES	

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARSHALL & MOSS PAYROLL COMPLIANCE	10 50	120023
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	PAYROLL COMPLIANCE REVIEWS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	178283
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRESCENT CREDIT SOLUTIONS  86-1529826	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	76425
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRESCENT MEZZANINE PARTNERS  47-3358654	INVESTMENT MANAGEMENT FEES	

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	2313
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRESCENT MEZZANINE PARTNERS  80-0790681	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	63768
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRESCENT CAPITAL COLLECTIVE  32-6471303	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
METROPOLITAN TEMPORARIES	49 50	5875
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	TEMPORARY HELP	

**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
EMILY LAFFERTY	30 64	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SALVATORE SAVARESE	30 64	39659
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STEVEN SALZMAN	30 64	30891
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	

**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
IRENE DOMAGALA	30 64	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AURELIA CIOCOI	30 64	68643
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JONATHAN MOSTAFA	30 64	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	

**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
HAMILTON LANE ADVISORS, LLC	52	52884
(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.	
HL SECONDARY FD VI-B, LP	MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SIGULER GUFF & COMPANY LP	28 52	122325
(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.	
SIGULER GUFF SMALL BUYOUT OP 200 PARK AVE, 23RD FLR NEW YORK, NY 10166	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SINAYA GREENIDGE	30 64	92160
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAINTING INDUSTRY INSURANCE  13-5600369	ALLOCATED PAYROLL	

**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
FOUNDRY PARTNERS, LLC	68	1248

(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.
BARCLAYS (SOFT)  06-1031656	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68	651

(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.
INSTINET (SOFT)  20-3880413	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68	767

(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.
COWEN- WESTMINSTER  84-1702964	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
FOUNDRY PARTNERS, LLC	68	2724
(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.	
PIPER (SOFT)  41-1734808	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	145
(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.	
BARCLAYS (CASH)  06-1031656	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	269
(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.	
BRILEY (USD)  26-0673644	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
FOUNDRY PARTNERS, LLC	71	543
(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.	
COWEN & CO  27-0423711	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	221
(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.	
CRAIG-HALLUM  04-3672881	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CREDIT SUISSE  13-5659485	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
FOUNDRY PARTNERS, LLC	71	245
(d) Enter name and EIN (address) of source of indirect compensation  JMP  74-3023395	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	202
(d) Enter name and EIN (address) of source of indirect compensation  JP MORGAN (CASH)  13-3299429	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	239
(d) Enter name and EIN (address) of source of indirect compensation  KEYBANC  34-6542451	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  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
FOUNDRY PARTNERS, LLC	71	127
(d) Enter name and EIN (address) of source of indirect compensation NEEDHAM 27-1728945	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS	
(a) Enter service provider name as it appears on line 2 FOUNDRY PARTNERS, LLC	71	162
(d) Enter name and EIN (address) of source of indirect compensation PIPER 41-1734808	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS	
(a) Enter service provider name as it appears on line 2 FOUNDRY PARTNERS, LLC	71	73
(d) Enter name and EIN (address) of source of indirect compensation RBC 13-5033225	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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
FOUNDRY PARTNERS, LLC	71	236
(d) Enter name and EIN (address) of source of indirect compensation  STEPHENS  71-0641478	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	191
(d) Enter name and EIN (address) of source of indirect compensation  STIFEL  43-0538770	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	71	492
(d) Enter name and EIN (address) of source of indirect compensation  UBS  22-3233985	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  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
FOUNDRY PARTNERS, LLC	71	621
(d) Enter name and EIN (address) of source of indirect compensation  EVERCORE ISI  20-4553818	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  COMMISSIONS	
(a) Enter service provider name as it appears on line 2  FOUNDRY PARTNERS, LLC	(b) Service Codes (see instructions)  71	(c) Enter amount of indirect compensation  237
(d) Enter name and EIN (address) of source of indirect compensation  SEAPORT GLOBAL  74-3055482	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  COMMISSIONS	
(a) Enter service provider name as it appears on line 2  FOUNDRY PARTNERS, LLC	(b) Service Codes (see instructions)  71	(c) Enter amount of indirect compensation  366
(d) Enter name and EIN (address) of source of indirect compensation  RAYMOND JAMES  59-1237041	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  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
FOUNDRY PARTNERS, LLC	71	0
(d) Enter name and EIN (address) of source of indirect compensation DA DAVIDSON 81-0139474	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS	
(a) Enter service provider name as it appears on line 2 FOUNDRY PARTNERS, LLC	71	86
(d) Enter name and EIN (address) of source of indirect compensation LIQUIDNET 13-4092641	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS	
(a) Enter service provider name as it appears on line 2 FOUNDRY PARTNERS, LLC	71	0
(d) Enter name and EIN (address) of source of indirect compensation OUTSET 98-1307597	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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
FOUNDRY PARTNERS, LLC	71	151
(d) Enter name and EIN (address) of source of indirect compensation HOVDE GROUP 22-3880108	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS	
(a) Enter service provider name as it appears on line 2 FOUNDRY PARTNERS, LLC	71	126
(d) Enter name and EIN (address) of source of indirect compensation JONES/SIDOTI 51-0484896	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS	
(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.

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>PAINTING INDUSTRY ANNUITY FUND</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE PAINTING INDUSTRY ANNUITY FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6049898</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CRESCENT CAPITAL TRUST II</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>32-6471303-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5549854</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON GLOBAL EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
<b>c</b> EIN-PN <u>26-6493485-002</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO CORE FIXED INCOME TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>84-1126600-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50082229</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>13-4920330-009</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>108193747</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 1000 GROWTH INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>42-2032992-019</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>76346754</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 1000 VALUE INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>46-2026448-018</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22976129</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW MIDCAP 400 INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>13-4920330-011</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27605050</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FULL DISCRTN TST		
<b>b</b> Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC		
<b>c</b> EIN-PN 20-8080381-022	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37620585
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN/SEI TRUST COMPANY INV TRUST		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9919204
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SEP ACCT		
<b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 42-0127290-027	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10820679
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PSA NO. 25 (STABLE VALUE ACCOUNT)		
<b>b</b> Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5582869-125	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16869441
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT		
<b>b</b> Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC		
<b>c</b> EIN-PN 90-0622302-001	<b>d</b> Entity code E	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26251297
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SENIOR LOAN FUND		
<b>b</b> Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO		
<b>c</b> EIN-PN 06-1440627-045	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT LORD ABBETT		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST N.A.		
<b>c</b> EIN-PN 38-4097315-463	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29043584
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW CORE BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): AMALGAMATED BANK		
<b>c</b> EIN-PN 13-4920330-005	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3482148
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER COLLECTIVE INVESTMENT TRUS		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 46-4679164-072	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53636609
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PAINTING INDUSTRY ANNUITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE PAINTING INDUSTRY ANNUITY FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6049898</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	6458543	8080371
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1331718	936348
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	13694361	29642281
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7079900	2582205
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	29127494	24473874
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	2195607	2996264
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	114070838	114489589
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	126455078	133521512
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1634669	1217371
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	378175176	424455893
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	41885637	27690120
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	32352862	26251297
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	12375496	40601128
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	45342390	47122882
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	812179769	884061135
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	1382022	1594830
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	2366451	3376104
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3748473	4970934
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	808431296	879090201

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	54000176	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		54000176
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	5708	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	119633	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	553870	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	94023	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5466369	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		6239603
<b>(2) Dividends: (A) Preferred stock.....</b>	<b>2b(2)(A)</b>	153594	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	2114846	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1419548	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3) Rents.....</b>	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>	<b>2b(4)(A)</b>	69380075	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	67392949	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	10196908	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		65115623
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		-578484
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		2498267
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		-61585
<b>c</b> Other income .....	2c		97607
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		143183229

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	69261360	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		69261360
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		205438
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	613166	
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	155023	
(4) IQPA audit fees .....	2i(4)	41550	
(5) Investment advisory and investment management fees .....	2i(5)	1778701	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	66323	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	402763	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		3057526
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		72524324

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		70658905
<b>l</b> 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 FRANCELLA, 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		133521512
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 ANNUITY FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**PAINTING INDUSTRY ANNUITY FUND**

**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 Annuity Fund

### Opinion

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

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

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

## **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of 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. 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 23, 2025

## PAINTING INDUSTRY ANNUITY FUND

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ASSETS</b>		
<b>INVESTMENTS - at fair value</b>		
United States Government and Government Agency obligations	\$ 2,582,205	\$ 7,079,900
Investment contract with insurance company	47,122,882	45,342,390
Pooled separate account	10,820,679	26,014,644
Stable value fund	16,869,441	15,870,993
Corporate obligations	24,473,874	29,127,494
Common / collective trusts	424,455,893	378,175,176
Mutual funds	40,601,128	12,375,496
Preferred stock	2,996,264	2,195,607
Common stock	114,489,589	114,070,838
Short-term investments	29,642,281	13,694,361
103-12 investment entities	26,251,297	32,352,862
Limited partnerships	133,521,512	126,455,078
Total investments	873,827,045	802,754,839
<b>RECEIVABLES AND OTHER ASSETS</b>		
Loans to participants	1,217,371	1,634,669
Accrued investment income	256,598	298,267
Employer contributions	8,080,371	6,458,543
Due from related funds	604,896	942,714
Prepaid expenses	74,854	90,737
Total receivables and other assets	10,234,090	9,424,930
Total assets	884,061,135	812,179,769

See accompanying notes to financial statements.

LIABILITIES AND NET ASSETS	<u>2024</u>	<u>2023</u>
<b>LIABILITIES</b>		
Securities purchased and not settled	\$ -	\$ 386,769
Cash overdraft	1,491,884	1,015,197
Accrued expenses	1,594,830	1,382,022
Due to related funds	<u>1,884,220</u>	<u>964,485</u>
Total liabilities	<u>4,970,934</u>	<u>3,748,473</u>
<b>COMMITMENTS AND CONTINGENCIES (NOTE 8)</b>		
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 879,090,201</u>	<u>\$ 808,431,296</u>

See accompanying notes to financial statements.

