

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: USW DISTRICT 10, LOCAL 286, PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES USW DISTRICT 10, LOCAL 286, PENSION PLAN
2b Employer Identification Number (EIN): 23-0630051
2c Plan Sponsor's telephone number: 215-829-9212
2d Business code (see instructions): 322100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<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>	4074
<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>	0
	<b>6a(2)</b>	0
	<b>6b</b>	1784
	<b>6c</b>	1675
	<b>6d</b>	3459
	<b>6e</b>	553
	<b>6f</b>	4012
	<b>6g(1)</b>	
<b>6g(2)</b>		
<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>	0

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 1I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4L

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input 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 checked="" 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 type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(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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<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 USW DISTRICT 10, LOCAL 286, PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES USW DISTRICT 10, LOCAL 286,	<b>D</b> Employer Identification Number (EIN) 23-0630051	

**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

BLACKROCK ADVISORS LLC

23-2784752

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

U.S. BANCORP ASSET MANAGEMENT, INC.

41-2003732

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

FIRST EAGLE FUNDS INV MGT LLC

57-1156902

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

US BANCORP FUND SERVICES, LLC

39-1939072

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

QUASAR DISTRIBUTORS, LLC

39-1982827

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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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**(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)

USW DISTRICT 10 LOCAL 286 UNION

23-0724665

(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?
14 50	SPONSORING LABOR ORG.	471433	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)

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

(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	122568	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)

CARLO SIMONE III

23-0724665

(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 99	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	99274	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)

CHARTWELL INVESTMENT PARTNERS LLC

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	70575	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)

INVESTMENT PERFORMANCE SERVICES, LL

58-2432390

(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	50000	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)

SPEAR WILDERMAN, P.C.

23-2749511

(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	32000	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)

SOBOL LAW GROUP P.C.

36-4509261

(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	32000	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)

GREAT LAKES ADVISORS, LLC

80-0292839

(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	28467	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)

WEDGE CAPITAL MANAGEMENT, LLP

56-1557450

(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	27938	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)

CBIZ, INC.

22-2769024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	23575	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)

ASB CAPITAL MANAGEMENT, LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	21546	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)

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	NONE	17514	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)

XPAN LAW PARTNERS, LLC

81-5145649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10800	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)

CHEVY CHASE TRUST COMPANY

52-2037618

(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	10773	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)

US BANK NATIONAL ASSOCIATION

31-0841368

(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?
50 72	NONE	7257	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"/>

**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
CARLO SIMONE III	30 64 99	99274
(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.	
USW LOCAL 286 UNION  23-0724665	ALLOCATION OF PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIRST EAGLE INVESTMENT MANAGEMENT	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRST EAGLE INTERNATIONAL VA  26-3497945	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
(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

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

<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>	<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 <u>USW DISTRICT 10, LOCAL 286, PENSION PLAN</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 USW DISTRICT 10,LOCAL 286,</u>	<b>D</b> Employer Identification Number (EIN) <u>23-0630051</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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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE R/E FUND

**b** Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

<b>c</b> EIN-PN <u>52-6257033-006</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>2955007</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

<b>c</b> EIN-PN <u>27-3350609-010</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>19279412</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<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>	OMB No. 1210-0110  <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>USW DISTRICT 10, LOCAL 286, PENSION PLAN</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 USW DISTRICT 10,LOCAL 286,</b>	<b>D</b> Employer Identification Number (EIN) <b>23-0630051</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>	926831	940310
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	400521	436708
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1550166	1425587
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	6987904	7328669
<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>	15778070	17202457
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	5187386	5148975
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	18840774	16386220
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	21737349	22234419
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<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>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	1316900	1103909

<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>	72725901	72207254
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	54061	55803
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	8935	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	62996	55803
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	72662905	72151451

**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>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2009543	
(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>		2009543
<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>	50444	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	198770	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	760450	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	51443	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1061107
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	60157	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		60157
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	29472370	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	28973348	
<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>		499022
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-1060841	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-1060841

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		4920903
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		7489891

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6890234	
(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)		6890234
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	337374	
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	17514	
(5) Investment advisory and investment management fees .....	2i(5)	331869	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	7257	
(7) Actuarial fees .....	2i(7)	23575	
(8) Legal fees .....	2i(8)	64000	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	1040	
(11) Other expenses.....	2i(11)	328482	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1111111
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		8001345

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-511454
<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		1000000
<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		16386220
<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.)			
<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.			

**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 0.

**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 554011.

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <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 <u>USW DISTRICT 10, LOCAL 286, PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES USW DISTRICT 10, LOCAL 286,</u>	<b>D</b> Employer Identification Number (EIN) <u>23-0630051</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

<b>1</b>	
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 23-0630051

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

<b>3</b>	<u>0</u>
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer CATALENT PHARMA SOLUTIONS INC.

**b** EIN 13-3523163

**c** Dollar amount contributed by employer 1720941

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2023

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): WITHDRAWAL LIABILITY

**a** Name of contributing employer TURBIN USA

**b** EIN 13-5618582

**c** Dollar amount contributed by employer 158276

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): WITHDRAWAL LIABILITY

**a** Name of contributing employer LESCO PAPER

**b** EIN 23-1596579

**c** Dollar amount contributed by employer 12364

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): WITHDRAWAL LIABILITY

**a** Name of contributing employer LOCAL 2-286

**b** EIN 23-0724665

**c** Dollar amount contributed by employer 97403

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): WITHDRAWAL LIABILITY

**a** Name of contributing employer L SHERMAN CO.

**b** EIN 23-0630051

**c** Dollar amount contributed by employer 15672

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): WITHDRAWAL LIABILITY

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_

**c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	4012
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	4074
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	4132

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

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

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 7.3 % Private Equity: 38.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 34.6 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: 16.5 % Cash or Cash Equivalents: 2.0 % Other: 1.6 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

**FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION**

**DECEMBER 31, 2024 AND 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
USW District 10, Local 286, Pension Plan

### Qualified Opinion

We have audited the financial statements of the USW District 10, Local 286, Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (in liquidation) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (in liquidation) for the years then ended, and the related notes to the financial statements.

