

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES</u> <u>BRHD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND</u></p> <p><u>2459 OCEAN AVENUE SUITE B</u> <u>RONKONKOMA, NY 11779</u></p>	<p>1c Effective date of plan <u>01/01/1963</u></p> <p>2b Employer Identification Number (EIN) <u>13-6146226</u></p> <p>2c Plan Sponsor's telephone number <u>631-813-2234</u></p> <p>2d Business code (see instructions) <u>482110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2025	STEVEN SCHLAPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1091
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	492
	6a(2)	557
	6b	385
	6c	135
	6d	1077
	6e	86
	6f	1163
	6g(1)	
6g(2)		
6h		8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b 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)

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>13-6146226</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>83718948</u>
	b Actuarial value	2b	<u>87530571</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>469</u>	<u>38184687</u>
	b For terminated vested participants	<u>143</u>	<u>9759724</u>
	c For active participants	<u>492</u>	<u>26387343</u>
	d Total	<u>1104</u>	<u>74331754</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.25 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1468240</u>
	b Expected plan-related expenses	6b	<u>554000</u>
	c Target normal cost	6c	<u>2022240</u>

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

SIGN HERE			
	Signature of actuary	<u>09/22/2025</u>	Date
	<u>JAMES E. RITCHIE, ASA</u>	<u>23-05643</u>	Most recent enrollment number
	Type or print name of actuary	<u>410-547-0500</u>	Telephone number (including area code)
	<u>BOLTON PARTNERS, INC.</u>		
	Firm name		
	<u>1 W PENNSYLVANIA AVE SUITE 600 TOWSON, MD 21204</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		18402487
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		18402487
10	Interest on line 9 using prior year's actual return of <u>8.10</u> %		1490601
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2609388
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		138298
c	Total available at beginning of current plan year to add to prefunding balance		2747686
d	Portion of (c) to be added to prefunding balance		2747686
12	Other reductions in balances due to elections or deemed elections		9487883
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		13152891

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	117.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.26 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/14/2025	344500		07/16/2025	226400			
02/14/2025	308000		08/20/2025	386000			
03/26/2025	322500		10/15/2024	246700			
04/11/2025	308600		11/14/2024	413000			
05/09/2025	329000		12/18/2024	313900			
06/12/2025	313300						
			Totals ▶	18(b)	3511900	18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3302803

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	2022240	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2022240	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	2022240	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3302803	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1280563	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contributions for all years	40		

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

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

A Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-6146226	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SEI TRUST COMPANY	1 FREEDOM VALLEY DRIVE OAKS, PA 19456
06-1271230	

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

GCM GROSVENOR L P	900 NORTH MICHIGAN AVENUE SUITE 11 CHICAGO, IL 60611
20-3979494	

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

GCM CFG FUND PARTNERS IV, L P	900 NORTH MICHIGAN AVENUE STE 1100 CHICAGO, IL 60611
35-2494369	

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

CORBIN CAPITAL PARTNERS, L P	575 MADISON AVE 21ST FLOOR NEW YORK, NY 10022
30-0299433	

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

THE VANGUARD GROUP, INC

PO BOX 2900
VALLEY FORGE, PA 19482-2900

23-1945930

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

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

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

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

GOULD, KOBRICK & SCHLAPP PC

192 LEXINGTON AVENUE SUITE 700
NEW YORK, NY 10016

13-3082707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	UNION ACCOUNTANT	31500	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)

THE SEGAL COMPANY

333 WEST 34TH STREET
NEW YORK, NY 10001

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	16050	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)

BRHD OF LOCMTV ENG & TRNMN LI GCA

2459 OCEAN AVENUE SUITE B
RONKONKOMA, NY 11779

11-2073596

(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	RELATED LABOR ORG.	285250	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)

BRHD OF LOCMTV ENG & TRNMN LI WEL F

2459 OCEAN AVENUE SUITE B
RONKONKOMA, NY 11779

51-0247782

(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	RELATED BEN PLAN.	20195	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)

COHEN, WEISS & SIMON, LLP

900 THIRD AVENUE
NEW YORK, NY 10022

13-1592323

(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	UNION COUNSEL	56304	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

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?
27 50	NONE	90000	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)

SEGALL BRYANT & HAMILL

540 W MADISON STREET
SUITE 1900
CHICAGO, IL 60661

41-1788385

(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	NONE	34219	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	NONE	21291	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

301 SOUTH COLLEGE STREET 3800
CHARLOTTE, NC 28202

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?
51 68 28	NONE	47397	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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)

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	38321	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTERCONTINENTAL REAL ESTATE CO.

04-2895544

(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	NONE	94133	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)

HAMILTON LANE ADVISORS, LLC

110 WASHINGTON STREET SUITE 1300
CONSHOCKEN, PA 19428

23-2962336

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	6433	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NORTHERN TRUST CORPORATION

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	2800	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	14683	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)

BOYD WATTERSON ASSET MANAGEMENT, LL

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	NONE	77163	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)

FIRST EAGLE INVESTMENT MANAGEMENT

57-1156902

(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	NONE	23181	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BOLTON PARTNERS, INC.

52-1231144

(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 11	NONE	30000	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)

ULLICO INVESTMENT ADVISORS INC.

8403 COLESVILLE ROAD
13TH FLOOR
SILVER SPRING, MD 20910

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	20135	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK 13-4920330	52	
(d) Enter name and EIN (address) of source of indirect compensation DREYFUS 200 PARK AVENUE NEW YORK, NY 10166	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC 23-2962	52	28350
(d) Enter name and EIN (address) of source of indirect compensation HAMILTON LANE SECONDARY FEEDER FUND 110 WASHINGTON STREET SUITE 1200 CONSHOHOCKEN, PA 19428	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC 23-2962	99	
(d) Enter name and EIN (address) of source of indirect compensation HAMILTON LANE SECONDARY FEEDER FUND 110 WASHINGTON STREET SUITE 1200 CONSHOHOCKEN, PA 19428	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. CARRIED INTEREST PAID DURING THE PERIOD ENDED 12/31/2022	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>13-6146226</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INTERNATIONAL EQUI</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4774481</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MACKAY SHIELDS COLLECTIVE INVESTMEN</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>47-1818241-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7911679</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 GROWTH I</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10896847</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WACAP SP INFRASTRUCTURE FUND IV FEE</u>		
b Name of sponsor of entity listed in (a): <u>WASHINGTON CAPITAL MANAGEMENT, INC.</u>		
c EIN-PN <u>86-1680526-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>738886</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTRUCTURE TAX-EXEMPT FU</u>		
b Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS, INC.</u>		
c EIN-PN <u>90-0622302-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2142955</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-6146226

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	817927	643304
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	265800	344500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	200553	194640
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2027497	1405263
(2) U.S. Government securities	1c(2)	5921928	6397703
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	286311	716898
(B) All other	1c(3)(B)	4528917	3857825
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15487325	17049636
(5) Partnership/joint venture interests	1c(5)	30252150	29977521
(6) Real estate (other than employer real property)	1c(6)	1100000	1200000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	15563060	18808526
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	4814668	7656322
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	6184	37370
f Total assets (add all amounts in lines 1a through 1e).....	1f	81272320	88289508
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	100609	97058
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	92882	153593
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	193491	250651
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	81078829	88038857

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4014300	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4014300
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	66588	
(B) U.S. Government securities.....	2b(1)(B)	133363	
(C) Corporate debt instruments.....	2b(1)(C)	192589	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	657114	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1049654
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	218450	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	238	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		218688
(3) Rents.....	2b(3)		28243
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	20132976	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18201415	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	100000	
(B) Other.....	2b(5)(B)	277189	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3245466
(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)		736289
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		7840
d Total income. Add all income amounts in column (b) and enter total	2d		11609230

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3688137	
(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)		3688137
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31500	
(5) Investment advisory and investment management fees	2i(5)	387384	
(6) Bank or trust company trustee/custodial fees	2i(6)	6433	
(7) Actuarial fees	2i(7)	30000	
(8) Legal fees	2i(8)	56304	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	449444	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		961065
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4649202

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6960028
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GOULD, KOBRICK & SCHLAPP, P.C.**

(2) EIN: **13-3082707**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 552794.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

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

A Name of plan <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>13-6146226</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-6146226

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

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

3	0
---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

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 _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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: 41.1 % Private Equity: 12.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.6 %
 High-Yield Debt: 9.1 % Real Assets: 16.7 % Cash or Cash Equivalents: 1.6 % Other: _____ %

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 _____.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND PENSION FUND AND SUBSIDIARY**

**CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND PENSION FUND AND SUBSIDIARY**

**CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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D. ROBERT GOULD, C.P.A. (1933-2015)
STUART L. KOBRICK, C.P.A. (RETIRED)
STEVEN T. SCHLAPP, C.P.A.
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.
RONDELL E. MARSHALL, C.P.A.