## PAINTING INDUSTRY ANNUITY FUND

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ADDITIONS</b>		
Investment income		
Net appreciation in fair value of investments	\$ 79,157,840	\$ 74,229,662
Interest and dividends	9,833,583	8,956,850
	88,991,423	83,186,512
Less investment fees	(1,778,701)	(2,310,693)
Investment income - net	87,212,722	80,875,819
Employer contributions	54,000,176	52,171,358
Interest income on participants loans	94,023	102,918
Other income	97,607	89,381
Total additions	141,404,528	133,239,476
<b>DEDUCTIONS</b>		
Benefits paid to participants and beneficiaries	69,466,798	61,285,759
Administrative expenses	1,278,825	1,366,423
Total deductions	70,745,623	62,652,182
<b>NET INCREASE</b>	70,658,905	70,587,294
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	808,431,296	737,844,002
End of year	\$ 879,090,201	\$ 808,431,296

See accompanying notes to financial statements.

# PAINTING INDUSTRY ANNUITY FUND

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### NOTE 1. DESCRIPTION OF THE PLAN

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

**General** - The Plan was adopted pursuant to the authority of the Board of Trustees granted under the Agreement and Declaration of Trust entered into as of August 1, 1965. The Plan is a defined contribution pension plan covering employees of the employers having collective bargaining agreements with International Union of Painters and Allied Trades, A.F.L. - C.I.O. District Council No. 9 of the Greater New York Metropolitan Area (the Union). The employers are required to make contributions to the Plan pursuant to those agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Participant Accounts** - As a result of the Plan's conversion to profit sharing status, existing participants who have covered employment subsequent to January 1, 2005 will have two annuity fund accounts. Employer contributions for work performed prior to January 1, 2005 will be credited to the participants' money purchase account. Employer contributions for work performed on and after January 1, 2005 will be credited to the participants' profit sharing account. This change does not change the operation of the Plan but, under the profit sharing plan, adds a hardship withdrawal provision.

In addition to employer contributions, which are immediately vested, each participant account is credited with an allocation of the Plan's net investment yield and charged with benefits paid and an administration cost. Each participant's balance is fully vested at all times. The benefit to which a participant is entitled is benefit that can be provided from the participant's vested account.

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

**Benefits** - The Plan provides retirement benefits to participants on whose behalf the employers are contributing into the Plan and who meet the eligibility requirements of the plan document.

**NOTE 1. DESCRIPTION OF THE PLAN (continued)**

**Hardship** - Under the profit sharing plan participants are eligible to obtain a hardship withdrawal. Effective July 1, 2017, a participant may withdraw no more than the amount of your hardship expense, with the total of all hardship withdrawals not to exceed a maximum of \$85,000. The total of all hardship withdrawals, including previous withdrawals, cannot exceed the lesser of \$85,000 or 50% of their profit sharing account. Withdrawals may be subject to regular income tax, withholding taxes and an early withdrawal penalty tax if the participant is younger than age 59-1/2. This withdrawal is not a loan and cannot be repaid by the participants to their account. All withdrawals from the profit sharing account will automatically be made as a lump sum.

**Participant Loans** - Plan participants meeting certain eligibility requirements may borrow from their money purchase account. The Plan does not provide for loans from the profit sharing accounts.

Money purchase account loans are limited to a maximum amount equal to the lesser of \$50,000 or 50% of a participant's account balance. The loans are secured by the balance in the participants' accounts and bear interest at a rate equal to prevailing market interest rate for similar loans as provided by the Amalgamated Bank in effect at the time the loan is made. For loans originating on or after July 1, 2024, the annual rate of interest shall be prime rate, as reported by Amalgamated Bank, plus 2%. Interest rates range from 5.25% to 11.27%. The prime plus 2% annual rate of interest rate is determined on July 1 of each year, but the annual rate of interest of the loan is fixed based on the interest rate in effect on the day the loan application is completed, signed and submitted to the Trustees. For the one-year period beginning July 1, 2024 and 2023, the annual rate of interest for new loans is 10.50% and 10.25%.

Loans are allowed for the purchase or repair of a primary residence, to finance education costs, to pay certain medical and legal expenses and for other purposes, as defined. The maximum loan term is five years, except for loans made for the purchase of a home, which is 10 years. The Plan also provides that no participant with an outstanding defaulted loan may receive another loan. Accordingly, participants with defaulted loans cannot obtain a new loan unless the defaulted loan is paid in full, with all accrued interest.

## **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, and corporate obligations, are carried at fair value which generally represents quoted market prices or valued using pricing models maximizing the use of observable inputs from similar securities. The mutual fund, common collective trusts, 103-12 investments entities, 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 NAV is used on the fair value of the underlying investments held by the fund less liabilities. The investment contract and pooled separate accounts with the insurance companies are not fully-benefit responsive and are carried at fair value as provided by the insurance companies. Short-term investments are valued at cost, which approximates fair value.

**Participant Loans Receivable** - Loans to participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis.

**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.

**Securities Purchased or Sold and Not Settled** - This represents the amounts due to or from the brokers for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

**Payment of Benefits** - Benefit payments to participants are recorded when paid.

**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 participating employers contribute such amounts as specified in their collective bargaining agreements.

The employer contribution rate in effect for Journeymen during the year ended December 31, 2024 ranged from \$7.93 to \$9.00 per hour and \$7.93 to \$8.60 per hour in 2023.

#### **NOTE 4. PRIORITIES UPON TERMINATION**

It is the intent of the Trustees to continue the Plan in full force and effect. In order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. 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 and their beneficiaries. Provision may be made for the payment of necessary expenses resulting from the termination of the Plan.

#### **NOTE 5. TAX STATUS**

The Plan obtained its latest determination letter on October 16, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan'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. INVESTMENTS WITH INSURANCE COMPANIES**

##### **Empower (formally Prudential Financial)**

The Plan has an investment contract with Empower (formally Prudential Financial). Empower maintains plan contributions with the general assets. 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 statement at fair value as estimated by the insurance company. The Plan may ordinarily direct the withdrawal or transfer of all or a portion of the investment at contract value which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. The fair value, as estimated by Empower, of the investment contract at December 31, 2024 and 2023 was \$47,122,882 and \$45,342,390, respectively. The contract value as of December 31, 2024 and 2023 was \$48,502,595 and \$48,140,355, respectively. The average yield, calculated for the years ended December 31, 2024 and 2023, was approximately 4.20% and 3.50%, respectively. The effective crediting interest rates for the years ended December 31, 2024 and 2023 was 3.45% and 2.45%, respectively. The crediting interest rate is determined annually by Empower, but cannot be less than zero.

## **NOTE 6. INVESTMENTS WITH INSURANCE COMPANIES (continued)**

### **New York Life**

Contributions from the Plan are credited to the account. The amount in the account at any time will be equal to the sum of all amounts credited to the account less the sum of all amounts withdrawn from that account. The Plan may direct to transfer an amount to another funding medium for the purpose of rebalancing the Plan's assets. The fair value, as estimated by New York Life, of the pooled separate account at December 31, 2024 and 2023 was \$16,869,441 and \$15,870,993, respectively. The contract value as of December 31, 2024 and 2023 was \$17,418,112 and \$16,796,479, respectively. The declared rate as of December 31, 2024 and 2023 was 4.25% and 3.75%, respectively.

## **NOTE 7. RELATED PARTY TRANSACTIONS**

### **Identification of Related Organizations**

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

- Painting Industry Insurance Fund
- International Union of Painters and Allied Trades AFL-CIO District Council No. 9
- Finishing Trades Institute of New York
- Painting Industry Building Corporation

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

Certain plan investments are managed by Wilmington Trust. Wilmington Trust is a 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 Schedules of Assets Held at End of Year and Reportable Transactions.

### **Administrative Expenses**

The Plan shares facilities and staff with Painting Industry Insurance Fund (Insurance Fund), District Council No. 9 (Union), and Finishing Trades Institute of New York (Apprentice Fund). Joint operating expenses are initially paid by the Insurance Fund. These expenses are reimbursed monthly among the entities based on allocations approved by the Trustees. The Plan's share of these expenses totaled \$927,266 for the year ended December 31, 2024 and \$994,829 for 2023. As of December 31, 2024 and 2023, the Plan owed the Insurance Fund \$1,884,220 and \$964,485, respectively.

As of December 31, 2024 and 2023, the Plan was due \$604,896 and \$942,714, respectively, from the Painting Industry Insurance Fund for undistributed contributions from the clearing account.

**NOTE 7. RELATED PARTY TRANSACTIONS (continued)**

**Benefits**

Contributions made to related benefit plans on behalf of all employee groups consisted of the following:

	<u>2024</u>	<u>2023</u>
Painting Industry Insurance Fund	<u>\$ 222,108</u>	<u>\$ 239,496</u>

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

**NOTE 8. 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 9. RISKS AND UNCERTAINTIES**

The Plan invests in various investments. Investments are exposed to various risks such as economic 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.

**NOTE 10. 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.

## NOTE 10. FAIR VALUE MEASUREMENTS (continued)

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.