In our opinion, except for the possible effects of the matters discussed in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the USW District 10, Local 286, Pension Plan as of December 31, 2024 and 2023 (in liquidation), and the changes in its net assets available for benefits for the years then ended (in liquidation), in accordance with accounting principles generally accepted in the United States of America.

### Basis for Qualified Opinion

As more fully described in Note 3 to the financial statements, we were unable to determine the future collectability of the withdrawal liability receivable as of December 31, 2024 and 2023. An allowance for credit losses for the withdrawal liability receivable totaling \$36,279,632 and \$37,762,287 has been recorded as of December 31, 2024 and 2023, respectively.

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 USW District 10, Local 286, Pension 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 qualified 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 the liquidation basis of accounting as described in Note 1, 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.

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.

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 (all on the liquidation basis of accounting), 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 Schedules of Assets Held at End of Year and Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Novak Francella LLC*

Bala Cynwyd, Pennsylvania  
October 1, 2025

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
(LIQUIDATION BASIS OF ACCOUNTING)**

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
<b>INVESTMENTS - at fair value</b>		
Common stock	\$ 4,850,175	\$ 4,962,414
Foreign stock	298,800	224,972
United States Government and Government		
Agency obligations	7,328,669	6,987,904
Corporate obligations	16,822,296	15,408,483
Municipal obligations	1,103,909	1,316,900
Foreign obligations	380,161	369,587
Common collective trust - equity	19,279,412	18,150,541
Common collective trust - real estate	2,955,007	3,586,808
Limited partnership - real estate	8,759,380	10,531,204
Limited partnership - international equity	7,626,840	8,309,570
Money market mutual funds	416,234	833,332
Interest bearing cash	1,009,353	716,834
Total investments	<u>70,830,236</u>	<u>71,398,549</u>
<b>RECEIVABLES</b>		
Accrued interest and dividends	248,158	235,565
Withdrawal liability receivable	12,442	3,918
Due from related parties	51,428	-
Pending investment trades receivable	110,924	147,683
Total receivables	<u>422,952</u>	<u>387,166</u>
<b>CASH</b>	<u>940,310</u>	<u>926,831</u>
<b>PREPAID EXPENSES</b>	<u>13,756</u>	<u>13,355</u>
<b>PROPERTY AND EQUIPMENT</b>		
Office furniture and equipment	-	23,538
Less accumulated depreciation	-	(23,538)
Net property and equipment	<u>-</u>	<u>-</u>
<b>Total assets</b>	<u>72,207,254</u>	<u>72,725,901</u>

See accompanying notes to financial statements.

LIABILITIES AND NET ASSETS	<u>2024</u>	<u>2023</u>
LIABILITIES		
Due to related parties	\$ -	\$ 8,935
Accrued expenses	55,803	54,061
Total liabilities	<u>55,803</u>	<u>62,996</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 72,151,451</u>	<u>\$ 72,662,905</u>

See accompanying notes to financial statements.

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ADDITIONS</b>		
Investment income		
Net appreciation in fair value of investments	\$ 4,359,085	\$ 4,605,305
Interest	1,061,038	1,064,161
Dividends	60,225	65,867
	5,480,348	5,735,333
Less investment expenses	(339,126)	(360,573)
Investment income - net	5,141,222	5,374,760
 Withdrawal liability income, including interest	 2,009,543	 2,199,169
Total additions	7,150,765	7,573,929
 <b>DEDUCTIONS</b>		
Monthly retirement benefits	6,890,234	6,845,946
Administrative expenses	771,985	822,549
Total deductions	7,662,219	7,668,495
 NET DECREASE	 (511,454)	 (94,566)
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	72,662,905	72,757,471
End of year	\$ 72,151,451	\$ 72,662,905

See accompanying notes to financial statements.

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024 AND 2023

**NOTE 1. DESCRIPTION OF THE PLAN**

The United Steel Workers District 10, Local 286 Pension Plan (the Plan) was established effective January 1, 1963, as a result of collective bargaining agreements between various employers and United Steelworkers District 10, Local 286, which represents paperworkers employed in Southeastern Pennsylvania and Southern New Jersey.

Effective October 1, 2012 the Plan went into mass withdrawal, at which time the employers no longer had an obligation to contribute to the Plan and no participant shall earn additional benefit accruals or hours of service for any purpose under the Plan. The withdrawing employers are required to make withdrawal liability payments to the Plan for their portion of the Plan's unfunded liabilities. Those payments, along with the Plan's assets already in existence, continue to fund the Plan after the occurrence of the mass withdrawal.

The Plan is a multiemployer, noncontributory defined benefit pension plan. The Plan provides for normal, deferred vested, early, disability, and late retirement benefits as well as death benefits.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Retirement Benefits** - Under current provisions of the Plan, a participant is eligible to receive a normal retirement benefit on or after his or her attainment of Normal Retirement Age (age 65). His or her Normal Retirement Date is the last day of the month in which the participant attains their Normal Retirement Age.

A participant can elect to receive an Early Retirement Benefit if he or she retires on or after the date they complete at least 5 Years of Vesting Service, provided the participant is age 55 or older. If he or she elects to take an Early Retirement Benefit, they may elect to have the payments begin as of the first day of any month between their Early Retirement Date and their Normal Retirement Date.

Early Retirement Benefits will be determined in the same manner as the Normal Retirement Benefit, except that his or her benefit will be reduced by 0.6% for each of the first 60 months and by 0.3% for each of the next 60 months that their Early Retirement Date precedes their Normal Retirement Date.

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

If a participant has at least five (5) Years of Vesting Service when he or she leaves covered employment (prior to the participants Normal Retirement Date), participant will be eligible for a Deferred Vested Retirement Benefits. The participant's Deferred Vested Retirement Benefit is equal to the benefit the participant earned as of their termination date, or if earlier, the Mass Withdrawal Effective Date. His or her benefit will be determined as though they had retired on the date they separated from service, and it will be calculated by using the applicable Normal Retirement Benefit formula.