TEL: 212-564-9451
FAX: 212-268-6562

EMAIL: GKS@GKSPC.COM
WWW.GKSPC.COM

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Brotherhood of Locomotive Engineers and Trainmen
Long Island Pension Fund and Subsidiary

Opinion

We have audited the financial statements of the Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund and Subsidiary, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund and Subsidiary as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund and Subsidiary's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' 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 auditors' 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.

INDEPENDENT AUDITORS' REPORT (continued)

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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

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

Other Matter—Supplemental Schedules Required by ERISA

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 attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 its form and content, is 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 schedule 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.

Other Matter - Consolidated Supplemental Statements of Administrative Expenses

The consolidated supplemental statements of administrative expenses on page 18 are presented for purposes of additional analysis and are not a required part of the financial statements. Such 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Julia, Kohn's Allieys P.C.

New York, NY
September 2, 2025

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND RAIL ROAD PENSION PLAN AND SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Investments, at fair value:	\$ 87,069,694	\$ 79,981,856
Receivables:		
Employer contributions	344,500	265,800
Accrued investment income	176,371	183,222
Other	874	2,327
Total Receivables	521,745	451,349
Other assets:		
Cash, operating accounts	643,304	817,927
Prepaid expenses	17,395	15,004
Fixed assets, net of accumulated depreciation	37,370	6,184
Total Other Assets	698,069	839,115
Total Assets	88,289,508	81,272,320
LIABILITIES		
Accrued administrative expenses	97,058	100,609
Due to related organizations	146,793	86,181
Tenant's security deposit	4,292	4,267
Other	2,508	2,434
Total Liabilities	250,651	193,491
NET ASSETS AVAILABLE FOR BENEFITS	\$ 88,038,857	\$ 81,078,829

The accompanying notes are an integral part of the financial statements.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND PENSION FUND AND SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	\$ 6,353,676	\$ 4,999,741
Interest, dividends and other, net of foreign taxes withheld	1,281,110	1,302,396
Rental income, net of expenses	28,243	32,840
	7,663,029	6,334,977
Less - Investment fees	469,756	451,359
Net Investment Income	7,193,273	5,883,618
Employer contributions	4,014,300	4,449,940
Other income	7,840	8,808
Total Additions	11,215,413	10,342,366
DEDUCTIONS FROM NET ASSETS		
Pension benefits paid	3,688,137	3,514,090
Administrative expenses	567,248	731,550
Total Deductions	4,255,385	4,245,640
Net increase in net assets available for benefits	6,960,028	6,096,726
Net assets available for benefits:		
Beginning	81,078,829	74,982,103
Ending	\$ 88,038,857	\$ 81,078,829

The accompanying notes are an integral part of the financial statements.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND PENSION FUND AND SUBSIDIARY**

**STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2023
AND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2023**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits:	
Pensioners and beneficiaries receiving benefits	\$ 33,066,527
Other vested benefits	27,599,944
Total Vested Benefits	<u>60,666,471</u>
Non-vested benefits	<u>58,107</u>
Total Actuarial Present Value Of Accumulated Plan Benefits	<u><u>\$ 60,724,578</u></u>

CHANGES IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial present value of accumulated plan benefits - Beginning	<u>\$ 55,632,667</u>
Increase (decrease) during period attributable to:	
Benefits accumulated and actuarial experience	980,334
Interest	3,771,294
Benefits paid	(3,514,090)
Change in actuarial assumptions	(809,225)
Plan amendments	4,663,598
Net increase	<u>5,091,911</u>
Actuarial Present Value Of Accumulated Plan Benefits - Ending	<u><u>\$ 60,724,578</u></u>

The accompanying notes are an integral part of the financial statements.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND PENSION FUND AND SUBSIDIARY**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund and Subsidiary (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document and its Summary Plan Description for a more complete description of the Plan’s provisions.

General: The Plan is a collectively bargained single employer defined benefit pension plan established on January 1, 1963, that is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). It is financed by negotiated employer contributions typically set for multiyear periods under collectively bargained agreements. The benefits earned depend on the duration of participation in the Plan and the level of members’ employment and contributions. The Plan operates as a trust to provide retirement benefits to participants who are covered employees of the Long Island Rail Road (LIRR) under a collective bargaining agreement with the Brotherhood of Locomotive Engineers and Trainmen Long Island General Committee of Adjustment (the “GCA”).

2459 Ocean Owner LLC: The 2459 Ocean Owner LLC (the “LLC”) is a not-for-profit title-holding corporation and is a wholly owned subsidiary of the Plan. The LLC was created to own and manage the Plan’s investment in the land and building located at 2459 Ocean Avenue, Ronkonkoma, NY 11779. The property also serves as the operating facility of the Plan and related and unrelated organizations. The investment in the LLC was purchased on July 27, 2018.

Plan Administration: The administration of the Plan is the responsibility of a board of trustees comprised of GCA Officers. The investments of the Plan are managed by investment advisers and maintained by separate Plan custodians.

Pension Benefits: Generally, participants with five years of vested service are entitled to regular pension benefits beginning at age sixty-five. The Plan permits early retirement at ages sixty through sixty-five with at least 10 years of credited service, at reduced rates and under different rules. The pension benefit amount varies depending on units of pension credits.

Certain services prior to 1971 are eligible as years of credited service, as described in the Plan document. Beginning in 1971, 1/12th of a year’s credit was earned for each month a participant worked at least one day; in addition, after 1975, a participant received credit for a full year of credited service if he works at least 870 hours in that year.

For participants who retired on or after January 1, 1995, a normal monthly pension is based on \$46 for each year of credited service, up to a maximum of 25 years (\$1,150). For participants who earn at least one credit after December 31, 2015, the normal monthly pension is based on \$46 for each year of credited service, up to a maximum of 30 years (\$1,380). For participants who earn at least one credit after December 31, 2022, the normal monthly pension is based on \$60 for each year of credited service, with no maximum.

Participants may elect to receive benefits under two husband and wife options, which guarantee payments of benefits during the lives of both the participant and the participant’s spouse.

A full description of plan benefit provisions is available in the Plan document as amended and restated.

Funding: The LIRR makes contributions for covered participants based on gross payroll to the Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund (the “Welfare Fund”). The contribution rate is based on the collective bargaining agreement in effect and is currently 6% of gross payroll of covered employees. The Welfare Fund forwards the Plan’s portion of the contributions after keeping amounts necessary for the Welfare Fund’s expenses.