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 Treasury	\$ 1,375,076	\$ 1,375,076	\$ -	\$ -
Government Agencies	1,207,129	-	1,207,129	-
Common stock	114,489,589	114,489,589	-	-
Preferred stock	2,996,264	-	2,996,264	-
Common collective trusts	248,523,031	-	248,523,031	-
Corporate obligations	24,473,874	-	24,473,874	-
Investment contract with insurance				
company	47,122,882	-	-	47,122,882
Stable value fund	16,869,441	-	-	16,869,441
Short-term investments	29,642,281	29,642,281	-	-
Total assets in the fair value hierarchy	486,699,567	\$ 145,506,946	\$ 277,200,298	\$ 63,992,323
Investments measured at NAV	387,127,478			
Total investments	\$ 873,827,045			

**NOTE 10. FAIR VALUE MEASUREMENTS (continued)**

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
U.S Government and Government Agency obligations:				
United States Treasury	\$ 2,763,517	\$ 2,763,517	\$ -	\$ -
Government Agencies	4,316,383	-	4,316,383	-
Common stock	114,070,838	114,070,838	-	-
Preferred stock	2,195,607	-	2,195,607	-
Common collective trusts	259,006,471	-	259,006,471	-
Corporate obligations	29,127,494	-	29,127,494	-
Investment contract with insurance company	45,342,390	-	-	45,342,390
Stable value fund	15,870,993	-	-	15,870,993
Short-term investments	13,694,361	13,694,361	-	-
Total assets in the fair value hierarchy	486,388,054	\$ 130,528,716	\$ 294,645,955	\$ 61,213,383
Investments measured at NAV	316,366,785			
Total investments	\$ 802,754,839			

In accordance of 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 the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

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

	Level 3 Fair Value Measurement 2024		
	Investment contract with insurance company	Stable Value Fund	Total
Beginning balance	\$ 45,342,390	\$ 15,870,993	\$ 61,213,383
Sales	(1,266,076)	(57,715)	(1,323,791)
Investment income	1,628,315	679,348	2,307,663
Unrealized gain/(loss)	1,418,253	376,815	1,795,068
Ending balance	\$ 47,122,882	\$ 16,869,441	\$ 63,992,323

**NOTE 10. FAIR VALUE MEASUREMENTS (continued)**

	Level 3 Fair Value Measurement 2023		
	Investment contract with insurance company	Stable Value Fund	Total
Beginning balance	\$ 48,687,386	\$ 15,076,649	\$ 63,764,035
Sales	(4,999,803)	(55,927)	(5,055,730)
Investment income	1,147,217	604,266	1,751,483
Unrealized gain/(loss)	507,590	246,005	753,595
Ending balance	<u>\$ 45,342,390</u>	<u>\$ 15,870,993</u>	<u>\$ 61,213,383</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 the ranges of values for those inputs at December 31, 2024.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Empower Annuity Insurance Company	\$ 47,122,882	Interest rate based	Composite Market Value and Earnings at guaranteed crediting rate.	3.45% - 4.20%	3.83%
New York Life Investment Management	\$ 16,869,441	Interest rate based	Discontinuance Value	0.35% - 4.25%	3.90%

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 the ranges of values for those inputs at December 31, 2023.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Empower Annuity Insurance Company	\$ 45,342,390	Interest rate based	Composite Market Value and Earnings at guaranteed crediting rate.	2.45% - 3.50%	2.98%
New York Life Investment Management	\$ 15,870,993	Interest rate based	Discontinuance Value	0.35% - 3.75%	3.40%

**NOTE 10. FAIR VALUE MEASUREMENTS (continued)**

The following table summarizes investments measured 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:				
Crescent Capital Trust II Unlevered	\$ 5,549,855	\$ 1,137,613	(a)	(a)
Invesco Core Plus Fixed Income Trust	50,082,229	-	Daily	1 day
Lord Abbett Multi-Sector Strategic Trust	29,043,584	-	Daily	1 day
NHIT: Core Plus Full Discret Trust	37,620,585	-	Daily	3 days
Schroder International Equity Trust	53,636,609	-	Daily	1 day
Mutual Fund:				
AFL-CIO Housing Investment Fund	12,667,319	-	Monthly	15 days
Axonic Alternative Income Fund	27,933,809	-	(m)	(m)
Pooled separate account:				
Principal Real Estate Investment Trust U.S. Property Separate Account	10,820,679	-	(c)	(c)
103-12 investments entities:				
Ullico Infrastructure Tax-Exempt Fund, LP	26,251,297	-	(d)	(d)
Limited partnerships:				
Boyd Watterson GSA Fund, LP	33,255,516	-	(e)	(e)
Capital Dynamics Generation 2022 Investors (non-US), L.P	10,982,467	4,880,093	(f)	(f)
Crescent Credit Solutions VIII A-2, L.P.	7,243,938	2,846,503	(j)	(j)
Crescent Mezzanine Partners VIB, L.P.	257,420	370,702	(g)	(g)
Crescent Mezzanine Partners VIIB, L.P.	4,735,877	3,002,949	(g)	(g)
Hamilton Lane Secondary Fund VI-B, LP	4,404,642	6,458,190	(k)	(k)
Intercontinental U. S. Real Estate Investment Fund, LLC	44,496,694	-	(h)	(h)
Labor Impact Feeder Fund, L.P.	19,214,987	778,242	(i)	(i)
Siguler Guff Small Buyout Opportunities Fund V, LP	8,929,971	5,907,987	(l)	(l)
Total	<u>\$ 387,127,478</u>	<u>\$ 25,382,279</u>		

**NOTE 10. FAIR VALUE MEASUREMENTS (continued)**

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

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
Crescent Capital Trust II Unlevered	\$ 8,022,418	\$ 1,137,613	(a)	(a)
Invesco Core Plus Fixed Income Trust	28,850,111	-	Daily	1 day
Lord Abbett Multi-Sector Strategic Trust	15,660,845	-	Daily	1 day
NHIT: Core Plus Full Discret Trust	24,159,206	-	Daily	3 days
Schroder International Equity Trust	16,868,049	-	Daily	1 day
Voya Senior Loan Trust Fund	25,608,076	-	(b)	(b)
Mutual Fund:				
AFL-CIO Housing Investment Fund	12,375,496	-	Monthly	15 days
Pooled separate account:				
Principal Real Estate Investment Trust U.S. Property Separate Account	26,014,644	-	(c)	(c)
103-12 investments entities:				
Hardman Johnston International Equity Group Trust	8,030,153	-	Monthly	10 days
Ullico Infrastructure Tax-Exempt Fund, LP	24,322,709	-	(d)	(d)
Limited partnerships:				
Boyd Watterson GSA Fund, LP	35,348,418	-	(e)	(e)
Capital Dynamics Generation 2022 Investors (non-US), L.P	6,541,299	7,779,700	(f)	(f)
Crescent Credit Solutions VIII A-2, L.P.	5,072,453	4,948,677	(j)	(j)
Crescent Mezzanine Partners VIB	572,476	370,702	(g)	(g)
Crescent Mezzanine Partners VIIB	5,684,328	3,209,251	(g)	(g)
Hamilton Lane Secondary Fund	1,704,325	9,000,000	(k)	(k)
Intercontinental U. S. Real Estate Investment Fund, LLC	47,642,230	-	(h)	(h)
Labor Impact Feeder Fund, L.P.	18,890,012	3,996,228	(i)	(i)
Siguler Guff Small Buyout Opportunities Fund V, LP	4,999,537	9,271,421	(l)	(l)
Total	<u>\$ 316,366,785</u>	<u>\$ 39,713,592</u>		

(a) Crescent Capital Trust II Unlevered - A common collective trust where the fund will continue to reinvest until the eighth anniversary of the effective date, unless terminated earlier. Investors may not withdraw from the fund prior to termination.

(b) Voya Senior Loan Trust Fund - A common collective trust where redemptions occur on the 15<sup>th</sup> day of the month (or if not a business day, the next following business day), but requires a written request by the 15<sup>th</sup> 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.

## **NOTE 10. FAIR VALUE MEASUREMENTS (continued)**

(c) Principal Real Estate Investment Trust U.S. Property Separate Account - The account has two primary objectives: to invest in a well-diversified real estate portfolio that reflects the overall performance of the U.S. commercial real estate market, and to provide clients with private real estate returns that, over a market cycle, meet or exceed the NFI-ODCE equal weight at the portfolio level. The account is subject to investment and liquidity risk and other risks inherent in real estate such as those associated with general and local economic conditions. Withdrawals may be delayed for up to 3 years. Withdrawal requests from the Principal U.S. Property Account are generally processed the next business day subject to cash availability.

(d) 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.

(e) Boyd Watterson GSA Fund LP - The Fund's investment objective is wealth presentation and generating consistent current income, using risk parameters and portfolio strategies established by the General Partner. The Fund invests predominately in real estate leased to the U.S. federal government through either the General Services Administration or other federal 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.

(f) Capital Dynamics Generation 2022 Investors (non-US) L.P. - The Partnership's strategy emphasizes investment in buy-out private equity funds as a fund of funds. No Limited Partner shall have the right to withdraw from the Partnership except to transfer its interest or as required by the General Partner.

(g) Crescent Mezzanine Partners VIB and VIIB LP - The objective of the Limited Partnership is to provide current income and long-term capital appreciation by investing in a diversified portfolio of mezzanine securities. The fund will continue to reinvest until tenth anniversary of effective date unless terminated earlier. Partners may not withdraw from the fund prior to termination contributed capital returned to the partners from disposition proceeds received by the Fund within twenty-four months of the related investment are recallable.

## NOTE 10. FAIR VALUE MEASUREMENTS (continued)

(h) Intercontinental U.S. Real Estate Investment Fund, LLC - The Fund's investment objective are to: (i) preserve and protect investors 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. 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; provided, in any case, that there is not an unfunded capital commitment with respect to such member unless such notice period's waived by the manager, 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").

(i) 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.

(j) Crescent Credit Solutions VIIIA-2, L.P. - The overall objective of Fund VIII is to provide current income and long-term capital appreciation by investing in a diversified portfolio of junior debt, unitranche debt, and equity securities. The Fund will continue to reinvest until the tenth anniversary of the Effective Date (April 28, 2021) unless terminated earlier in accordance with the provisions of the Agreement. The General Partner has exclusive responsibility for management of the Fund. Partners may not withdraw from the Fund prior to its termination.

(k) Hamilton Lane Secondary Fund - The Fund is a feeder fund in a master-feeder structure whereby the Fund invests substantially in the master fund. The master's objective is to acquire and hold a diversified portfolio of private equity investment partnerships acquired through secondary market transactions. The Fund will continue to reinvest until the tenth anniversary of final subscription date, October 22, 2033, unless terminated earlier in accordance with the provisions of the Agreement. The General Partner has exclusive responsibility for management of the Fund. Partners may not withdraw from the Fund prior to its termination.

(l) Siguler Guff Small Buyout Opportunities Fund V, LP - The Fund invests in pooled investment vehicles (the "Portfolio Funds") managed by investment managers ("Portfolio Managers") and Direct Investments (together with Portfolio Funds, "Portfolio Investments") primarily focused on buyout, recapitalization, and growth equity transactions.