The Disability Retirement Benefit will no longer be available to any Participant who becomes totally and permanently disabled on or after the Mass Withdrawal Effective Date.

Participants should refer to the Summary Plan Description for more complete information.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Method of Accounting** - The accompanying financial statements are prepared using the liquidation basis of accounting.

**Investment Valuation and Income Recognition** - Investments in the common stock, foreign stock, United States Government and Government Agency obligations, corporate obligations, municipal obligations, foreign obligations, interest bearing cash, and money market mutual funds are carried at fair value which generally represents quoted market prices or net asset values as of the last business day of the year as reported by the investment custodian. The common collective trusts are carried at Net Asset Value (NAV) as reported by the trusts. The limited partnerships are carried at NAV or its equivalent as reported by the partnerships.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value includes the Plan's gains and losses on investments sold as well as held during the year.

**Property and Equipment** - Property and equipment are recorded at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed on the straight-line method over the estimated useful lives of the assets, generally five to seven years for office furniture and fixtures and five years for computer equipment.

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

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Funding Policy, Revenue Recognition, and Withdrawal Liability Income** - The Plan is funded by withdrawal liability contributions from employers. Withdrawal liability contributions are accounted for as exchange transactions. Income is recognized when the withdrawal liability payments are received from employers due to the uncertainty that the assessments will be paid in full. A withdrawal liability receivable will be recorded if an employer remits a required payment, due during the year, subsequent to the end of the year.

**Pension Benefits** - Pension benefits are recorded when distributed.

**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. WITHDRAWAL LIABILITIES**

On October 31, 2012 the Plan entered mass withdrawal. The Plan is currently financed by investment income from assets of the Plan and withdrawal liability contributions. The withdrawal liability for each employer was calculated by the Plan's actuary. As employers settle to pay their liability in a lump sum payment, a large portion of the original assessment might be written off. Due to the uncertainty in the future collectability of the withdrawal liability assessments, an allowance for credit losses is provided for the entire balance of withdrawal liabilities receivable as of December 31, 2024 and 2023.

The following is a schedule by employer of the present value of withdrawal liability payments as of December 31, 2024 and 2023, the withdrawal liability income received during the years ended December 31, 2024 and 2023, and the remaining payment schedule and status as of December 31, 2024.

Employer	December 31,		December 31,		Monthly or Quarterly Payment	Number of Monthly or Quarterly Payments Remaining	Payment Status
	2024 Present Value of Withdrawal Liability Payments*	2023 Present Value of Withdrawal Liability Payments*	2024 Receipts	2023 Receipts			
Acme Specialties #	\$ -	\$ -	\$ -	\$ 189,626	N/A	N/A	Paid in full
Catalent	23,982,092	27,320,572	1,291,489	1,291,489	322,872	Infinite	Ongoing
Catalent Partial	7,974,648	5,833,396	429,452	429,452	107,363	Infinite	Ongoing
Curtis Young	2,717,414	2,929,345	158,276	158,276	39,569	182	Ongoing
Lesco Paper	229,587	261,547	12,364	12,364	3,091	Infinite	Ongoing
Louis Sherman Co. <	144,296	150,507	15,672	15,672	3,918	48	Ongoing
USW Local 286***	1,168,110	1,201,530	97,403	97,403	8,117	218	Ongoing
USW Local 286 F.C.U.***	63,485	65,390	4,887	4,887	407	253	Ongoing
	<u>\$ 36,279,632</u>	<u>\$ 37,762,287</u>	<u>\$ 2,009,543</u>	<u>\$ 2,199,169</u>			

### **NOTE 3. WITHDRAWAL LIABILITIES (continued)**

\* The present value of withdrawal liability payments is calculated based on a yield curve of interest rates prescribed by the PBGC for the month of December 2024 (ranging from 4.80% for one year from the valuation date to 5.78% beyond 30 years).

\*\* The present value of withdrawal of liability payments is calculated based on the interest rates prescribed by the PBGC for the month of December 2023 (5.06% for the first 20 years and 4.37% thereafter ).

\*\*\* These employers are paying monthly rather than quarterly.

< Settlement was reached with Louis Sherman Co. during the year ended December 31, 2014 that included a lump sum payment that was received during the year ended December 31, 2014 and 90 quarterly payments beginning June 30, 2014.

# Settlement agreement was reached with Acme Specialties, Inc in May 2023 where Acme Specialties, Inc would make a final lump sum payment of \$183,185 by June 30, 2023 which would release Acme Specialties, Inc from being required to make any future payments. The final payment was received by the Plan in June 2023.

### **NOTE 4. FUNDING POLICY**

Effective October 1, 2012, the Plan entered mass withdrawal status and, as such, there are no more employer contributions. Withdrawal liability assessments replaced the employer contributions.

### **NOTE 5. PRIORITIES UPON TERMINATION**

On October 31, 2012, the Plan was terminated by mass withdrawal as defined by ERISA Section 4041A (a)(2). The Trustees have exercised their right to terminate the Plan. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. The net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

Whether or not a particular participant will receive full benefits at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

In 2012, the Trustees of the Plan notified the Pension Benefit Guaranty Corporation (PBGC) that the Plan had terminated by mass withdrawal. Based on actuarial calculations, the Trustees believe that the existing level of Plan assets is sufficient to maintain the existing level of benefits under the Plan for a number of years. In the event that the Plan becomes unable to pay benefits provided under the Plan, the Trustees will be required to limit payment of benefits to the level guaranteed by the PBGC and to seek financial assistance from the PBGC to continue to provide guaranteed benefits under the Plan.