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**NOTES TO FINANCIAL STATEMENTS
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NOTE 1 – DESCRIPTION OF PLAN (continued)

Other: Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan may be terminated by an instrument in writing executed by all the trustees, or the contributing employer withdraws from the Plan, or the Plan is terminated by the Pension Benefit Guaranty Corporation, in accordance with ERISA.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Consolidation: The accompanying consolidated financial statements include the accounts of the Pension Fund, and its wholly owned subsidiary, the 2459 Ocean Owner LLC. All inter-organization transactions have been eliminated in the consolidation.

Use of 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 the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fixed Assets and Depreciation: Fixed assets are stated at cost less depreciation accumulated since acquisition and does not purport to represent replacement or realizable value. All assets are depreciated over their estimated useful lives using the straight-line method. Expenditures for normal repairs of equipment are charged when incurred. All other expenditures for fixed assets are capitalized.

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

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 7 for discussion of fair value measurements.)

Purchases and sales of securities 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on historical costs for financial reporting purposes.

Net Assets Available for Benefits: Under the terms of the Trust Agreement, the net assets available for benefits are restricted to the payment of pension and death benefits and administrative fees and expenses.

Actuarial Present Value of Accumulated Pension Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees,
- b. Beneficiaries of employees who have died; and
- c. Present employees or their beneficiaries.

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**NOTES TO FINANCIAL STATEMENTS
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NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Pension Plan Benefits (continued):

Benefits under the Plan are based on employee's years of service in covered employment and on contributions made by the employer for the employee's covered employment. Benefits payable under all circumstances – retirement and death – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Bolton USA and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2024, were:

Interest	7.00%
Mortality:	2024 IRS Generational Mortality Tables (changed from the 2023 IRS Static Annuitant and Non-Annuitant Mortality Tables).
Retirement age:	For active and inactive vested members with at least 10 years of creditable service: 70% at age 60, 10% at age 61 through 64, 100% at age 65 and all ages thereafter. For active and inactive vested members with less than 10 years of creditable service, 100% at age 65.
Sample termination rates (%):	Representative rates of the Crocker Sarason T-6 table are as follows:

Age	Male and Female
20	7.94
25	7.72
30	7.40
35	6.86
40	6.11
45	5.16
50	3.62
55	1.37
60	1.32

Rates are assumed to be zero upon first eligibility for an immediate pension.

Administrative expenses: \$554,000 for the year beginning January 1, 2024.

Asset method: As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding three years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.0%, not to exceed the applicable third segment rate of 5.92% for 2022 and 6.11% for 2021.

A characteristic of this asset method is that, over time, it is more likely to produce an actuarial value of assets less than the market value of assets, if the applicable limitation is less than the assumed rate of return.

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NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Pension Plan Benefits (continued):

Actuarial Cost Method: Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006. For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounted using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

Changes since prior valuation: The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions and PBGC premiums were updated per IRS regulations. This includes a change from the IRS Static Annuitant and Non-Annuitant Mortality Tables to the IRS Generational Mortality Tables. The plan-related administrative expense assumption was updated from \$720,000 to \$554,000 based on a best estimate of the anticipated expenses for the current year. The retirement rates for actives and inactive vested members were updated to consider accruals for participants continuing to work past age 61 and overall plan experience.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Current Expected Credit Losses: The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the “ASU”) significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financials assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan’s financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

NOTE 3 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 2, 2025, the date the financial statements were available to be issued.

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**NOTES TO FINANCIAL STATEMENTS
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NOTE 4 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation (FDIC).

NOTE 5 – PLAN TERMINATION PRIORITIES

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
- All non-vested benefits.

A full description of the Plan’s termination priorities is available in the Plan document, as amended and restated.

Benefits under the plan are insured by the PBGC. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants’ benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, whereas other benefits may not be provided for at all.

NOTE 6 – TRANSACTIONS WITH RELATED PARTIES

The Plan and the Welfare Fund (together the “Funds”) are administered by the same Board of Trustees. The Funds and GCA share the same office facilities. Some operating expenses common to these organizations (payroll, rent, telephone, equipment, and other administrative overhead costs) are allocated based on percentages derived from an annual allocation study.

All employer contributions are initially remitted to the Welfare Fund. The Welfare Fund, after keeping amounts necessary for its expenses, forwards excess contributions to the Plan monthly. Total contributions transferred for the years ended December 31, 2024 and 2023 were \$4,014,300 and \$4,443,300, respectively.

The Plan’s related party transactions are summarized as follows:

	Totals	GCA	Welfare Fund
Beginning balances	\$ (86,181)	\$ (79,182)	\$ (6,999)
Current period activity:			
Payments/receipts	288,941	260,031	28,910
Expense allocations	(305,445)	(285,250)	(20,195)
Other	(44,108)	(40,028)	(4,080)
Total Current Activity	(60,612)	(65,247)	4,635
Ending balances	\$ (146,793)	\$ (144,429)	\$ (2,364)

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**NOTES TO FINANCIAL STATEMENTS
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NOTE 7 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability.
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest bearing cash: Valued at cost which approximates fair market value.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stocks: Valued at the closing price reported on the New York Stock Exchange and other exchanges.

2459 Ocean Avenue LLC (Real Estate): Valued at the appraised value as of 2/7/2025 by Withers Engelke & Associates, Inc., a real estate appraising & consulting firm.

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NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

Partnership/joint ventures, common/collective trusts, pooled separate accounts, 103-12 investment entities, and other: Valued at net asset value (NAV) of units held (or its equivalent, such as member units or an ownership interest in partners' capital). The NAV or its equivalent is used as a practical expedient to estimate fair value. The NAV or its equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV or its equivalent.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by Level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

December 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,405,263	\$ 0	\$ 0	\$ 1,405,263
U.S. government securities	0	6,397,703	0	6,397,703
Corporate debt instruments	0	4,574,723	0	4,574,723
Corporate stocks	17,049,636	0	0	17,049,636
Real estate	0	0	1,200,000	1,200,000
	\$ 18,454,899	\$ 10,972,426	\$ 1,200,000	30,627,325
Investments measured at NAV				56,442,369
Total Investments at fair value				\$ 87,069,694

December 31, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 2,027,497	\$ 0	\$ 0	\$ 2,027,497
U.S. government securities	0	5,921,928	0	5,921,928
Corporate debt instruments	0	4,815,228	0	4,815,228
Corporate stocks	15,487,325	0	0	15,487,325
Real estate	0	0	1,100,000	1,100,000
	\$ 17,514,822	\$ 10,737,156	\$ 1,100,000	29,351,978
Investments measured at NAV				50,629,878
Total Investments at fair value				\$ 79,981,856

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NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

	Real estate
Balance, beginning of year	\$ 1,100,000
Unrealized gains/(losses)	100,000
Balance, end of year	\$ 1,200,000

The common/collective trusts, pooled separate accounts and 103-12 investment entities are measured at fair value by using the NAV practical expedient and file U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these entities is not required. The following table summarizes investments measured at fair value based on NAV per share (or its equivalent) as of December 31, 2024 and 2023:

Description	Fair Market Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Partnership/joint ventures:					
U.S Real Estate Investment Fund, LLC	\$ 7,458,292	\$ 8,146,704	None	Quarterly	90 days
Boyd Watterson State Government Fund, LP	5,862,968	6,582,067	\$ 2,000,000	Quarterly	60 days
GCM Grosvenor Opportunistic Credit Master Fund V, Ltd.	5,866,030	5,421,327	None	Annually at year end	90 days
Corbin ERISA Opportunity Fund, LP	3,260,784	2,972,818	None	See (a)	65 days
First Eagle International Value Fund, LP	3,093,044	2,898,847	None	Monthly	5 days
Hamilton Lane Secondary Feeder Fund V-A, LP	2,462,018	2,710,266	\$ 1,830,892	NA	NA
GCM Grosvenor Secondary Opportunities Feeder Fund III, LP	1,974,385	1,520,121	\$ 2,294,561	NA	NA
	29,977,521	30,252,150			
Common/collective trusts:					
NT Collective Russell 1000 Growth Index Fund	10,896,847	8,175,798	None	Daily	One Day
MacKay Shields Collective Investment Trust	7,911,679	7,387,262	None	Daily	One Day
	18,808,526	15,563,060			
103-12 investment entities:					
Hardman Johnston International Equity Group Trust	4,774,481	4,225,369	None	Monthly	One Month
WaCap SP Infrastructure Fund IV Feeder, LLC	738,886	589,299	\$ 577,717	See (b)	NA
Ullico Infrastructure Tax-Exempt Fund LP	2,142,955	0	None	Quarterly	45 days
	7,656,322	4,814,668			
Total Investments measured at NAV	\$ 56,442,369	\$ 50,629,878			

(a) **Corbin ERISA Opportunity Fund, LP:** Quarterly with a two-year lockup ending on February 28, 2024.