(m) Axonic Alternate Income Fund - The Fund operates as an "interval fund" pursuant to which it, subject to applicable law, will conduct quarterly redemption and repurchase offers for between 5% and 25% of the Fund's outstanding common shares of beneficial interest ("Shares") at NAV. The Fund will not be required to repurchase Shares at the option of a holder of the Fund's Shares nor will Shares be exchangeable for units, interests or shares of any investment of the Fund.

**NOTE 10. FAIR VALUE MEASUREMENTS (continued)**

The objective of the guaranteed deposit investment contract with Empower Annuity Insurance Company is to maximize total return, including both investment yield and capital gains, and preserving principal, within risk constraints, while matching the liability characteristics of their major products. Strategies for maximizing total return over time include the investment of proceeds from investment sales, repayments and prepayments, operating cash flows, into investments with competitive yields, and where appropriate, the sale of the portfolio's lower yielding investments, either to meet various cash flow needs or to manage the portfolio's duration, credit currency and other risk constraints, all while minimizing the amount of taxes on realized capital gains.

**NOTE 11. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 23, 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 ANNUITY FUND

### SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll	\$ 359,160	\$ 397,800
Employee benefits	222,108	239,496
Insurance	154,729	164,053
Payroll audits	120,023	123,223
Office expense	101,216	116,537
Legal	59,354	45,000
Rent and utilities	45,120	40,843
Repairs and maintenance	41,981	46,076
Auditing	41,550	40,830
Accounting	35,000	35,000
Payroll taxes	31,898	34,123
Consultant	24,400	38,600
Conference, meetings and travel	17,305	19,227
Postage	14,080	13,429
Collection expenses	6,969	7,204
Telephone	3,932	4,982
	<u>\$ 1,278,825</u>	<u>\$ 1,366,423</u>

**PAINTING INDUSTRY ANNUITY FUND**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**

December 31, 2024

Form 5500, Schedule H, Item 4i

E.I.N. 51-6049898  
Plan No. 001

(a)	(b)	(c)			(d)	(e)
Identity of Issuer, Borrower, Lesser or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares		
<u>1c(1) Interest bearing cash:</u>						
	Amalgamated Bank	MMA	Demand	Var	145,993	\$ 145,993
	Lending Club Bank	MMA	Demand	Var	537,780	537,780
	Wells Fargo Bank	MMA	Demand	Var	23,357,255	23,357,255
*	Wilmington US Money Market Fund	MMA	Demand	Var	5,601,253	5,601,253
	Total interest bearing cash				<u>29,642,281</u>	<u>29,642,281</u>
<u>1c(2) United States Government Securities:</u>						
	Federal Home Loan Mortgage Corporation	CMO	07/25/29	4.543%	55,000	55,514
	Federal Home Loan Mortgage Corporation	CMO	12/25/30	3.900%	27,000	29,714
	Federal Home Loan Mortgage Corporation	CMO	01/25/31	3.718%	45,000	46,348
	Federal Home Loan Mortgage Corporation	CMO	01/25/31	3.080%	15,000	15,448
	Federal Home Loan Mortgage Corporation	CMO	11/25/32	3.750%	50,000	61,344
	Federal Home Loan Mortgage Corporation	CMO	08/25/33	3.990%	20,000	22,107
	Federal Home Loan Mortgage Corporation	CMO	10/25/33	3.900%	10,000	10,833
	Federal Home Loan Mortgage Corporation	CMO	01/25/34	3.794%	30,000	37,516
	Federal Home Loan Mortgage Corporation	Pool	07/01/34	5.000%	1,615	1,663
	Federal Home Loan Mortgage Corporation	Pool	11/01/34	5.500%	15,434	16,010
	Federal Home Loan Mortgage Corporation	CMO	11/15/34	5.000%	30,735	31,272
	Federal Home Loan Mortgage Corporation	Pool	01/01/37	6.118%	2,842	2,883
	Federal Home Loan Mortgage Corporation	Pool	04/01/37	6.742%	4,332	4,373
	Federal Home Loan Mortgage Corporation	Pool	08/01/37	6.500%	7,031	7,523
	Federal Home Loan Mortgage Corporation	Pool	04/01/38	5.500%	8,463	8,575
	Federal Home Loan Mortgage Corporation	Pool	05/01/38	6.000%	1,455	1,539
	Federal Home Loan Mortgage Corporation	Pool	09/01/38	6.000%	1,071	1,124
	Federal Home Loan Mortgage Corporation	Pool	10/01/44	4.500%	13,070	14,036
	Federal Home Loan Mortgage Corporation	Pool	03/01/45	3.500%	38,528	40,076
	Federal National Mortgage Association	CMO	12/25/26	2.464%	31,900	34,806
	Federal National Mortgage Association	Pool	05/01/27	5.500%	4,371	4,861
	Federal National Mortgage Association	Pool	07/01/27	5.500%	1,167	1,212
	Federal National Mortgage Association	Pool	03/01/28	3.000%	12,778	13,495
	Federal National Mortgage Association	CMO	03/25/28	3.032%	26,909	25,921
	Federal National Mortgage Association	Pool	08/01/32	3.500%	29,969	31,692
	Federal National Mortgage Association	Pool	01/01/33	2.870%	154,094	157,475
	Federal National Mortgage Association	Pool	05/01/34	7.375%	18,593	19,058
	Federal National Mortgage Association	Pool	09/01/34	5.500%	2,583	2,534
	Federal National Mortgage Association	Pool	03/01/35	5.500%	1,332	3,772
	Federal National Mortgage Association	Pool	05/01/36	2.000%	50,123	51,891
	Federal National Mortgage Association	Pool	01/01/38	6.000%	1,061	1,120
	Federal National Mortgage Association	Pool	05/01/40	4.500%	27,730	28,934
	Federal National Mortgage Association	Pool	02/01/41	4.000%	15,802	15,770
	Federal National Mortgage Association	Pool	03/01/41	4.000%	47,965	50,318
	Federal National Mortgage Association	Pool	07/01/41	2.500%	44,957	46,371
	Federal National Mortgage Association	Pool	09/01/41	4.000%	22,355	23,511
	Federal National Mortgage Association	Pool	05/01/42	3.500%	37,081	37,440
	Federal National Mortgage Association	Pool	01/01/43	3.000%	25,790	25,197
	Federal National Mortgage Association	Pool	02/01/43	3.500%	20,627	21,023
	Federal National Mortgage Association	Pool	02/01/43	3.000%	42,373	42,248

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lesser or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(2) United States Government Securities (continued):</u>							
	Federal National Mortgage Association	Pool	04/01/43	3.000%	23,783	\$ 23,790	\$ 20,983
	Government National Mortgage Association	Pool	09/15/33	6.000%	5,376	5,629	5,509
	Government National Mortgage Association	CMO	06/16/41	2.500%	191,070	184,860	178,280
	Government National Mortgage Association	Pool	11/15/42	3.500%	22,394	24,318	20,537
	Government National Mortgage Association	CMO	12/16/45	1.750%	14,790	14,465	13,644
	Government National Mortgage Association	CMO	04/16/47	2.350%	35,811	36,239	32,249
	United States Treasury	Note	02/28/25	4.625%	190,000	189,608	190,053
	United States Treasury	Note	10/15/25	4.250%	225,000	224,652	225,056
	United States Treasury	Note	08/15/29	1.625%	240,000	213,462	213,010
	United States Treasury	Note	08/15/32	2.750%	90,000	81,664	79,815
	United States Treasury	Note	02/15/34	4.000%	160,000	158,125	153,178
	United States Treasury	Bond	08/15/40	1.125%	390,000	260,544	232,545
	United States Treasury	Bond	11/15/41	2.000%	275,000	192,309	184,640
	United States Treasury	Bond	11/15/42	2.750%	85,000	68,037	63,524
	United States Treasury	Bond	05/15/47	3.000%	45,000	51,639	33,255
	Total United States Government Securities					2,775,888	2,582,205
<u>1c(3) Corporate debt instruments:</u>							
	AbbVie Inc	Bond	05/14/26	3.200%	15,000	14,943	14,733
	Ace Ina Holdings	Bond	05/03/26	3.350%	30,000	30,414	29,534
	Adobe Inc	Bond	04/04/34	4.950%	20,000	19,961	19,836
	Advanced Energy Conv	Bond	09/15/28	2.500%	324,000	328,627	352,836
	Affrim Hldg Inc Conv	Bond	12/15/29	0.750%	100,000	103,236	95,872
	Aflac Inc	Bond	10/15/46	4.000%	25,000	25,037	19,605
	Akamai Technology	Bond	09/01/27	0.375%	288,000	301,702	288,734
	Ally Financial Inc	Bond	11/02/28	2.200%	50,000	49,397	44,485
	Alnylam Pharma	Bond	09/15/27	1.000%	101,000	101,000	107,359
	Amazon.Com Inc	Bond	06/03/50	2.500%	60,000	55,099	35,796
	American Air	Bond	07/01/25	6.500%	110,000	110,000	128,504
	American Express	Bond	02/16/28	5.098%	20,000	20,030	20,115
	American Honda Finance	Bond	01/12/26	4.750%	30,000	29,983	30,027
	Amphastar Pharm Conv	Bond	03/15/29	2.000%	355,000	376,639	330,363
	Apple Inc	Bond	05/11/50	2.650%	55,000	52,166	34,169
	Array Technology	Bond	12/01/28	1.000%	187,000	209,874	136,043
	AT&T Inc	Bond	06/01/41	3.500%	45,000	45,638	34,482
	Bank of Amer	CMO	09/15/48	3.705%	55,000	51,595	54,450
	Bank of America	Bond	04/19/26	3.500%	50,000	51,259	49,254
	Bank of America Corp	Bond	04/21/45	4.750%	50,000	51,899	44,153
	Bank of America V-A	Bond	09/21/36	2.482%	65,000	65,000	52,958
	Bentley Sys Inc	Bond	01/15/26	0.125%	60,000	60,000	58,200
	Berkshire Hathaway	Bond	02/11/43	4.500%	55,000	61,414	50,816
	Berkshire Hathaway	Bond	10/15/50	2.850%	15,000	14,988	9,413
	Berkshire Hathaway	Bond	01/15/51	2.500%	30,000	29,556	17,317
	Bill Holdings	Bond	04/01/30	VAR	120,000	120,375	118,260
	BioMarin Pharm	Bond	05/15/27	1.250%	456,000	466,541	423,168
	Blackrock Funding	Bond	03/15/54	5.250%	25,000	24,699	23,617
	BMW Vehicle Lea	ABS	06/25/27	5.000%	20,000	19,998	20,107
	Booking Holdings	Bond	05/01/25	4.750%	231,000	338,251	609,537
	Bridgebio Pharm	Bond	02/01/29	3.500%	135,000	109,313	115,155
	Burlington North	Bond	03/01/41	2.482%	35,000	35,807	33,099
	Burlington Sto	Bond	12/15/27	0.125%	187,000	195,123	279,752
	California St	Bond	10/01/29	2.500%	55,000	54,570	50,122
	Capital One	ABS	08/15/28	2.500%	30,000	29,992	28,863
	Carnival Corp	Bond	12/01/27	2.850%	220,000	262,157	442,640