## NOTE 6. TAX STATUS

The Plan obtained its latest determination letter on November 6, 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 Trustees and counsel believe 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 7. ACTUARIAL INFORMATION

Actuarial valuations of the Plan after mass withdrawal were made by the consulting actuary as of December 31, 2024 and 2023. Information in the reports included the following:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits liability:		
Participants currently receiving benefits	\$ 66,054,597	\$ 69,713,372
Other vested benefits	44,506,366	53,029,761
Expense liability	<u>1,088,302</u>	<u>1,751,226</u>
Total vested benefits liability	<u>\$ 111,649,265</u>	<u>\$ 124,494,359</u>

The Plan's vested benefits liability as of December 31, 2024 and 2023 totaled \$111,649,265 and \$124,494,359, respectively. The net assets available for benefits as of the same dates amounted to \$72,151,451 and \$72,662,905 respectively. The value of nonforfeitable benefits exceeds the value of Plan assets by \$39,497,814 at December 31, 2024 and \$51,831,454 at December 31, 2023.

The actuarial market value of assets (including anticipated withdrawal liability payments) was \$108,431,083 at December 31, 2024, which leaves an unfunded vested benefit liability of \$3,218,182. As of December 31, 2024, the Plan was projected to become insolvent in the Plan year beginning January 1, 2040.

The actuarial market value of assets (including anticipated withdrawal liability payments) was \$110,425,192 at December 31, 2023, which leaves an unfunded vested benefit liability of \$14,069,167. As of December 31, 2023, the Plan was projected to become insolvent in the Plan year beginning January 1, 2036.

## **NOTE 7. ACTUARIAL INFORMATION (continued)**

The future market rates of return are assumed to be 6.50% for the projection of insolvency at December 31, 2024 and 2023.

As of December 31, 2024 and 2023, the value of expected future withdrawal liability payments to be received was \$36,279,632 and \$37,762,287, respectively, and these amounts were considered as Plan assets in the calculations of unfunded vested liability.

The Trustees of the Plan are required under Section 4281(b) of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, to determine annually whether the value of nonforfeitable benefits exceed the value of Plan assets including claims for withdrawal liability owed to the Plan. When the value of the benefits exceeds the value of assets, the Plan shall be amended to reduce benefits to the extent necessary to ensure that the Plan's assets are sufficient to discharge, when due, all of the Plan's obligations with respect to nonforfeitable benefits.

Benefits are computed in accordance with the terms and provisions of the Plan on the date a participant left employment of a participating employer.

The Plan's present value of accrued vested benefits was determined as of December 31, 2024 and 2023 in accordance with Pension Benefit Guaranty Corporation (PBGC) Regulation Part 4281.14, Subpart B-Valuation of Plan Benefits and Plan Assets Following Mass Withdrawal. The interest rates, mortality tables and loading assumptions are set out in that regulation. For the valuation at December 31, 2024, a yield curve of interest rates is used, ranging from 4.80% for one year from the valuation date to 5.78% beyond 30 years. For the valuation at December 31, 2023, the interest rate used was 5.06% for the first 20 years and 4.37% for years thereafter.

## **NOTE 8. FAIR VALUE MEASUREMENTS**

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

### **Basis of Fair Value Measurement:**

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

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

**NOTE 8. FAIR VALUE MEASUREMENTS (continued)**

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 period.

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

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 4,850,175	\$ 4,850,175	\$ -	\$ -
Foreign stock	298,800	298,800	-	-
United States Government and Government Agency obligations	7,328,669	7,328,669	-	-
Corporate obligations	16,822,296	-	16,822,296	-
Municipal obligations	1,103,909	-	1,103,909	-
Foreign obligations	380,161	-	380,161	-
Money market mutual funds	416,234	416,234	-	-
Interest bearing cash	1,009,353	1,009,353	-	-
Total investments in the fair value hierarchy	32,209,597	\$ 13,903,231	\$ 18,306,366	\$ -
Investments measured at net asset value (a)	38,620,639			
Total investments at fair value	\$ 70,830,236			

**NOTE 8. FAIR VALUE MEASUREMENTS (continued)**

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 4,962,414	\$ 4,962,414	\$ -	\$ -
Foreign stock	224,972	224,972	-	-
United States Government and Government Agency obligations	6,987,904	6,987,904	-	-
Corporate obligations	15,408,483	-	15,408,483	-
Municipal obligations	1,316,900	-	1,316,900	-
Foreign obligations	369,587	-	369,587	-
Money market mutual funds	833,332	833,332	-	-
Interest bearing cash	716,834	716,834	-	-
Total investments in the fair value hierarchy	30,820,426	\$ 13,725,456	\$ 17,094,970	\$ -
Investments measured at net asset value (a)	40,578,123			
Total investments at fair value	\$ 71,398,549			

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The unfunded commitments and redemption information are as follows at December 31, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - equity:					
AFL-CIO Equity Index Fund	\$ 19,279,412	\$ 18,150,541	\$ -	Daily	1 day
Common collective trust - real estate:					
ASB Allegiance Real Estate Fund	2,955,007	3,586,808	-	*Quarterly	*30 days
Limited partnership - real estate:					
Boyd Watterson GSA Fund LP	5,242,127	6,679,537	-	Quarterly	60 days
Limited partnership - real estate:					
Boyd Watterson State Government Fund, LP	3,517,253	3,851,667	-	Quarterly	60 days
Limited partnership-international equity:					
First Eagle International Value Fund, LP	7,626,840	8,309,570	-	Monthly	5 days
	\$ 38,620,639	\$ 40,578,123	\$ -		

\* - Redemptions can be processed at the end of the calendar quarter with notice given at least 30 days prior to the end of the calendar quarter. The ASB Allegiance Real Estate Fund (the ASB Fund) has the right to determine the method and timing of honoring withdrawal requests and can delay payment if the payment would adversely affect the ASB Fund's liquidity or would require the ASB Fund to liquidate assets at substantial discounts to their inherent value. In 2022, the ASB Fund put up a redemption gate on all redemption requests that has continued through December 31, 2024.

## **NOTE 8. FAIR VALUE MEASUREMENTS (continued)**

The investment objective of the Boyd Watterson GSA Fund, LP is wealth preservation and generating consistent current income, using risk parameters and portfolio management strategies established by the General Partner. The Fund invests predominantly in real estate leased to the U.S federal government through either the General Services Administration (GSA) or other federal government agencies (Federal Agencies). The Fund offers redemptions on a quarterly basis with 60 days notification; however, because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request.