(b) **WaCap SP Infrastructure Fund IV, LLC:** Investors shall not be entitled to make any withdrawals.

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NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

U.S. Real Estate Investment Fund, LLC

U.S. Real Estate Investment Fund, LLC (U.S. REIF) is a limited liability company organized under the laws of the State of Delaware on July 31, 2006, pursuant to the Delaware Limited Liability Company Act (the Act). The U.S. REIF commenced operations on January 1, 2007. The U.S. REIF's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments. The Manager of the U.S. REIF is Intercontinental Real Estate Corporation.

The U.S. REIF is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The U.S. REIF may be terminated by the Manager or by the written consent of the members collectively owning not less than two-thirds of the outstanding interests.

The U.S. REIF is organized for the objective and purpose of enabling its operating subsidiaries, U.S. Real Estate Investment REIT Fund, Inc (U.S. REIT), Bay State REIT, LLC (Bay State REIT) and U.S. Real Estate Investment Fund Non-REIT, LLC, to make investments in real estate assets; owning, managing, supervising, and disposing of such investments through its subsidiaries; sharing the profits and losses there from and engaging in such activities necessary, incidental, or ancillary thereto; and engaging in any other lawful act or activity for which limited liability companies may be organized under the Act in furtherance of the foregoing; provided, however, that the U.S. REIF shall make all qualifying investments only through one or more subsidiaries.

Boyd Watterson State Government Fund, L.P., and Subsidiary

Boyd Watterson State Government Fund, L. P and Subsidiary (the "BW Fund"), a Delaware limited partnership, was formed on July 17, 2017, to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The BW Fund was formed as a partnership between Boyd Watterson State Government GP, LLC and numerous limited partners.

Boyd Watterson State Government REIT, was formed on August 23, 2017, as a Maryland corporation to acquire, hold, manage, administer, control, and dispose of property, including engaging in business as a real estate investment trust. Boyd Watterson State Government Fund, L.P. is the sole Class A shareholder of the Boyd Watterson State Government REIT. In accordance with REIT requirements, there are nonvoting Class B shareholders that represent the noncontrolling interest. Class B shareholders earn an annual preferred return of 12.5%. The BW Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the state government agencies.

Corbin ERISA Opportunity Fund, L.P.

Corbin ERISA Opportunity Fund, L.P. (the "Corbin Fund") is a Delaware limited partnership, was formed in August 2015 and commenced operations in July 2016. The Corbin Fund is governed by its confidential memorandum as amended on December 2021 (the "Memorandum"). The Corbin Fund's investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Corbin Fund may have exposure to other assets, instruments and markets.

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**NOTES TO FINANCIAL STATEMENTS
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NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

Hamilton Lane Secondary Feeder Fund V-A, L.P.

Hamilton Lane Secondary Feeder Fund V-A LP (the “HL Fund”), a Delaware limited partnership, was formed on August 16, 2018, and commenced operations on April 18, 2019 (“inception”). Hamilton Lane Secondary Fund V GP LLC (the “General Partner”), a Delaware limited liability company, is the sole general partner of the HL Fund. The HL Fund’s Amended and Restated Limited Partnership Agreement, dated April 18, 2019 (the “Agreement”), was entered into by and among the General Partner and the limited partners of the HL Fund (collectively, the “Limited Partners”). The HL Fund is a feeder fund in a master-feeder structure whereby the HL Fund invests substantially all of its assets in Hamilton Lane Secondary Fund V LP (the “Main Fund”), a Delaware limited partnership.

The investment objective of the HL Fund, primarily through its interest in the Main Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The HL Fund, either directly or indirectly through its investment in the Main Fund, may make investments in newly formed private equity funds if deemed appropriate or necessary in connection with the HL Fund’s secondary investment activities and may also acquire secondary direct investments.

The Agreement provides that the HL Fund will terminate on October 18, 2030, the tenth anniversary of the Main Fund’s final subscription date, unless extended at the discretion of the General Partner for up to two successive one-year terms; and for a further one-year period with the consent of the Advisory Committee.

GCM Grosvenor Secondary Opportunities Feeder Fund III, L.P.

GCM Grosvenor Secondary Opportunities Feeder Fund III, L.P. (the “Fund III”) was formed on June 11, 2020, under the Delaware Revised Uniform Limited Partnership Act (“Act”) and commenced operations on December 31, 2020. The purposes of the Fund III is to invest, directly or indirectly, as a limited partner in, and as a Feeder Vehicle of GCM Grosvenor Secondary Opportunities Fund III, L.P. (the “Master Partnership”), in accordance with and subject to the other provisions of the Amended and Restated Limited Partnership Agreement dated December 31, 2020 (the “Amended Agreement”), the Master Partnership Agreement and the Master Partnership Subscription Agreement, and (ii) to do everything necessary or desirable for the accomplishment of the above purposes or the furtherance of any of the powers herein set forth and to do every other act and thing incident thereto or connected therewith permitted by the Act. The Partnership invests in the Master Partnership indirectly through two Subsidiary Investment Vehicles, GSF III (Delaware) Holdings, LLC, a Delaware limited liability company (the “Delaware Blocker”) and GSF III (Cayman) Holdings, L.P., a Cayman Islands exempted limited partnership (the “Cayman Blocker”), (collectively, the “Blockers”).

GCM Grosvenor Opportunistic Credit Fund V, Ltd.

The Plan is invested in Grosvenor Opportunistic Credit Fund V, Ltd. (the “Fund V”), a Cayman Islands Exempted Company, which was established on July 5, 2016, and commenced operations on November 1, 2016. Grosvenor Capital Management, L.P. (the “Investment Advisor” or “GCM Grosvenor”) sponsored the formation of the Fund V. The Fund V is a “Feeder” fund in a “Master-Feeder” structure whereby the Fund V substantially invests all of its assets that are available for investment in Grosvenor Opportunistic Credit Master Fund V, Ltd., a Cayman Island exempted company. The Investment Advisor is also the sponsor of the Master Fund V and manages its portfolio, on a fully discretionary basis, through investing in “Portfolio Funds” which generally implement “non-traditional” or “alternative” investment strategies. The Fund V accepted commitments from shareholders beginning on November 1, 2016.

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**NOTES TO FINANCIAL STATEMENTS
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NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

First Eagle International Value Fund, L.P.

First Eagle International Value Fund, LP (the “FE Partnership”) is a Delaware limited partnership. The FE Partnership commenced operations on November 1, 2008.

The Partnership's investment objective is to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) of non-U.S. issuers. The investment philosophy and strategy of the FE Partnership can be broadly characterized as a value approach.