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lesser or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(3) Corporate debt instruments (continued):</u>							
	Centennial Resr	Bond	04/01/28	4.500%	142,000	\$ 145,561	\$ 357,221
	Chefs Whse Inc	Bond	12/15/28	VAR	235,000	235,638	301,623
	Children's Hospital	Bond	11/15/26	1.250%	70,000	70,000	67,379
	Citigroup Inc V-A	Bond	09/19/39	5.250%	55,000	55,105	52,378
	CNH Equipment	Bond	03/15/28	5.000%	30,000	29,999	29,581
	Coca-Cola Co/The	Bond	05/13/54	0.750%	40,000	39,768	38,582
	Columbus Oh	Bond	04/01/36	4.122%	35,000	34,794	32,077
	Conmed Corp	Bond	06/15/27	2.250%	416,000	421,574	386,048
	Countrywide Alt	CMO	04/25/36	5.500%	12	-	11
	Datadog Inc	Bond	06/15/25	0.125%	249,000	300,383	385,452
	Dexcom Inc	Bond	11/15/25	0.250%	410,000	411,020	394,609
	Dropbox Inc	Bond	03/01/28	VAR	341,000	322,699	348,035
	Duke Energy Corp	Bond	03/15/28	4.300%	55,000	55,052	54,140
	Eli Lilly & Co	Bond	02/27/33	4.700%	40,000	39,915	39,204
	Enterprise Products	Bond	01/10/26	5.050%	60,000	60,017	60,293
	EOG Res Inc	CMO	12/01/54	5.650%	35,000	34,794	34,274
	Etsy Inc	Bond	10/01/26	0.125%	260,000	253,850	251,131
	Exact Sciences	Bond	04/15/31	1.750%	561,000	639,384	521,057
	Exxon Mobil Corp	Bond	08/16/49	3.095%	40,000	40,000	26,648
	First Natl	Bond	05/15/30	5.340%	25,000	24,996	25,232
	First Natl MSTR	Bond	04/15/29	5.130%	30,000	30,014	30,175
	Five9 Inc	Bond	03/15/29	1.000%	90,000	92,138	80,955
	Florida PWR & LT	Bond	02/01/38	5.950%	20,000	25,095	20,928
	Ford Credit Flo	Bond	09/15/27	1.060%	60,000	59,981	58,535
	Ford Mtr Co DEL	Bond	03/15/26	VAR	542,000	580,718	524,114
	Gen Motors Fin	Bond	07/13/25	4.300%	55,000	54,780	54,837
	Georgia St	Bond	07/01/35	4.000%	50,000	58,911	51,010
	Global Pmts Inc	Bond	03/01/31	1.500%	200,000	204,369	195,800
	Greenbrier Cos	Bond	04/15/28	2.875%	156,000	167,226	188,838
	Guidewire Sftwr	Bond	11/01/29	1.250%	190,000	193,089	185,345
	Halozyme Therapy	Bond	08/15/28	1.000%	346,000	326,970	373,133
	Home Depot Inc	Bond	04/01/43	4.200%	40,000	38,888	33,828
	Impinj Inc	Bond	05/15/27	1.250%	80,000	81,540	113,380
	Integer Hldgs	Bond	02/15/28	2.125%	264,000	292,945	421,872
	Ionis Pharma	Bond	06/15/28	1.750%	230,000	253,064	226,067
	Irhythm Tech	Bond	09/01/29	1.500%	59,000	59,000	56,994
	Jazz Investmen	Bond	06/15/26	2.000%	209,000	212,788	211,822
	John Deere Owner	ABS	12/17/29	5.010%	40,000	39,990	40,219
	JP Morgan Mortg	Bond	06/25/29	3.000%	7,006	7,030	6,829
	JPMorgan Chase	Bond	06/01/45	4.950%	50,000	54,484	45,398
	JPMorgan Chase & Co	Bond	02/01/44	4.850%	35,000	41,234	32,211
	Kimco Realty Corp	Bond	02/01/33	4.600%	30,000	29,924	28,558
	Kla Corp	Bond	03/01/50	3.300%	25,000	27,476	17,267
	Kosmos Energy	Bond	03/15/30	3.125%	228,000	243,597	195,510
	Kroger Co	Bond	04/15/38	6.900%	20,000	22,151	21,990
	Lantheus Hold	Bond	12/15/27	2.625%	310,000	347,907	412,610
	Lennar Corp	Bond	11/29/27	4.750%	45,000	52,021	44,857
	Liberty Broad	Bond	03/31/53	3.125%	178,000	178,000	174,529
	Liberty Media	Bond	08/15/27	2.250%	255,000	257,150	311,228
	Liberty Media	Bond	03/15/28	3.750%	265,000	265,000	273,215
	Live Nation Ent	Bond	01/15/30	2.875%	240,000	246,500	240,960
	Lockheed Martini Corp	Bond	05/15/46	4.700%	20,000	22,616	17,871
	Lowe's Cos Inc	Bond	10/15/30	1.700%	65,000	62,027	54,384
	Lumentum Holdings	Bond	06/15/28	0.500%	235,000	207,316	226,658

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lesser or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(3) Corporate debt instruments (continued):</u>							
	Marriott Intl Inc	Bond	10/15/28	5.550%	40,000	\$ 39,748	\$ 40,868
	Masco Corp	Bond	02/15/51	3.125%	35,000	34,144	22,037
	Mercedes-Benz Auto	Bond	04/16/29	4.310%	25,000	24,995	24,869
	Merit Med Sys	Bond	02/01/29	3.000%	374,000	384,883	471,835
	Meritage Homes	Bond	05/15/28	1.750%	208,000	211,991	203,840
	MGP Ingredients	Bond	11/15/41	1.875%	385,000	424,180	355,663
	Microsoft Corp	Bond	06/01/50	2.525%	50,000	50,955	30,770
	Mirum Pharma	Bond	05/01/29	4.000%	197,000	242,856	299,933
	MKS Instrs Inc	Bond	06/01/30	1.250%	271,000	271,403	262,328
	Morgan Stanley Mtn	Bond	01/20/27	3.625%	50,000	50,648	49,089
	Morgan Stanley V-D	Bond	09/16/36	2.484%	40,000	40,000	32,533
	Morgan Stanley V-Q	Bond	01/25/52	2.802%	30,000	30,000	18,322
	Ncl Corp Ltd	Bond	02/15/27	1.125%	315,000	281,419	326,025
	New York NY	Bond	03/01/32	2.050%	65,000	63,186	53,834
	Nice Ltd	Bond	09/15/25	VAR	374,000	412,888	357,911
	Northen Oil	Bond	04/15/29	3.625%	208,000	248,812	243,464
	Northern States Pwr	Bond	05/15/46	3.600%	35,000	34,171	26,092
	NRG Energy Inc	Bond	06/01/48	2.750%	219,000	240,041	480,486
	Nutanix Inc	Bond	10/01/27	0.250%	252,000	302,120	304,416
	Oil States Intl	Bond	04/01/26	4.750%	377,000	386,049	366,821
	On Semiconductor	Bond	03/01/29	0.500%	441,000	442,736	415,202
	Oracle Corp	Bond	09/27/29	4.200%	20,000	19,980	19,319
	Oregon St	Bond	08/01/35	2.300%	10,000	8,161	7,757
	Oregon St	Bond	05/01/42	4.721%	20,000	20,000	18,842
	OSI Systems Inc	Bond	08/01/29	2.250%	267,000	269,189	288,200
	Palo Alto Net	Bond	06/01/25	0.375%	80,000	80,000	292,600
	Parsons Corp	Bond	03/01/29	2.625%	58,000	58,000	67,889
	Patrick Indus	Bond	12/01/28	1.750%	288,000	271,385	391,648
	Pepsico Inc	Bond	10/21/41	2.625%	25,000	25,012	17,345
	Pepsico Inc	Bond	10/15/49	2.875%	15,000	14,739	9,782
	Pfizer Invt Enterprise	Bond	05/19/43	5.110%	40,000	39,200	37,549
	PG & E Corp	Bond	12/01/27	4.250%	382,000	382,847	414,279
	Post Holdings	Bond	08/15/27	2.500%	374,000	398,005	438,141
	Progress Soft	Bond	03/01/30	3.500%	55,000	55,000	64,632
	Rapid7 Inc	Bond	03/15/29	1.250%	115,000	115,900	108,893
	Regions Finl Corp	Bond	08/12/28	1.800%	65,000	64,834	57,897
	Rivian Auto Inc	Bond	03/15/29	4.625%	117,000	123,790	117,629
	Royal Caribbean	Bond	08/15/25	6.000%	70,000	70,000	324,240
	Seagate HDD	Bond	06/01/28	3.500%	230,000	257,912	276,115
	Shell Finance US	Bond	09/12/46	3.750%	50,000	41,054	37,586
	Shift4 Payments	Bond	08/01/27	0.500%	305,000	319,423	327,875
	Snap Inc	Bond	05/01/30	0.500%	75,000	75,000	63,412
	Snowflake Inc	Bond	10/01/27	VAR	135,000	137,490	158,690
	Spectrum Brnds	Bond	06/01/29	3.375%	123,000	123,979	120,085
	State Street Cor V-Q	Bond	11/01/34	3.031%	35,000	35,012	31,560
	Sycamore OH Cmnty	Bond	12/01/28	5.850%	30,000	32,217	30,855
	Synaptics Inc	Bond	12/01/31	0.750%	80,000	80,550	80,429
	Synchrony Card	Bond	04/17/28	3.370%	50,000	49,995	49,811
	Target Corp	Bond	01/15/52	2.950%	15,000	14,858	9,560
	Teladoc Health Conv	Bond	06/01/27	1.250%	234,000	292,088	204,282
	Tetra Tech Inc	Bond	08/15/28	2.250%	414,000	419,717	485,278
	Texas Instruments	Bond	09/15/51	2.700%	15,000	14,896	9,107
	Texas St	Bond	10/01/34	4.028%	60,000	60,000	55,805
	Texas St	Bond	08/01/35	4.100%	15,000	15,066	14,022