The Boyd Watterson State Government Fund, L.P. (the "Fund") is a real estate fund that's investment objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominantly in commercial real estate properties leased to State Government Tenants. The Fund offers redemptions on a quarterly basis with 60 days notification; however, because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request.

The First Eagle International Value Fund, LP's objective is to seek capital appreciation by investing in equity securities (and securities convertible into equity securities) of non-U.S. issuers utilizing a value approach investment strategy.

## **NOTE 9. RELATED PARTY TRANSACTIONS**

The Plan has six related entities: United Steelworkers District 10, Local 286 (the Union), USW District 10, Local 286, Health and Welfare Fund (the Welfare Fund), United Steelworkers Local 286 Legal Services Plan (the Legal Plan), United Steelworkers Local 286 Severance/401(k) Plan (the Severance Plan), PACE Local 286/1034 Federal Credit Union (the Credit Union) and the Simone Paper Industry Charitable Scholarship Fund (the Scholarship Fund) and collectively (the related entities). The Plan has common Trustees with the related entities and Trustees of the Plan are also Officers of the Union.

All personnel costs are initially paid by the Union. Various management and administrative services, as well as the collection of withdrawal liability payments are performed by Union employees for the Plan. In accordance with an independent cost allocation study approved by the Plan and its related entities, these personnel costs are allocated among the related entities. The Plan reimbursed the Union for personnel costs totaling \$337,374 and \$382,440 for the years ended December 31, 2024 and 2023, respectively.

In addition, occupancy and overhead costs such as maintenance, fiduciary insurance, computer services, telephone, utilities, office expenses, and some professional fees are initially paid by the Union and allocated to the related benefit Plans. The Plan also pays rent to the Union based on a rental agreement in accordance with the market rent study and cost allocation study. The Plan reimbursed the Union for occupancy costs, overhead costs, fiduciary insurance, computer services, and rent totaling \$134,059 and \$111,949 for the years ended December 31, 2024 and 2023, respectively.

**NOTE 9. RELATED PARTY TRANSACTIONS (continued)**

As of December 31, 2024, the Union owed the Plan \$51,428 for shared costs. As of December 31, 2023, the Plan owed the Union \$17,459 for shared costs.

At December 31, 2023, the Welfare Fund owed the Plan \$8,524 for withdrawal liability contributions erroneously deposited into the Welfare Fund's account.

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

**NOTE 10. RISKS AND UNCERTAINTIES**

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market, and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Withdrawal liabilities and the actuarial present value of accrued vested benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

**NOTE 11. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 1, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

In May 2025, the Plan was issued a notice that the Pension Benefit Guaranty Corporation (the PBGC) is conducting an on-site review of the Plan's records. The Plan believes that it was selected for the review as part of a routine, random review process surrounding terminated plans. The Plan believes that no issues exist that would have a material adverse impact on the plan.

**SUPPLEMENTAL INFORMATION**

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

**SCHEDULES OF ADMINISTRATIVE EXPENSES  
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Personnel costs	\$ 337,374	\$ 382,440
Rent	31,968	32,303
Occupancy costs	14,798	15,317
Actuarial fees	23,575	48,500
Legal fees	64,000	80,153
IT and cybersecurity consulting	10,800	8,735
Accounting, auditing, and government filings	17,514	17,559
PBGC premiums	150,738	144,620
Insurance and bonding	45,238	46,466
Office supplies and expenses	22,513	12,161
Computer, telephone, and internet	44,492	24,713
Printing, postage, and newsletter expenses	7,935	8,135
Meetings, seminars, and conferences	1,040	712
Participant search services	-	735
	<u>          </u>	<u>          </u>
Total administrative expenses	<u>\$ 771,985</u>	<u>\$ 822,549</u>

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR  
(LIQUIDATION BASIS OF ACCOUNTING)**

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN:23-0630051  
Plan No. 001

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of issuer, borrower, lessor, or similar party	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
<u>Common stock:</u>						
ACV Auctions Inc		1,615			\$ 33,795	\$ 34,884
Acadia Pharm Inc		2,375			41,062	43,581
Acadia Realty Trust		754			18,543	18,216
ACI Worldwide		1,046			38,674	54,298
Acuity Brands		224			37,548	65,437
Affiliated Managers Group		478			76,244	88,392
Agilysys Inc		369			46,527	48,601
Akero Therapeutics Inc		851			26,829	23,675
Aptar Group Inc		225			32,659	35,348
Archrock Inc		1,566			16,108	38,978
Astera Labs Inc		330			42,345	43,709
Avient Corporation		550			24,355	22,677
Bancfirst Corp		161			18,040	18,866
Bank OZK		417			17,105	18,569
Bread Financial Holdings Inc		1,079			57,076	65,884
Belden Inc Com		410			48,852	46,170
Bill Holdings		986			87,829	83,524
Black Hills		738			44,346	43,188
Bluelinx Holdings Inc		147			17,104	15,018
CSG Sys Intl Inc		522			28,680	26,679
CSW Industrials Inc		105			19,800	37,044
CNX Resources Inc		1,382			21,372	50,678
Cabot Corp		207			16,540	18,901
Cactus Inc A		1,218			55,246	71,082
Caleres Inc		429			17,675	9,936
Cargurus		1,177			33,025	43,008
Centerspace		239			17,774	15,810
Chefs Warehouse Holdings LLC		480			20,466	23,674
Clearwater Analytics Holdings Inc		1,333			35,756	36,684
Coherent Corp		741			58,567	70,195
Comerica Inc		578			35,361	35,749
Compass Diversified Holdings		664			14,987	15,325
Confluent Inc		2,961			87,881	82,790
Conmed Corp		455			43,471	31,140
Copt Defense		1,183			36,167	36,614
Crocs Inc		300			34,082	32,859
Customers Bancorp Inc		432			13,196	21,030
Dorman Products Inc		233			24,661	30,185
Duolingo		99			15,924	32,099
Eagle Materials Inc		189			22,250	46,638
East West Bancorp Inc		477			29,242	45,678