NOTE 8 – RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee 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 9 – TAX STATUS

The Plan is a qualified trust under Section 401(a) of the Internal Revenue Service Code (IRC) and is exempt from federal income taxes under provisions of IRC Section 501(a). The Internal Revenue Service has determined and informed the Plan, by letter in January 8, 2019, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan's management believes that the Plan currently is designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

The Internal Revenue Service has determined and informed the LLC, by letter in April 3, 2025 that the LLC is a not-for-profit title-holding corporation exempt under section 501(c)(2) of the IRC.

NOTE 10 – FIXED ASSETS

Fixed assets at December 31, 2024 and 2023 by classification are summarized as follows:

	2024	2023
Software	\$ 45,342	\$ 41,262
Office Equipment	43,224	\$ 43,224
IT Infrastructure	38,248	0
	<u>126,814</u>	<u>84,486</u>
Less - Accumulated depreciation	89,444	78,302
Net Fixed Assets	<u>\$ 37,370</u>	<u>\$ 6,184</u>

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND PENSION FUND AND SUBSIDIARY**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 11 – PLAN AMENDMENT

The Plan was amended to increase the \$46 per pension credit monthly retirement benefit to \$60 for all service, retroactive to January 1, 2023. Furthermore, the 30-year service cap was eliminated in the amendment.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN
LONG ISLAND PENSION FUND AND SUBSIDIARY**

**CONSOLIDATED SUPPLEMENTAL STATEMENTS OF ADMINISTRATIVE EXPENSES
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Professional fees:		
Legal	\$ 56,304	\$ 60,125
Actuary and consultant	30,000	49,900
Accounting	31,500	31,500
Consulting	16,050	0
PBGC premiums	110,595	283,108
Depreciation	11,142	5,337
Other	3,371	1,810
Participant search	2,174	2,119
Insurance	351	181
Stationery, printing and office	316	337
Total Direct Administrative Expenses	<u>261,803</u>	<u>434,417</u>
Allocation of expenses from related organizations	305,445	297,133
Total Administrative Expenses	<u>\$ 567,248</u>	<u>\$ 731,550</u>

10/02/25

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STATEMENT 7

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN 13-6146226 001

<u>PARTY IN INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT AMOUNT</u>
ABNY-HARDMAN JOHNSON		103-12 IE	\$ 5,032,597.	\$ 4,774,481.
CORBIN		CASH	537.	537.
GROVESNOR		CASH EQUIVALENTS	2,417.	2,417.
VANGUARD		CASH EQUIVALENTS	35,617.	35,617.
WASHINGTON CAPITAL		CASH EQUIVALENTS	9,457.	9,457.
ABNY-HARDMAN JOHNSON		CASH EQUIVALENTS	269.	269.
BOYD WATTERSON		CASH EQUVALENTS	79,954.	79,954.
HAMILTON LANE		CASH EQUVALENTS	7,675.	7,675.
US REAL ESTATE		CASH EQUVALENTS	64,488.	64,488.
ABNY-NORTHERN TRUST		COMMON/COLLECTIVE	6,631,760.	10,896,847.
ABNY-SEI TRUST		COMMON/COLLECTIVE	7,890,250.	7,911,679.
BOYD WATTERSON		PARTNERSHIP	7,028,295.	5,862,968.
CORBIN		PARTNERSHIP	3,010,081.	3,260,784.
FIRST EAGLE		PARTNERSHIP	2,800,000.	3,093,044.
GROVESNOR III		PARTNERSHIP	1,619,785.	1,974,385.
GROVESNOR V		PARTNERSHIP	5,000,000.	5,866,030.
HAMILTON LANE		PARTNERSHIP	1,570,679.	2,462,018.
ULLICO		PARTNERSHIP	1,979,865.	2,142,955.
WASHINGTON CAPITAL		PARTNERSHIP	623,233.	738,886.
US REAL ESTATE		PARTNERSHIP	8,479,207.	7,458,292.
2459 OCEAN LLC		REAL ESTATE	1,236,201.	1,200,000.
ABNY-CHARTWELL		SEE ATTACHED	11,867,362.	11,441,808.
ABNY-SEGALL BYRANT		SEE ATTACHED	6,803,591.	8,111,681.
ABNY-WEDGE CAPITAL		SEE ATTACHED	8,166,353.	9,673,422.



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YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
BLED 269 PEN FD-CHARTWELL
TRADE DATE
As of 12/31/24

Account Number: Page 28
1001482.1

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
SHORT TERM INVESTMENT FUNDS									
JPMORGAN TR II US GVT MM INST Cusip: 4812C2684	USD	469,382.30	1.00	469,382.30	469,382.30	0.00	1,863.48	4.34	4.34
Total SHORT TERM INVESTMENT FUNDS	USD			469,382.30	469,382.30	0.00	1,863.48	4.34	4.34
Total CASH EQUIVALENTS	USD			469,382.30	469,382.30	0.00	1,863.48	4.34	4.34
GOVERNMENT & AGENCIES									
U.S. TREASURY NOTES									
U.S. TREASURY NOTE 1.125% 08/31/2028 Cusip: 91282CCV1	USD	505,000.00	89.19	450,419.60	444,044.57	6,375.03	1,930.37	1.26	1.28
U.S. TREASURY NOTE 2.75% 08/15/2032 Cusip: 91282CFF3	USD	340,000.00	88.68	301,522.20	311,915.04	-10,392.84	3,531.66	3.10	3.00
U.S. TREASURY NOTE 3.25% 06/30/2029 Cusip: 91282CEV9	USD	225,000.00	95.42	214,701.75	215,771.68	-1,069.93	20.20	3.41	3.39
U.S. TREASURY NOTE 4.375% 05/15/2034 Cusip: 91282CKQ3	USD	45,000.00	98.46	44,308.35	44,711.72	-403.37	255.61	4.44	4.40
U.S. TREASURY NOTE 4.5% 11/15/2033 Cusip: 91282CJJ1	USD	450,000.00	99.55	447,961.50	464,276.76	-16,315.26	2,629.14	4.52	4.36
U.S. TREASURY NOTES 0.625% 05/15/30 Cusip: 912828ZQ6	USD	135,000.00	82.05	110,772.90	106,248.83	4,524.07	109.55	0.76	0.79
U.S. TREASURY NOTES 1.625% 09/30/2026 Cusip: 912828YG9	USD	670,000.00	95.63	640,727.70	666,091.01	-25,363.31	2,781.70	1.70	1.63
U.S. TREASURY NOTES 2.375% 05/15/2027 Cusip: 912828X88	USD	335,000.00	95.77	320,819.45	313,606.25	7,213.20	1,032.99	2.48	2.54



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
U.S. TREASURY NOTES 2.625% 03/31/2025 Cusip: 9128284F4	USD	595,000.00	99.61	592,655.70	622,771.62	-30,115.92	3,990.50	2.64	2.51
U.S. TREASURY NTS 1.375% 11/15/2031 Cusip: 91282CDJ7	USD	610,000.00	81.72	498,467.60	506,565.05	-8,097.45	1,088.98	1.68	1.66
US TREASURY NOTES 0.375% 11/30/2025 Cusip: 91282CAZ4	USD	275,000.00	96.57	265,556.50	261,661.71	3,894.79	90.66	0.39	0.39
US TREASURY NOTES 1.125% 02/15/2031 Cusip: 91282CBL4	USD	310,000.00	82.53	255,827.50	278,213.54	-22,386.04	1,317.29	1.36	1.25
Total U.S. TREASURY NOTES	USD			4,143,740.75	4,235,877.78	-92,137.03	18,778.65	2.24	2.19
FED HOME LOAN MORTGAGE ASSOC POOLS									
FHLMC POOL #SB-8229 4.5% 05/01/2038 Cusip: 3132D6EA4 Original Face: 105,000.0000	USD	79,054.752	97.83	77,337.78	78,387.74	-1,049.96	296.46	4.60	4.54
FHLMC POOL #SB-8257 5.5% 09/01/2038 Cusip: 3132D6E63 Original Face: 110,000.0000	USD	78,441.5522	100.67	78,968.58	78,012.58	956.00	359.52	5.46	5.53
FHLMC POOL #SD-3857 6.00% 09/01/2053 Cusip: 3132E0JA1 Original Face: 80,000.0000	USD	73,626.9208	100.50	73,995.06	72,959.67	1,035.39	368.13	5.97	6.05
Total FED HOME LOAN MORTGAGE ASSOC POOLS	USD			230,301.42	229,359.99	941.43	1,024.11	5.34	5.36
GOVERNMENT AGENCIES									
FANNIE MAE 4.125% 08/28/2025 Cusip: 3135G06V0	USD	60,000.00	99.77	59,863.80	60,000.00	-136.20	845.63	4.13	4.13
FFCB 4.3% 05/17/2032 Cusip: 3133ENWU0	USD	50,000.00	96.49	48,242.50	50,000.00	-1,757.50	262.78	4.46	4.30