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<u>1c(3) Corporate debt instruments (continued):</u>							
	Texas St A & M Univ	Bond	05/15/45	4.250%	95,000	\$ 94,169	\$ 82,496
	T-mobile USA Inc	Bond	01/15/33	5.200%	40,000	40,386	39,595
	Transmedics	Bond	06/01/28	1.500%	226,000	239,355	233,089
	Truist Financial	Bond	01/26/34	5.122%	45,000	45,381	43,734
	Tyler Technolog	Bond	03/15/26	0.250%	224,000	254,644	270,256
	Uber Technology	Bond	12/01/28	0.875%	357,000	366,856	392,700
	United Air	ABS	10/15/27	5.875%	20,472	20,267	20,907
	Upstart Hldgs	Bond	11/15/30	1.000%	105,000	106,600	100,065
	US Bancorp	Bond	11/03/36	2.491%	80,000	80,000	64,796
	Utah St	Bond	07/01/32	3.000%	60,000	67,592	58,032
	Verizon Communicat	Bond	09/03/41	2.850%	25,000	24,940	17,286
	Verizon Master	ABS	04/22/30	5.340%	65,000	64,986	66,095
	Vertex Inc	Bond	05/01/29	0.750%	77,000	79,219	121,739
	Virginia Elec & Pwr	Bond	12/01/49	3.300%	15,000	14,972	10,154
	Visa Inc	Bond	04/15/40	2.700%	20,000	19,853	14,563
	Volkswagen Auto	ABS	10/20/26	5.810%	100,000	99,985	100,847
	Walmart Inc	Bond	09/22/51	2.650%	25,000	24,908	15,459
	Wells Fargo Car	ABS	02/15/29	4.940%	55,000	54,985	55,523
	Welltower Op	Bond	07/15/29	3.125%	330,000	354,063	373,890
	Western Digital	Bond	11/15/28	3.000%	140,000	140,000	185,500
	Workiva Inc	Bond	08/15/28	1.250%	155,000	152,838	164,067
	World Omni Auto	ABS	02/15/29	5.700%	60,000	59,984	61,056
	Ziff Davis Inc	Bond	11/01/26	1.750%	90,000	90,000	84,096
	Zscaler Inc Conv	Bond	07/01/25	0.125%	242,000	301,826	300,201
	Total corporate debt instruments					22,967,104	24,473,874
<u>1c(4)(a) Preferred Stock</u>							
	Apollo Global Mgmt	Bond		N/A	5,700	292,217	495,387
	Ares Mngmt Crp	Bond		6.750%	4,850	253,818	266,944
	Bank of America	Bond		7.250%	439	542,066	535,251
	Boeing Co	Bond		6.000%	4,900	247,920	298,361
	Chart Industry	Bond		6.750%	3,100	188,759	218,488
	HP Enterprise Co	Bond		7.625%	1,900	95,000	119,149
	NextEra Energy Inc	Bond		6.926%	15,200	679,937	621,984
	Wells Fargo	Bond		7.500%	369	470,298	440,700
	Total preferred stock					2,770,015	2,996,264
<u>1c(4)(b) Common stock:</u>							
	1 800 Flowers Com Inc	Stock			8,447	62,952	69,012
	3M Co	Stock			2,191	194,776	282,836
	Abbot Laboratories	Stock			7,919	835,161	895,718
	Abbvie Inc	Stock			6,544	1,083,974	1,162,869
	Acadia Healthcare Co Inc	Stock			3,762	281,582	149,163
	ACI Worldwide Inc	Stock			5,595	134,596	290,436
	Advanced Energy Industries	Stock			2,049	222,905	236,926
	Aercap Holdings NV	Stock			3,260	203,194	311,982
	AES Corp Com	Stock			9,700	191,765	124,839
	Air Products & Chemicals Inc	Stock			22,200	642,060	643,889
	Alamos Gold Inc	Stock			7,986	98,618	147,262
	Albany Intl Corp CL A	Stock			2,049	181,851	163,859
	Albemarle Corp Com	Stock			2,670	526,930	229,834
	Alcoa Corp	Stock			1,894	57,874	71,555
	Allete Inc	Stock			1,060	58,763	68,688
	Alphabet Inc CL A	Stock			1,367	144,271	258,773

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	<u>1c(4)(b) Common stock (continued):</u>						
	Alphabet Inc CL C	Stock			4,330	\$ 509,515	\$ 824,605
	Altria Group Inc	Stock			8,115	729,781	848,667
	Amentum Holdings Inc	Stock			3,037	85,257	63,868
	American Electric Power Co Inc	Stock			8,340	681,800	769,198
	American Express Co	Stock			3,970	508,775	1,178,256
	American International Group	Stock			15,750	722,804	1,146,600
	Americold Realty Trust, Inc	Stock			3,058	72,676	65,441
	Ameriprise Financial Inc	Stock			430	143,526	228,945
	Applied Materials Inc Com	Stock			630	87,492	102,457
	Ardmore Shipping Corp	Stock			13,869	185,886	168,508
	Armada Hoffler Properties Inc	Stock			8,606	97,997	88,039
	Asgn Incorporated	Stock			2,212	178,612	184,348
	AT&T Inc	Stock			34,067	727,157	775,706
	Autoliv Inc	Stock			989	99,225	92,758
	Avid Bioservices Inc	Stock			4,453	49,742	54,995
	Axalta Coating Systems LTD	Stock			2,677	109,542	91,607
	Azek Co Inc	Stock			4,623	158,250	219,454
	Baker Hughes Company	Stock			2,100	94,395	86,142
	Ball Corporation	Stock			2,473	131,775	136,336
	Bank Amer Corp	Stock			38,171	1,041,982	1,677,615
	Bank New York Mellon Corp	Stock			3,825	192,947	293,875
	Bankunited Inc	Stock			2,854	78,898	108,937
	Banner Corp	Stock			2,358	115,330	157,444
	Barnes Group Incorporated	Stock			4,195	155,590	198,256
	Belden Inc	Stock			2,030	189,203	228,598
	Benchmark Electronics Inc	Stock			2,195	54,193	99,653
	Berkshire Hathaway Inc Del CL B	Stock			4,290	1,126,711	1,944,571
	Berkshire Hills Bancorp Inc	Stock			1,886	42,372	53,619
	BJ's Wholesale Club Holdings	Stock			2,658	181,306	237,492
	Blackbaud Inc	Stock			7,575	553,789	559,944
	Blackline Inc	Stock			6,925	324,800	420,763
	Boeing Co Com	Stock			3,168	560,953	560,736
	Boston Scientific Corp Com	Stock			10,730	883,308	958,404
	Box Inc CL A	Stock			5,849	166,017	184,828
	Brightview Holdings Inc	Stock			21,150	177,856	338,189
	Bristol-Myers Squibb Co	Stock			11,057	632,462	625,384
	Builders Firstsource	Stock			5,910	933,438	844,716
	Byline Bancorp Inc	Stock			6,835	146,644	198,215
	Carrier Global Corp	Stock			7,232	252,017	493,656
	Carter Holdings	Stock			2,248	156,771	121,819
	Casella Waste Systems Inc Cl A	Stock			1,467	119,505	155,223
	Caseys General Stores Inc	Stock			1,850	620,750	733,026
	Caterpillar Inc	Stock			2,520	545,312	914,155
	Caterpillar Inc	Stock			835	218,919	302,905
	CBOE Global Markets Inc	Stock			4,852	610,802	948,081
	CC C Interlligent Solutions Hld	Stock			61,225	670,185	718,169
	Charles River Labs Intl Inc Com	Stock			642	133,500	118,513
	Chart Industries Inc	Stock			1,166	172,145	222,519
	Chef's Warehouse Holdings Inc	Stock			1,909	58,109	94,152
	Chemed Corporation	Stock			388	200,436	205,562
	Cheniere Energy Inc	Stock			3,500	609,014	752,045
	Chevron Corp	Stock			7,021	751,839	1,016,922
	Chubb LTD	Stock			2,370	336,105	654,831
	Cisco Systems Inc	Stock			20,602	1,025,317	1,219,638