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of issuer, borrower, lessor, or similar party	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
	<u>Common stock (continued):</u>					
Elanco Animal Health Inc		4,244			\$ 75,139	\$ 51,395
Empire State Realty Trust		1,941			21,549	20,031
Encompass Health Corporation		960			61,995	88,656
Enersys		289			30,843	26,712
ESCO Technologies Inc		173			22,209	23,045
Euronet Worldwide Inc		485			52,880	49,877
Evercore Inc		375			52,455	103,946
F5 Inc		218			39,805	54,820
Fluor Corp		1,354			57,091	66,779
Franklin BSP Realty Trust Inc		1,423			20,231	17,844
Freshpet Inc		131			17,062	19,402
Frontdoor Inc		1,130			54,302	61,777
G I I Apparel Group Ltd		845			16,765	27,564
Glaukos Corp		466			47,490	69,872
Globe Life Inc		835			70,145	93,119
Goosehead Insurance Inc A		350			34,698	37,527
Guidewire Software Inc		623			71,802	105,025
HCI Group Inc		156			17,475	18,179
Hancock Whitney Corp		410			15,690	22,435
Independent Bank Corp Mass		433			22,647	27,794
Installed Building Products		220			24,118	38,555
Innovative Industrial Proper		272			33,021	18,126
J&J Snack Foods Corp		155			25,811	24,045
Jones Lang		204			32,782	51,641
Kirby Corp Com		566			68,809	59,883
Liberty Media Corp		429			22,106	29,198
MGE Energy Inc		196			21,161	18,416
M K S Instruments Inc		747			89,750	77,979
Masimo Corp		410			54,775	67,773
Mastec Inc		445			52,363	60,582
Merit Med Sys		530			45,517	51,262
NBT Bancorp Inc		392			19,932	18,722
NRG Energy Inc		738			46,839	66,582
NCR Atleos llc		941			21,104	31,919
National Fuel Gas Co		326			17,851	19,782
National Health Invs Inc		325			26,691	22,523
Nordstrom Inc		3,827			89,664	92,422
Nutanix Inc		654			44,767	40,012
Onto Innovation Inc		376			31,572	62,668
TXNM Energy Inc		454			21,873	22,323
Pacira Pharmaceuticals Inc		992			21,242	18,689
Peloton Interactive Inc		2,016			20,441	17,539
Phinia Inc		634			25,273	30,540
Piper Sandler Co		159			21,701	47,692
Prestige Brands Holdings Inc		346			28,554	27,019
Prog Holdings Inc Com		706			34,708	29,836
Reinsurance Group America		328			58,426	70,071
Revolution Medicines Inc		476			15,698	20,820
Ringcentral Inc Class A		530			19,874	18,555
Rivian Automotive Inc		1,551			21,389	20,628
Royal Gold Inc		641			49,617	44,961
RxSight Inc		767			25,134	26,369
Select Water Solutions Inc		1,630			22,586	21,581
Sensient Technologies Corp		275			20,364	19,597

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of issuer, borrower, lessor, or similar party	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
	<u>Common stock (continued):</u>					
Sentinelone		2,206			\$ 58,188	\$ 48,973
Shift4 Payments Inc Cl A		374			27,521	38,814
Smith A Corp		226			17,946	15,415
Spectrum Brands Holdings Inc		409			35,766	34,556
Sprouts Farmers Markets Inc		744			20,462	94,540
Supernus Pharmaceuticals Inc		727			27,528	26,288
Tanger Inc		1,117			34,368	38,123
Toast Inc Cl A		2,643			76,912	96,337
Travel Plus Leisure Co Com		1,193			54,878	60,187
Trinity Industries Inc		1,066			34,898	37,417
UMB Financial Corp		235			14,377	26,522
Ultragenyx Pharmaceutical In		724			40,595	30,459
US Foods Holding Corp		1,377			73,899	92,892
Vaxcyte Inc		186			21,346	15,227
Vornado Realty		1,448			56,164	60,874
WSFS Financial Corp		515			30,441	27,362
Warby Parker		2,586			58,734	62,607
Western Alliance Bancorporation		280			17,702	23,391
Woodward Inc		111			18,186	18,473
World Kinect		1,458			45,568	40,110
Zillow Group		913			41,878	64,686
Total common stock					4,192,307	4,850,175
<u>Foreign stock:</u>						
Allegion Plc		578			71,629	75,532
Cimpress Plc		253			24,408	18,145
Janus Henderson Group Plc		850			26,429	36,151
Jazz Pharmaceuticals Plc		155			19,159	19,088
Livanova Plc		1,207			69,184	55,896
nVent Electric Plc		485			29,373	33,058
Pentair Plc		370			31,115	37,237
Primo Brands		770			17,577	23,693
Total foreign stock					288,874	298,800
<u>United States Government and Government Agency obligations:</u>						
FHLMC		110,000	3.465 %	02/25/31	100,993	102,702
FHLMC		120,000	3.459	11/25/32	106,653	108,589
FHLMC		8,829	3.500	08/01/45	8,140	8,032
FHLMC		64,473	3.500	08/01/45	59,169	58,725
FHLMC		74,736	5.000	12/01/47	75,808	74,362
FHLMC		130,000	2.770	05/25/25	134,948	128,869
FHLMC		135,575	3.284	06/25/25	140,318	134,693
FHLMC		140,000	2.995	12/25/25	137,429	138,109
FHLMC		13,234	2.896	04/25/26	13,046	13,077
FHLMC		518	0.681	06/25/26	518	512
FHLMC		5,000	1.470	09/25/27	4,562	4,604
FHLMC		180,000	5.400	01/25/29	186,975	184,277
FHLMC		115,000	2.120	03/25/29	100,019	104,193
FHLMC		120,328	3.450	08/01/32	111,548	110,011
FHLMC		49,153	3.420	10/01/33	52,447	44,139
FHLMC		68,815	3.490	10/01/33	70,948	66,273
FHLMC		108,466	2.500	01/01/35	104,470	99,606
FHLMC		35,179	4.000	12/01/47	37,959	33,298