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVERNMENT AGENCIES (Cont.)									
FHLB 1.15% 02/26/2031 Cusip: 3130ALCZ5	USD	135,000.00	86.08	116,209.35	135,000.00	-18,790.65	539.06	1.34	1.15
FHLB 1.15% 10/26/2026 Cusip: 3130AP5E1	USD	130,000.00	94.41	122,734.30	130,000.00	-7,265.70	269.93	1.22	1.15
FHLB 1.25% 03/17/2031 Cusip: 3130ALK37	USD	185,000.00	89.37	165,332.65	185,000.00	-19,667.35	668.06	1.40	1.25
FHLB 1.5% 11/23/2026 Cusip: 3130APQ40	USD	155,000.00	94.87	147,051.60	155,000.00	-7,948.40	245.42	1.58	1.50
FHLB 2.00% 01/27/2032 Cusip: 3130AQM91	USD	190,000.00	86.87	165,045.40	190,000.00	-24,954.60	1,625.56	2.30	2.00
Total GOVERNMENT AGENCIES	USD			824,479.60	905,000.00	-80,520.40	4,456.44	1.95	1.78
GOVERNMENT AGENCY FLOATING RATE BOND									
FHLB VAR 07/07/2031 Cusip: 3130AMXP2	USD	100,000.00	87.48	87,482.00	100,000.00	-12,518.00	604.62	1.43	1.25
Total GOVERNMENT AGENCY FLOATING RATE BOND	USD			87,482.00	100,000.00	-12,518.00	604.62	1.43	1.25
FEDERAL HOME LOAN MORT CORP REMIC									
FHLMC REMIC SERIES 6.00% 07/25/2048 Cusip: 3137HBX90 Original Face: 95,000.0000	USD	72,800.5948	100.96	73,498.66	72,800.59	698.07	364.00	5.94	6.00
Total FEDERAL HOME LOAN MORT CORP REMIC	USD			73,498.66	72,800.59	698.07	364.00	5.94	6.00
US TREASURY INFLATION PROTECTED SECURITI									
U.S. TREASURY TIPS 1.125% 01/15/2033 Cusip: 91282CGK1 Original Face: 260,000.0000	USD	275,516.80	91.97	253,395.56	251,109.46	2,286.10	1,431.86	1.22	1.23
U.S.T.BOND (TIPS) 1.75% 01/15/2028 Cusip: 912810PV4 Original Face: 115,000.0000	USD	173,272.80	99.26	171,997.51	174,424.93	-2,427.42	1,400.78	1.76	1.74



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
US TREASURY INFLATION PROTECTED SECURITI (Cont.)									
US TREASURY BOD(TIPS) 0.125% 04/15/2027 Cusip: 91282CEJ6 Original Face: 105,000.0000	USD	117,385.80	95.85	112,510.77	105,318.79	7,191.98	31.44	0.13	0.14
Total US TREASURY INFLATION PROTECTED SECURITI	USD			537,903.84	530,853.18	7,050.66	2,864.08	1.17	1.18
UMBS SECURITIES									
FHLMC UMBS POOL #QE-9161 4.5% 09/01/2052 Cusip: 3133BKFA2 Original Face: 20,000.0000	USD	17,033.8454	94.22	16,049.08	16,653.25	-604.17	63.88	4.78	4.60
FHLMC UMBS POOL #RB-5318 4.5% 11/01/2044 Cusip: 3133KY4B2 Original Face: 145,000.0000	USD	143,778.288	95.42	137,195.94	138,498.93	-1,302.99	539.17	4.72	4.67
FHLMC UMBS POOL #RA-8248 5.00% 11/01/2052 Cusip: 3133KQEV4 Original Face: 20,000.0000	USD	17,567.4718	96.89	17,021.23	17,561.99	-540.76	73.20	5.16	5.00
FNMA UMBS POOL #CB5384 4.5% 12/01/2052 Cusip: 3140QQ6W0 Original Face: 155,000.0000	USD	141,154.1771	94.27	133,059.87	134,702.99	-1,643.12	529.33	4.77	4.72
FNMA UMBS POOL #MA5099 4.00% 07/01/2038 Cusip: 31418EUZ1 Original Face: 100,000.0000	USD	83,574.773	96.02	80,244.84	79,983.67	261.17	278.58	4.17	4.18
FNMA UMBS POOL #MA5202 6.00% 11/01/2038 Cusip: 31418EX88 Original Face: 170,000.0000	USD	114,805.9606	101.67	116,725.37	114,626.58	2,098.79	574.03	5.90	6.01
Total UMBS SECURITIES	USD			500,296.33	502,027.41	-1,731.08	2,058.19	4.94	4.92
Total GOVERNMENT & AGENCIES	USD			6,397,702.60	6,575,918.95	-178,216.35	30,150.09	2.47	2.40



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS									
CORPORATE BONDS									
ACCENTURE CAPITAL 3.9% 10/04/2027 Cusip: 00440KAA1	USD	40,000.00	98.53	39,410.40	39,948.40	-538.00	377.00	3.96	3.91
AMGEN INC SR NT 5.25% 03/02/2033 Cusip: 031162DR8	USD	120,000.00	99.26	119,114.40	120,573.70	-1,459.30	2,082.50	5.29	5.23
ANHEUSER-BUSCH INBEV WOR 3.5% 6/1/2030 Cusip: 035240AV2	USD	45,000.00	93.76	42,189.75	48,357.03	-6,167.28	131.25	3.73	3.26
ANTHEM INC 3.65% 12/01/2027 Cusip: 036752AB9	USD	115,000.00	97.28	111,875.45	124,281.34	-12,405.89	349.79	3.75	3.38
ARES CAPITAL CORP 3.25% 07/15/2025 Cusip: 04010LAY9	USD	160,000.00	99.03	158,446.40	160,360.97	-1,914.57	2,397.78	3.28	3.24
ARES CAPITAL CORP 3.875% 01/15/26 Cusip: 04010LAZ6	USD	105,000.00	98.86	103,798.80	108,405.50	-4,606.70	1,876.15	3.92	3.75
BLACKROCK FUNDING 4.6% 07/26/2027 Cusip: 09290DAH4	USD	20,000.00	100.23	20,045.60	19,999.40	46.20	396.11	4.59	4.60
BLACKROCK FUNDING 4.7% 03/14/2024 Cusip: 09290DAA9	USD	75,000.00	100.07	75,055.50	74,984.50	71.00	1,047.71	4.70	4.70
COMCAST CORP 4.15% 10/15/2028 Cusip: 20030NCT6	USD	175,000.00	97.52	170,665.25	196,045.85	-25,380.60	1,533.19	4.26	3.70
COMCAST CORP 4.25% 10/15/2030 Cusip: 20030NCU3	USD	125,000.00	96.43	120,538.75	139,666.50	-19,127.75	1,121.53	4.41	3.80
CVS HEALTH CORP 3.25% 08/15/2029 Cusip: 126650DG2	USD	135,000.00	91.04	122,904.00	140,734.67	-17,830.67	1,657.50	3.57	3.12
DUKE ENERGY CAROLINAS 4.85% 01/15/2034 Cusip: 26442CBM5	USD	175,000.00	96.92	169,613.50	171,407.45	-1,793.95	3,913.68	5.00	4.95