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	<u>1c(4)(b) Common stock (continued):</u>						
	Citigroup Inc	Stock			16,103	\$ 875,954	\$ 1,133,490
	Civitas Resources Inc	Stock			575	36,066	26,375
	Clear Secure Inc CL A	Stock			15,625	417,541	416,250
	Clorox Company	Stock			1,531	208,311	248,650
	CMS Energy Corp Com	Stock			3,231	195,800	215,346
	Coca-Cola Europacific Partners PLC	Stock			1,825	102,310	140,178
	Cohu Incorporated	Stock			1,675	50,416	44,722
	Columbus McKinnon Corp	Stock			5,476	206,208	203,926
	Comcast Corp New A	Stock			16,070	711,063	603,107
	Community Healthcare Trust Inc Reit	Stock			4,457	137,220	85,619
	Concentra Group Holdings Parent Inc	Stock			1,270	19,566	25,121
	Conocophillips	Stock			8,876	523,889	880,233
	Constellation Brands Inc CL A	Stock			900	204,112	198,900
	Cooper Companies Inc	Stock			6,780	698,998	623,285
	Corning Inc	Stock			13,290	367,076	631,541
	Coterra Energy Inc	Stock			4,350	119,582	111,099
	Covenant Logistics Group Inc	Stock			975	51,602	53,147
	Crocs Inc	Stock			4,350	425,729	476,456
	Cross Country Health Care Inc	Stock			5,328	121,317	96,756
	CSX Corp Common	Stock			7,795	246,969	251,545
	Cummins Inc Com	Stock			3,720	727,787	1,296,792
	Customers Bankcorp Inc	Stock			2,305	86,377	112,207
	Danaher Corp Com	Stock			2,460	587,217	564,693
	Darden Restaurants	Stock			825	125,046	154,019
	Dell Technologies Inc CL C	Stock			4,760	680,520	548,542
	Delta Air Lines Inc	Stock			5,325	209,422	322,163
	Designer Brands Inc Cl A	Stock			7,984	87,641	42,635
	Dime Community Bancshares Inc	Stock			2,275	64,227	69,922
	Douglas Dynamics Inc	Stock			10,300	321,135	243,389
	Duke Energy Holding Corp	Stock			8,995	784,848	969,121
	Dycom Industries Inc	Stock			1,531	148,442	266,486
	Eagle Materials Inc Com	Stock			4,550	590,148	1,122,758
	Eaton Corp Plc	Stock			3,430	296,140	1,138,314
	Ebay Inc Com	Stock			3,398	176,486	210,506
	Ehealth Inc	Stock			3,043	24,971	28,604
	Elevance Health Inc	Stock			285	138,906	105,137
	Emerson Electric Co	Stock			4,568	462,601	566,112
	Enterprise Financial Service	Stock			900	36,448	50,760
	EOG Resources Inc Com	Stock			2,109	242,041	258,521
	EQT Corporation	Stock			2,295	84,987	105,822
	Essential Properties Reality Reit	Stock			2,625	66,517	82,110
	Euronet Worldwide Inc	Stock			1,801	157,645	185,215
	European Wax Ctr Inc Cl A	Stock			42,025	589,834	280,307
	Exlservice Holdings Inc	Stock			14,775	429,525	655,715
	Exxon Mobil Corp	Stock			11,370	687,807	1,223,071
	F5 Inc	Stock			1,930	284,789	485,337
	First Industrial Realty TR Reit	Stock			3,883	192,583	194,655
	First Interstate Bancsys/MT	Stock			2,325	74,202	75,493
	Flushing Financial Corporation	Stock			4,425	64,598	63,189
	Fmc Corporation Common New	Stock			3,600	280,523	174,996
	Foot Locker Inc	Stock			1,350	36,007	29,376
	Fox Corp Cl A	Stock			3,776	125,170	183,439
	Franklin Covey	Stock			15,600	619,882	586,248
	FTI Consulting	Stock			543	103,795	103,784

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	<u>1c(4)(b) Common stock (continued):</u>						
	Gaming and Leisure Properties Reit	Stock			11,850	\$ 523,959	\$ 570,696
	GE Vernova LLC	Stock			4,300	590,441	1,414,399
	General Mills	Stock			1,965	134,508	125,308
	Gentex Corp Com	Stock			12,675	411,865	364,153
	Genuine Parts Inc	Stock			4,620	635,160	539,431
	Gilead Sciences Inc Com	Stock			2,021	173,208	186,680
	Global Ship Lease INC Cl A	Stock			2,025	39,073	44,206
	Goldman Sachs Group Inc Com	Stock			2,174	630,224	1,244,876
	Greif Inc Common CL A	Stock			950	67,635	58,064
	GXO Logistics Inc	Stock			1,921	114,066	83,564
	Ha Sustainable Infra Cap Inc	Stock			6,745	164,918	180,968
	Haemonetics Corp Mass	Stock			1,812	156,982	141,481
	Hartford Financial Svcs Grp Inc	Stock			2,050	154,993	224,270
	Hasbro Common	Stock			3,139	180,912	175,501
	Healthcare Svcs Group Inc	Stock			3,650	42,258	42,395
	HealthEquity Inc	Stock			2,878	208,002	276,144
	Healthpeak OP, LLC Reit	Stock			6,770	135,118	137,228
	Herbalife LTD	Stock			5,060	72,170	33,851
	Hexcel Corp	Stock			1,142	72,643	71,603
	Hillenbrand Inc	Stock			10,750	489,016	330,885
	Hilton Worldwide Holdings Inc	Stock			4,090	344,227	1,010,884
	Huntington Ingalls Industries Wi	Stock			755	152,840	142,672
	Huron Consulting Group Inc	Stock			2,803	278,227	348,301
	I3 Verticals Inc CL A	Stock			20,125	427,008	463,680
	IBM Corporation	Stock			1,175	176,683	258,300
	Ichor Holdings LTD	Stock			1,225	37,788	39,470
	Informatica Inc CL A	Stock			25,875	572,383	670,939
	Ingersoll-Rand Inc	Stock			1,123	108,670	101,587
	Insight Enterprises	Stock			638	99,024	97,040
	Interactive Brokers Group Inc Cl A	Stock			1,176	110,476	207,764
	International Money Express Inc	Stock			28,600	526,631	595,738
	International Seaways Inc	Stock			2,270	102,272	81,584
	Invitation Homes Inc Reit	Stock			7,089	244,735	226,635
	Itron Inc Com	Stock			2,804	189,677	304,458
	J&J Snack Foods Corp	Stock			784	132,554	121,622
	JBG Smith Properties Reit	Stock			2,460	39,531	37,810
	Johnson & Johnson	Stock			8,536	1,221,009	1,234,476
	Johnson Controls International Plc	Stock			3,389	181,054	267,494
	Jones Lang Lasalle Inc Com	Stock			3,090	547,360	782,203
	JPMorgan Chase & Co	Stock			12,976	1,162,170	3,110,477
	KB Home Com	Stock			2,712	150,395	178,233
	KBR Inc	Stock			2,931	178,192	169,793
	Kemper Corp	Stock			750	44,876	49,830
	Kimberly Clark Corp	Stock			4,450	560,860	583,128
	Knight-Swift Transportation Holdings	Stock			5,330	266,951	282,703
	Knowles Corporation	Stock			9,969	156,921	198,682
	Kroger Company	Stock			3,550	166,181	217,083
	Labcorp Holdings Inc	Stock			2,370	386,188	543,488
	Lennar Corp CL A	Stock			740	108,371	100,914
	Linde Plc	Stock			438	130,671	183,377
	Liquidity Services Inc	Stock			4,720	84,305	152,409
	Lithia Motors Inc Cl-A	Stock			606	178,986	216,603
	Littlefuse Inc Com	Stock			349	85,531	82,242
	Lowe's Companies Inc	Stock			2,650	541,516	654,020

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	<u>1c(4)(b) Common stock (continued):</u>						
	LyondellBasell Industries Nv Cl A	Stock			6,830	\$ 613,513	\$ 507,264
	Macom Technology Inc	Stock			2,416	192,927	313,863
	Marriott Intl Inc CL A	Stock			2,540	672,604	708,508
	Marvell Technology Inc	Stock			11,590	891,864	1,280,116
	Matthews Intl Corp Cl A	Stock			4,050	161,714	112,104
	McDonald's Corporation	Stock			911	250,612	264,090
	Mckesson Corporation Com	Stock			1,353	707,599	771,088
	Mecury Systems, Inc	Stock			3,041	109,454	127,722
	Medpace Holdings Inc	Stock			1,250	335,167	415,288
	Medtronic PLC	Stock			6,570	639,517	524,812
	Merit Med SYS Inc	Stock			3,278	218,412	317,048
	Meritage Homes Corp	Stock			401	72,369	61,682
	MetLife Inc	Stock			8,040	525,561	658,315
	Mettler Toledo International Com	Stock			153	205,578	187,223
	MGE Energy Inc	Stock			625	47,899	58,725
	Mgm Resorts Intl	Stock			15,240	530,225	528,066
	Micron Technology Inc Com	Stock			12,231	732,475	1,029,361
	Mid-America Apartment Communities	Stock			1,783	248,483	275,598
	Modivcare Inc	Stock			2,738	90,358	32,418
	Molson Coors Beverage Company	Stock			11,180	566,278	640,838
	Monro Inc	Stock			3,001	97,423	74,425
	Moog Inc Cl A	Stock			235	34,265	46,257
	Morgan Stanley Group Inc	Stock			5,610	557,199	705,289
	Mosaic Co The	Stock			5,850	154,021	143,793
	Napco Security Technologies Inc	Stock			13,350	405,513	474,726
	National-Cl A	Stock			4,887	160,037	210,434
	Netapp Appliance Inc	Stock			1,100	114,690	127,688
	Neurocrine Biosciences Inc	Stock			1,083	122,105	147,830
	Newmont Corporation	Stock			2,550	107,009	94,911
	NextEra Energy Inc	Stock			13,566	870,705	972,547
	Nice LTD - Sponsored ADR	Stock			713	123,841	121,096
	Nike Inc CL B	Stock			5,410	563,014	409,375
	Norfolk Southern Corp	Stock			3,189	504,214	748,458
	Northern Oil and Gas Inc	Stock			3,491	133,844	129,726
	Northwestern Energy Group Inc	Stock			1,375	69,841	73,508
	Novanta Inc	Stock			937	148,444	143,146
	Nrg Energy Inc	Stock			8,030	312,444	724,467
	Nu Skin Enterprises	Stock			3,361	77,229	23,157
	Oceaneering Intl Inc Com	Stock			9,751	220,766	254,306
	Oceanfirst Fnl Corp Com	Stock			1,775	35,174	32,127
	Old National Bankcorp Com	Stock			4,075	71,958	88,448
	Olin Corp Com	Stock			14,950	348,925	505,310
	On Semiconductor Corporation	Stock			3,507	250,461	221,116
	Onespaworld Holdings LTD	Stock			19,375	327,067	385,563
	Oracle Corporation Com	Stock			7,028	441,595	1,171,146
	Pacific Premier Bankcorp Inc	Stock			3,427	81,297	85,401
	Packaging Corp Of Amer Com	Stock			615	91,326	138,455
	Patterson-UTI Energy Inc	Stock			12,037	166,550	99,425
	Paycor HCM Inc	Stock			23,125	322,864	429,431
	Pediatrix Medical Group Inc	Stock			3,382	45,705	44,372
	Peoples Bancorp Inc	Stock			1,375	42,534	43,574
	PepsiCo Inc Com	Stock			3,534	438,352	537,380
	Pfizer Inc	Stock			8,000	219,446	212,240
	Prestige Consumer Healthcare Inc	Stock			7,663	501,813	598,403