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of issuer, borrower, lessor, or similar party	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
	<u>United States Government and</u>					
<u>Government Agency obligations (continued):</u>						
FNMA		389,577	0.970 %	01/25/31	\$ 342,706	\$ 337,000
FNMA		186,375	1.500	06/01/31	171,698	171,724
FNMA		270,000	2.045	04/25/32	210,297	224,105
FNMA		5,000	3.590	05/01/32	4,725	4,597
FNMA		18,511	2.500	12/01/36	17,100	16,916
FNMA		161,190	6.000	02/01/49	166,151	167,104
FNMA		8,734	5.000	09/01/49	8,657	8,677
FNMA		183,640	5.500	11/01/52	187,858	186,067
FNMA		133,350	2.955	10/25/27	129,066	127,851
FNMA		40,610	3.220	04/01/28	45,527	39,051
FNMA		60,000	3.470	05/01/28	57,159	57,730
FNMA		138,553	4.181	07/25/28	134,972	135,829
FNMA		204,279	2.937	04/25/29	192,022	190,501
FNMA		10,000	5.130	06/01/29	10,225	10,158
FNMA		337,876	2.650	06/25/29	313,077	312,992
FNMA		21,797	2.000	02/25/33	21,041	20,088
FNMA		22,784	3.500	03/01/33	24,321	22,083
FNMA		47,649	3.500	07/01/34	50,152	46,545
FNMA		152,683	2.500	08/01/35	144,667	144,441
FNMA		12,820	4.500	11/01/38	14,131	12,727
FNMA		66,603	3.500	12/01/42	66,666	60,686
FNMA		28,806	3.500	07/01/44	31,559	26,357
FNMA		24,535	2.500	09/25/45	17,570	21,868
FNMA		56,673	3.000	11/01/46	53,685	49,997
FNMA		90,506	3.500	09/01/47	90,506	82,446
FNMA		34,992	5.000	12/01/47	37,677	34,700
GNMA		126,982	2.690	06/15/33	123,137	117,244
GNMA		97,110	5.000	11/15/40	99,345	96,685
GNMA		76,000	5.500	11/15/45	77,995	77,357
GNMA		22,749	1.660	08/15/26	21,873	22,173
GNMA		151,157	3.310	05/15/30	154,797	146,515
GNMA		115,065	3.600	12/15/34	117,224	109,289
GNMA		87,472	3.630	09/15/37	89,850	81,360
GNMA		92,926	1.970	09/15/41	89,295	73,838
GNMA		117,258	3.020	09/15/41	117,393	102,409
Resolution Funding Strip		260,000	-	04/15/30	210,910	203,551
United States Treasury Note		235,000	3.875	08/15/33	233,789	223,654
United States Treasury Note		495,000	1.375	08/31/26	469,202	472,383
United States Treasury Note		260,000	2.250	02/15/27	244,456	249,512
United States Treasury Note		195,000	2.250	08/15/27	181,396	185,355
United States Treasury Note		175,000	1.250	03/31/28	159,856	158,937
United States Treasury Note		400,000	2.375	03/31/29	365,944	369,160
United States Treasury Note		410,000	0.625	08/15/30	326,108	332,957
United States Treasury Note		465,000	1.375	11/15/31	372,405	379,979
Total United States Government and Government Agency obligations					7,444,140	7,328,669
<u>Corporate obligations:</u>						
Adobe Inc Sr		85,000	4.800	04/04/29	87,195	85,429
Aecom		365,000	5.125	03/15/27	356,066	361,496
Allegheny		370,000	4.875	10/01/29	358,900	352,436
AT&T Inc		75,000	2.300	06/01/27	68,924	70,790
AT&T Inc		155,000	4.100	02/15/28	164,793	151,638

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of issuer, borrower, lessor, or similar party	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
		<u>Corporate obligations (continued):</u>				
Bank Of America MTN		295,000	3.559 %	04/23/27	\$ 308,264	\$ 290,262
BlackRock Inc		100,000	2.400	04/30/30	94,972	88,818
Boyd Gaming		380,000	4.750	12/01/27	360,960	367,380
Care Capital		385,000	5.125	08/15/26	367,738	384,700
Carpenter Tech MTN		380,000	6.375	07/15/28	378,234	380,057
Caterpillar MTN		90,000	4.700	11/15/29	89,915	89,666
CDW Finance		385,000	4.125	05/01/25	380,175	382,324
Centene Corp Del Sr		370,000	4.250	12/15/27	345,924	358,419
Century Communities		365,000	6.750	06/01/27	367,243	365,211
Charter Comm Opt LLC		380,000	4.908	07/23/25	382,369	379,548
Citigroup Inc		240,000	3.070	02/24/28	236,164	230,851
Cleveland Cliffs Inc		370,000	5.875	06/01/27	369,354	367,902
Concophillips		150,000	4.700	01/15/30	149,742	148,347
Crown Amer Cap Corp		390,000	4.750	02/01/26	400,490	385,737
DCP Midstream		115,000	5.375	07/15/25	126,667	115,143
Duke Energy		165,000	3.950	11/15/28	179,232	160,218
Encompass Health		395,000	4.750	02/01/30	383,054	374,468
EnLink Midstream		388,000	4.150	06/01/25	368,195	386,335
GLP Capital Lp Fin		375,000	5.250	06/01/25	414,575	374,914
GXO Logistics		225,000	6.250	05/06/29	227,185	230,398
HB Fuller Co		375,000	4.250	10/15/28	354,568	352,703
Hillenbrand Inc		390,000	5.000	09/15/26	431,955	386,244
Hilton Worldwide Fin		380,000	4.875	04/01/27	393,490	374,821
Home Depot Inc		65,000	2.950	06/15/29	57,818	60,278
Home Depot Inc		115,000	4.850	06/25/31	114,362	114,956
Icahn Enterprises		120,000	6.250	05/15/26	117,540	118,979
Icahn Enterprises		190,000	5.250	05/15/27	176,175	179,888
John Deere		70,000	3.450	03/07/29	75,514	66,602
John Deere		120,000	4.400	09/08/31	120,166	116,432
JPMorgan Chase Co		300,000	4.005	04/23/29	313,947	290,862
Lamar Media		385,000	3.750	02/15/28	352,568	361,049
Marsh McLennan Cos		85,000	5.150	03/15/34	84,922	84,574
MidAmerican Energy		75,000	3.650	04/15/29	80,297	71,528
NMI Holdings Inc		360,000	6.000	08/15/29	358,447	361,534
Onemain Financial		180,000	3.500	01/15/27	167,508	171,698
Onemain Fin Corp		145,000	3.875	09/15/28	134,264	133,623
Penske Automotive		390,000	3.500	09/01/25	400,230	385,059
SBA Communications		400,000	3.875	02/15/27	413,751	382,928
Service Corp Intl		280,000	4.625	12/15/27	264,936	272,457
Silgan Holdings Inc		400,000	4.125	02/01/28	361,801	381,764
SLM Corporation Senior Global Note		393,000	4.200	10/29/25	416,381	389,487
Springleaf Finance		75,000	7.125	03/15/26	76,313	76,347
Starwood Property		188,000	4.750	03/15/25	194,918	187,902
State Str		140,000	5.684	11/21/29	140,179	143,898
Sunoco LP		370,000	6.000	04/15/27	387,094	369,267
Tegna Inc		395,000	4.625	03/15/28	356,737	373,275
Teleflex Inc		395,000	4.625	11/15/27	378,290	382,779
Tenet Healthcare		190,000	5.125	11/01/27	186,781	186,080
Tenet Healthcare		210,000	4.250	06/01/29	194,088	197,148
Texas Childrens		65,000	3.368	10/01/29	62,476	62,672
Toyota Motor Credit MTN		60,000	0.800	10/16/25	55,923	58,280
Toyota Motor Credit MTN		170,000	5.050	05/16/29	169,729	171,226
Truist Bank MTN		170,000	2.250	03/11/30	143,100	145,984
Under Armour Inc		405,000	3.250	06/15/26	419,143	390,987