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
EXTRA SPACE STORAGE 2.2% 10/15/2030 Cusip: 30225VAP2	USD	90,000.00	85.09	76,576.50	85,506.30	-8,929.80	418.00	2.59	2.32
FMC CORP 3.45% 10/01/2029 Cusip: 302491AU9	USD	60,000.00	91.59	54,952.20	64,122.00	-9,169.80	517.50	3.77	3.23
FMC CORP SR NT 5.15% 05/18/2026 Cusip: 302491AW5	USD	65,000.00	100.11	65,070.20	64,760.73	309.47	399.84	5.14	5.17
GENERAL MOTORS FINL CO 5.65% 01/17/2029 Cusip: 37045XCS3	USD	55,000.00	101.49	55,817.30	63,427.85	-7,610.55	1,415.64	5.57	4.90
GEORGIA PWR CO SR GLBL 5.004% 02/23/2027 Cusip: 373334KV2	USD	70,000.00	100.77	70,538.30	69,836.90	701.40	1,245.44	4.97	5.02
GOLDMAN SACHS GRP INC 3.691% 06/05/2028 Cusip: 38141GWL4	USD	195,000.00	97.13	189,395.70	207,781.50	-18,385.80	519.82	3.80	3.46
HEALTHPEAK PROPERTIES 2.875% 01/15/31 Cusip: 42250PAB9	USD	65,000.00	88.06	57,237.70	64,441.21	-7,203.51	861.70	3.26	2.90
HEWLETT PACKARD 5.00% 10/15/2034 Cusip: 42824CBV0	USD	85,000.00	96.12	81,699.45	84,212.40	-2,512.95	1,121.53	5.20	5.05
INTERCONTINENTAL 4.6% 03/15/2033 Cusip: 45866FAW4	USD	50,000.00	95.87	47,932.99	49,924.60	-1,991.61	677.22	4.80	4.61
JEFFERIES FINANCIAL 5.875% 07/21/2028 Cusip: 47233WBM0	USD	50,000.00	102.26	51,128.00	49,737.05	1,390.95	1,305.56	5.75	5.91
JEFFERIES FINANCIAL 6.2% 04/14/2034 Cusip: 47233WEJ4	USD	65,000.00	103.06	66,987.05	64,933.90	2,053.15	861.97	6.02	6.21
LINCOLN NATIONAL CORP 3.4% 01/15/31 Cusip: 534187BK4	USD	55,000.00	89.91	49,450.50	57,592.04	-8,141.54	862.28	3.78	3.25



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
ORACLE CORP SR GLBL NT 6.25% 11/09/2032 Cusip: 68389XCJ2	USD	75,000.00	105.98	79,482.75	76,762.50	2,720.25	677.08	5.90	6.11
OWL ROCK CAPITAL CORP 3.4% 07/15/2026 Cusip: 69121KAE4	USD	115,000.00	96.89	111,422.35	111,014.43	407.92	1,802.94	3.51	3.52
PHILIP MORRIS INTL 5.625% 09/07/2033 Cusip: 718172DE6	USD	75,000.00	101.59	76,195.50	73,344.15	2,851.35	1,335.94	5.54	5.75
PHILIP MORRIS INTL INC 5.25% 02/13/2034 Cusip: 718172DJ5	USD	125,000.00	98.83	123,541.25	122,263.75	1,277.50	2,515.63	5.31	5.37
PRECISION CASTPARTS CORP 3.25% 06/15/25 Cusip: 740189AM7	USD	45,000.00	99.43	44,741.25	47,698.80	-2,957.55	65.00	3.27	3.07
ROCKWELL AUTOMATION 3.5% 03/01/2029 Cusip: 773903AH2	USD	105,000.00	94.98	99,731.10	114,094.37	-14,363.27	1,225.00	3.68	3.22
SAFEHOLD OPER 2.85% 01/15/2032 Cusip: 78646UAB5	USD	100,000.00	84.02	84,018.00	92,072.95	-8,054.95	1,314.17	3.39	3.10
SAFEHOLD OPER PARTNERSHIP 2.8% 06/15/31 Cusip: 78646UAA7	USD	140,000.00	85.38	119,533.40	127,806.05	-8,272.65	174.22	3.28	3.07
SIMON PROPERTY GROUP LP 2.45% 09/13/29 Cusip: 828807DF1	USD	180,000.00	89.92	161,857.80	177,312.85	-15,455.05	1,323.00	2.72	2.49
SIMON PROPERTY GROUP LP 3.5% 09/01/25 Cusip: 828807CV7	USD	50,000.00	99.29	49,647.00	52,532.15	-2,885.15	583.33	3.52	3.33
TRACTOR SUPPLY CO SR 5.25% 05/15/2033 Cusip: 892356AB2	USD	55,000.00	99.94	54,967.55	54,833.18	134.37	368.96	5.25	5.27
VERIZON COMMUNICATIONS INC 2.55% 3/21/31 Cusip: 92343VGJ7	USD	125,000.00	86.12	107,646.25	116,755.77	-9,109.52	885.42	2.96	2.73



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
VIRGINIA ELEC & POWER CO 3.5% 03/15/27 Cusip: 927804FX7	USD	75,000.00	97.46	73,091.25	81,154.75	-8,063.50	772.92	3.59	3.23
VIRGINIA ELEC & PWR 5.05% 08/15/2034 Cusip: 927804GR9	USD	30,000.00	97.51	29,252.40	29,926.50	-674.10	584.96	5.18	5.06
WALT DISNEY COMPANY 3.375% 11/15/26 Cusip: 254687DK9	USD	95,000.00	97.87	92,973.65	101,398.75	-8,425.10	409.69	3.45	3.16
WARNERMEDIA HLDGS INC 6.412% 03/15/2026 Cusip: 55903VVG7	USD	135,000.00	100.04	135,054.00	135,044.55	9.45	2,548.77	6.41	6.41
Total CORPORATE BONDS	USD			3,563,599.19	3,785,057.29	-221,458.10	43,677.72	4.23	3.98
FLOATING RATE CORPORATE BONDS									
BANK OF AMERICA CORP FLTG 02/05/2026 Cusip: 06051GHB8	USD	84,000.00	100.09	84,071.40	84,438.05	-366.65	834.41	5.71	5.68
BK OF AMERICA CORP FR VAR 11/10/2028 Cusip: 06051GLC1	USD	75,000.00	103.53	77,648.25	79,219.70	-1,571.45	659.18	5.99	5.87
JPMORGAN CHASE & CO FLTG 12/05/2029 Cusip: 46647PAX4	USD	125,000.00	98.00	122,498.75	136,996.30	-14,497.55	401.92	4.54	4.06
JPMORGAN CHASE & CO VAR 02/24/2026 Cusip: 46647PCV6	USD	145,000.00	99.66	144,502.65	142,634.05	1,868.60	1,327.41	2.60	2.64
MERRILL LYNCH & CO FLTG 09/15/2026 Cusip: 59022CAA1	USD	60,000.00	100.14	60,085.80	59,515.61	570.19	170.98	6.03	6.08
MORGAN STANLEY FLTG 04/28/26 Cusip: 6174468Q5	USD	125,000.00	99.11	123,885.00	127,014.15	-3,129.15	478.63	2.21	2.15
MORGAN STANLEY VAR 04/18/2030 Cusip: 61747YFQ3	USD	80,000.00	101.80	81,436.80	83,516.80	-2,080.00	912.43	5.53	5.39