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>1c(4)(b) Common stock (continued):</u>						
	Procter & Gamble Co Com	Stock			7,750	\$ 850,247	\$ 1,299,288
	Prologis Inc	Stock			4,390	445,946	464,023
	Prudential Financial Inc	Stock			2,775	252,609	328,921
	Prudential PLC-ADR	Stock			7,041	139,339	112,234
	Pursuit Attractions and Hosp Inc	Stock			4,319	124,497	183,601
	Qualcomm Inc Com	Stock			755	114,401	115,983
	Quest Diagnostics Inc	Stock			1,100	175,975	165,946
	Quidelortho Corp	Stock			1,654	119,018	73,686
	Realty Income Corp	Stock			8,600	569,746	459,326
	Reinsurance Group Of America Inc	Stock			1,602	216,793	342,235
	Ring Energy Inc	Stock			16,923	33,215	23,015
	Robert Half Inc	Stock			3,570	271,196	251,542
	Rogers Corp	Stock			521	67,611	52,939
	RTX Corporation	Stock			8,597	608,084	994,845
	Ryan Specialty Holdings, Inc	Stock			1,310	86,896	84,050
	S&P Global Inc	Stock			1,500	504,190	747,045
	Safehold Inc Reit	Stock			1,978	40,097	36,553
	Schlumberger Ltd	Stock			16,294	843,506	624,712
	Schwab Charles Corp New Com	Stock			2,907	197,781	215,147
	Select Medical Holdings Corp	Stock			1,575	23,240	29,689
	Sempra	Stock			4,222	306,321	370,354
	Sharkninja Inc	Stock			4,825	217,399	469,762
	Shell Plc Spons Adr	Stock			4,980	313,039	311,997
	Shutterstock Inc	Stock			8,400	350,267	254,940
	Silgan Holdings Incorporated	Stock			3,104	138,552	161,563
	Simon Property Grp Inc Reit	Stock			1,655	204,906	285,008
	SLR Investment Corp	Stock			6,630	101,004	107,141
	SM Energy Co	Stock			825	37,655	31,977
	Solarwinds Corp	Stock			41,700	506,921	594,225
	Sonos Inc	Stock			6,647	92,216	99,971
	SPS Commerce Inc	Stock			1,550	273,108	285,185
	Stag Industrial Reit	Stock			5,428	197,648	183,575
	Standard Motor Products Incorporated	Stock			1,325	41,208	41,048
	Summit Materials Inc	Stock			4,693	167,933	237,466
	Supernus Pharmaceuticals Inc	Stock			5,196	157,749	187,887
	Synchrony Financial	Stock			14,310	694,383	930,150
	Targa Resources Corp	Stock			487	71,810	86,929
	Texas Capital Bancshares Inc	Stock			1,018	64,322	79,608
	The Baldwin Insurance Group Inc CL A	Stock			2,499	63,852	96,861
	The Cigna Group	Stock			2,594	614,103	716,307
	The Hershey Company	Stock			459	94,289	77,731
	The Travelers Companies Inc	Stock			1,041	243,760	250,766
	Thermo Fisher Scientific Inc	Stock			2,140	1,132,800	1,113,292
	Timken Co Com	Stock			6,480	501,543	462,478
	Titan Machinery Inc	Stock			2,636	71,758	37,246
	TKO Group Hldgs	Stock			1,610	166,910	228,797
	Toll Brothers Common	Stock			4,990	599,244	628,490
	Toro Co Com	Stock			2,262	210,106	181,186
	TPG Partners LLC Cl A	Stock			6,370	189,341	400,291
	Tradeweb Markets Inc Cl A	Stock			582	77,566	76,195
	Treehouse Foods Inc	Stock			3,052	139,958	107,217
	Tronox Holdings PLC	Stock			2,998	35,517	30,190
	Truist Financial Corp	Stock			16,424	653,073	712,473
	Turning Point Brands	Stock			1,075	26,434	64,607

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>1c(4)(b) Common stock (continued):</u>						
	Tutor Perini Corporation	Stock			1,500	\$ 28,327	\$ 36,300
	Tyson Foods Inc Com	Stock			2,225	133,175	127,804
	United Community Banks	Stock			3,409	94,365	110,145
	United Parcel Service Cl B	Stock			4,045	660,839	510,074
	United Rentals Inc	Stock			395	170,846	278,254
	UnitedHealth Group Inc	Stock			2,125	893,634	1,074,953
	Unitil Corporation	Stock			3,444	167,330	186,631
	Unvl Health Services Inc Cl B	Stock			775	117,542	139,050
	US Foods Holding Corp	Stock			2,714	185,653	183,086
	Valero Energy Corp	Stock			4,160	553,792	509,974
	Verint Systems Inc	Stock			16,625	504,400	456,357
	Veritex Hldgs Inc	Stock			4,592	92,259	124,719
	Verizon Communications Com	Stock			9,300	360,096	371,907
	Vishay Intertechnology Common	Stock			2,100	47,033	35,574
	Voya Financial Inc	Stock			2,059	145,578	141,721
	W P Carey Inc Reit	Stock			2,100	150,926	114,408
	Wabash National Corporation	Stock			2,321	51,167	39,758
	Wabtec Corp Com	Stock			1,864	184,393	353,395
	Walmart Inc	Stock			11,430	1,035,787	1,032,700
	Walt Disney Co	Stock			12,086	1,357,417	1,345,775
	Wells Fargo & Co	Stock			6,016	257,795	422,564
	Whitestone Reit	Stock			3,550	47,083	50,304
	Willscot Holdings Corp	Stock			19,229	787,594	643,210
	Wisdomtree Inc	Stock			4,325	44,740	45,413
	Wolverines World Wide Inc Com	Stock			5,009	46,119	111,200
	Wyndham Hotels & Resorts Inc	Stock			4,400	324,600	443,476
	Xcel Energy Inc Com	Stock			1,721	96,352	116,202
	Zillow Group Inc CL C	Stock			3,053	239,172	226,075
	Zoetis Inc	Stock			1,207	202,291	196,656
	Total common stock:					93,729,081	114,489,589
	<u>1c(5) Partnership/joint ventures</u>						
	Boyd Watterson GSA Fund LP					37,063,580	33,255,516
	Capital Dynamics Generation 2022 Investors, LP					8,619,909	10,982,467
	Crescent Credit Solutions VIII A-2, L.P.					6,726,319	7,243,938
	Crescent Mezzanine Partners VIB, LP					4,629,298	257,420
	Crescent Mezzanine Partners VIIB, LP					6,997,051	4,735,877
	Grosvenor Labor Impact Feeder Fund, L.P.					15,676,434	19,214,987
	Hamilton Lane Secondary Fund VI-P LP					3,541,810	4,404,642
	Siguler Guff Small Buyout Opportunities Fund V,LP					7,288,818	8,929,971
	U.S. Real Estate Investment Fund, LLC					30,790,565	44,496,694
	Total partnership/joint ventures					121,333,784	133,521,512
	<u>1c(8) Participant loans:</u>						
*	Loans to participants			5.25 - 11.27%		-	1,217,371
	<u>1c(9) Common collective trusts:</u>						
	Crescent Capital Trust II				-	8,862,388	5,549,854
	Invesco Core Plus Fixed Income Trust Class I				4,412,531	46,323,227	50,082,229
	Longview Core Bond Fund				5,402	3,350,600	3,482,148
	Longview Large Cap				66,409	11,568,757	22,976,129
	Longview Large Cap 1000 Growth Index Fund				107,497	23,753,310	76,346,754
	Longview Large Cap 500 Index Fund				48,639	32,970,207	108,193,747
	Longview Mid Cap 400 Index Fund				7,904	16,851,067	27,605,050
	Loomis Sayles Core Plus Bond				2,617,995	33,173,027	37,620,585

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lesser or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(9) Common collective trusts (continued):</u>							
Lord Abbett Multi Sec Strategic Trust					2,295,718	\$ 25,454,347	\$ 29,043,584
Schroder International Equity Trust					3,711,876	49,033,500	53,636,609
Winslow Large Cap Growth Fund					67,963	2,342,006	9,919,204
Total common collective trusts						<u>253,682,436</u>	<u>424,455,893</u>
<u>1c(10) Pooled separate accounts:</u>							
U.S. Principal Real Estate Investment Trust					165,933	5,091,231	10,820,679
<u>1c(12) 103-12 investments entities:</u>							
Ullico Infrastructure Tax-Exempt Fund, LP					88,191	17,429,565	26,251,297
<u>1c(13) Mutual Fund:</u>							
AFL-CIO Housing Investment Trust					13,186	14,888,837	12,667,319
Axonic Alternative Income Fund					1,371,321	27,826,959	27,933,809
Total mutual funds						<u>42,715,796</u>	<u>40,601,128</u>
<u>1c(14) Funds held in insurance Co. general account:</u>							
Empower Guaranteed Deposit						48,502,595	47,122,882
<u>1c(15) Other:</u>							
NY Life Stable Value						17,418,112	16,869,441
Total investments						<u>\$ 658,057,888</u>	<u>\$ 875,044,416</u>

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

**PAINTING INDUSTRY ANNUITY FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Item 4j

E.I.N. 51-6049898  
Plan No. 001

(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)
*	Wilmington US Government Money Market Fund	\$ 93,035,345 N/A	N/A \$ 91,439,478	\$ 93,035,345 91,439,478	\$ 93,035,345 91,439,478	N/A \$ -
	Longview Large Cap 500 Index Fund	8,184,799 N/A	N/A 46,643,580	8,184,799 14,948,833	8,184,799 46,643,580	N/A 31,694,747

\* 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