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of issuer, borrower, lessor, or similar party	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
		<u>Corporate obligations (continued):</u>				
United Rentals		372,000	5.500 %	05/15/27	\$ 379,412	\$ 369,779
Verizon		235,000	4.329	09/21/28	262,285	230,171
Vici Properties		80,000	4.750	02/15/28	77,462	79,327
Virginia Power		170,000	4.877	05/01/33	174,761	169,881
Waste Management Inc		175,000	1.150	03/15/28	162,656	156,606
Western Digital Corp		390,000	4.750	02/15/26	426,700	386,240
Western L P		390,000	3.100	02/01/25	404,667	389,017
Wyndham Worldwide		175,000	6.600	10/01/25	183,310	175,446
Wyndham Worldwide		180,000	6.600	04/01/27	174,766	180,031
		Total corporate obligations			<u>17,167,760</u>	<u>16,822,296</u>
	<u>Municipal obligations:</u>					
Alabama St Public		135,000	5.150	09/01/27	156,141	137,012
Chicago IL		90,000	0.000	01/01/32	68,463	62,286
Chicago IL		85,000	0.000	01/01/33	61,472	55,485
Massachusetts St		135,000	1.753	08/15/30	113,566	118,213
Metro Wastewater Co		100,000	2.413	04/01/28	100,248	94,043
New York St		90,000	1.310	03/15/26	81,769	86,763
Norfolk VA		85,000	1.704	10/01/30	69,503	72,253
Oklahoma Dev		190,000	4.380	11/01/45	180,536	172,917
Oregon Community College		10,000	5.680	06/30/26	12,535	10,187
Saint Johns County FL		85,000	5.000	08/15/47	100,850	85,758
Texas Natural Gas		208,554	5.102	04/01/35	210,083	208,992
		Total municipal obligations			<u>1,155,166</u>	<u>1,103,909</u>
	<u>Foreign obligations:</u>					
Teva Pharmaceuticals		80,000	6.750	03/01/28	80,725	81,685
Teva Pharmaceuticals		270,000	3.150	10/01/26	242,732	259,443
Teva Pharmaceuticals		40,000	4.750	05/09/27	38,250	39,033
		Total foreign obligations			<u>361,707</u>	<u>380,161</u>
	<u>Common collective trust - equity:</u>					
AFL-CIO Equity Index Fund		337,317			6,874,428	19,279,412
	<u>Common collective trust - real estate:</u>					
ASB Allegiance Real Estate Fund		2,099			2,862,169	2,955,007
	<u>Limited partnership - real estate:</u>					
Boyd Watterson GSA Fund, L.P.		5,315			4,628,669	5,242,127
Boyd Watterson State Government Fund, L.P		3,536			4,000,000	3,517,253
		Total limited partnership - real estate			<u>8,628,669</u>	<u>8,759,380</u>
	<u>Limited partnership - international equity:</u>					
First Eagle International Value Fund, LP		2,805			5,539,618	7,626,840
	<u>Money market mutual funds:</u>					
First American Government Obligation Fund Class Z		89,555			89,555	89,555
First American U.S. Treasury Money Market Fund Class Z		326,213			326,213	326,213
Blackrock Liquidity Funds		466			466	466
		Total money market mutual funds			<u>416,234</u>	<u>416,234</u>

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Total investments		<u>\$ 55,940,425</u>	<u>\$ 70,830,236</u>

**USW DISTRICT 10, LOCAL 286,  
PENSION PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS  
(LIQUIDATION BASIS OF ACCOUNTING)**

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 23-0630051  
Plan No. 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	First American Government Obligation Fund Class Z	\$ 8,162,722	N/A	\$ 8,162,722	\$ 8,162,722	N/A
	First American Government Obligation Fund Class Z	N/A	\$ 8,360,787	8,360,787	8,360,787	\$ -
	First American U.S. Treasury Money Market Fund Class Z	4,092,553	N/A	4,092,553	4,092,553	N/A
	First American U.S. Treasury Money Market Fund Class Z	N/A	4,311,486	4,311,486	4,311,486	-

**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