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CORPORATE OBLIGATIONS (Cont.)									
FLOATING RATE CORPORATE BONDS (Cont.)									
MORGAN STANLEY VAR 04/20/2028 Cusip: 61747YER2	USD	85,000.00	98.57	83,782.80	82,646.00	1,136.80	705.76	4.27	4.33
PNC FINL SVCS GROUP VAR 01/21/2028 Cusip: 693475BV6	USD	95,000.00	100.86	95,815.10	95,063.45	751.65	2,225.35	5.25	5.30
Total FLOATING RATE CORPORATE BONDS	USD			873,726.55	891,044.11	-17,317.56	7,716.07	4.38	4.29
MMI MEDIUM TERM NOTE									
TRUIST BANK 2.25% 03/11/2030 Cusip: 89788KAA4	USD	160,000.00	85.87	137,396.80	145,959.10	-8,562.30	1,100.00	2.62	2.47
Total MMI MEDIUM TERM NOTE	USD			137,396.80	145,959.10	-8,562.30	1,100.00	2.62	2.47
Total CORPORATE OBLIGATIONS	USD			4,574,722.54	4,822,060.50	-247,337.96	52,493.79	4.21	3.99
Total Asset Holdings	USD			11,441,807.44	11,867,361.75	-425,554.31	84,507.36	3.24	3.12

Rounding difference	-	1	0
		11,441,808	11,867,362
		Total FMV	Total Cost



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
SHORT TERM INVESTMENT FUNDS									
JPMORGAN 100% US TREASURY MONEY MARKET Cusip: 4812A2835	USD	234,446.03	1.00	234,446.03	234,446.03	0.00	698.66	4.30	4.30
Total SHORT TERM INVESTMENT FUNDS	USD			234,446.03	234,446.03	0.00	698.66	4.30	4.30
Total CASH EQUIVALENTS	USD			234,446.03	234,446.03	0.00	698.66	4.30	4.30
EQUITIES									
COMMON STOCK									
3M COMPANY Cusip: 88579Y101	USD	190.00	129.09	24,527.10	23,268.27	1,258.83	0.00	2.17	2.29
ABBVIE INC COM Cusip: 00287Y109	USD	343.00	177.70	60,951.10	41,525.12	19,425.98	0.00	3.69	5.42
ABERCROMBIE & FITCH CO-CL A Cusip: 002896207	USD	698.00	149.47	104,330.06	80,869.74	23,460.32	0.00	0.00	0.00
ACUITY BRANDS INC Cusip: 00508Y102	USD	84.00	292.13	24,538.92	10,733.41	13,805.51	0.00	0.21	0.47
AERCAP HOLDINGS Cusip: N00985106	USD	804.00	95.70	76,942.80	77,397.29	-454.49	0.00	1.04	1.04
AGCO CORPORATION Cusip: 001084102	USD	255.00	93.48	23,837.40	26,318.64	-2,481.24	0.00	1.24	1.12
ALLISON TRANSMISSION HOLDING Cusip: 01973R101	USD	214.00	108.06	23,124.84	9,673.20	13,451.64	0.00	0.93	2.21
ALLY FINANCIAL INC Cusip: 02005N100	USD	2,410.00	36.01	86,784.10	100,856.74	-14,072.64	0.00	3.33	2.87
ALPHABET INC CLASS A Cusip: 02079K305	USD	824.00	189.30	155,983.20	144,516.32	11,466.88	0.00	0.42	0.46
AMDOCS LIMITED Cusip: G02602103	USD	1,638.00	85.14	139,459.32	138,655.09	804.23	784.60	2.25	2.26
AMERIPRISE FINANCIAL INC Cusip: 03076C106	USD	151.00	532.43	80,396.93	39,721.38	40,675.55	0.00	1.11	2.25



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
AMPHENOL CORPORATION CLASS A Cusip: 032095101	USD	1,973.00	69.45	137,024.85	125,100.59	11,924.26	325.55	0.95	1.04
APPLE INC Cusip: 037833100	USD	563.00	250.42	140,986.46	81,061.65	59,924.81	0.00	0.40	0.69
ARISTA NETWORKS INC COM SHS Cusip: 040413205	USD	1,440.00	110.53	159,163.20	44,184.22	114,978.98	0.00	0.00	0.00
ATKOREINC Cusip: 047649108	USD	288.00	83.45	24,033.60	33,695.90	-9,662.30	0.00	1.53	1.09
AUTOLIV INC Cusip: 052800109	USD	251.00	93.79	23,541.29	22,450.87	1,090.42	0.00	2.99	3.13
BAKER HUGHES COMPANY CL A Cusip: 05722G100	USD	1,077.00	41.02	44,178.54	28,788.22	15,390.32	0.00	2.05	3.14
BERRY GLOBAL GROUP INC Cusip: 08579W103	USD	230.00	64.67	14,874.10	11,901.23	2,972.87	0.00	1.92	2.40
BIO RAD LABS INC CL A Cusip: 090572207	USD	191.00	328.51	62,745.41	62,394.97	350.44	0.00	0.00	0.00
BIOGEN INC. Cusip: 09062X103	USD	394.00	152.92	60,250.48	91,956.29	-31,705.81	0.00	0.00	0.00
BOISE CASCADE COMPANY Cusip: 09739D100	USD	181.00	118.86	21,513.66	19,890.25	1,623.41	0.00	0.71	0.76
BOOZ ALLEN HAMILTON HOLDING Cusip: 099502106	USD	979.00	128.70	125,997.30	113,352.85	12,644.45	0.00	1.59	1.76
BORGWARNER INC COM Cusip: 099724106	USD	702.00	31.79	22,316.58	24,060.11	-1,743.53	0.00	1.38	1.28
BRINKER INTL INC Cusip: 109641100	USD	853.00	132.29	112,843.37	105,294.69	7,548.68	0.00	0.00	0.00
BRISTOL MYERS SQUIBB CO Cusip: 110122108	USD	1,200.00	56.56	67,872.00	56,202.24	11,669.76	0.00	4.38	5.30
BUILDERS FIRSTSOURCE INC COM Cusip: 12008R107	USD	80.00	142.93	11,434.40	8,460.49	2,973.91	0.00	0.00	0.00
CADENCE DESIGN SYSTEMS INC Cusip: 127387108	USD	465.00	300.46	139,713.90	68,991.99	70,721.91	0.00	0.00	0.00



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
CARDINAL HEALTH INC Cusip: 14149Y108	USD	581.00	118.27	68,714.87	65,127.37	3,587.50	0.00	1.71	1.80
CARLISLE COS INC COM Cusip: 142339100	USD	54.00	368.84	19,917.36	9,803.82	10,113.54	0.00	1.08	2.20
CARNIVAL CORPORATION Cusip: 143658300	USD	4,278.00	24.92	106,607.76	106,405.84	201.92	0.00	0.00	0.00
CASEY'S GEN STORES INC Cusip: 147528103	USD	275.00	396.23	108,963.25	67,166.76	41,796.49	0.00	0.50	0.82
CENCORA INC COM Cusip: 03073E105	USD	272.00	224.68	61,112.96	32,563.65	28,549.31	0.00	0.98	1.84
CENTENE CORP DEL COM Cusip: 15135B101	USD	1,013.00	60.58	61,367.54	77,032.75	-15,665.21	0.00	0.00	0.00
CF INDUSTRIES HOLDINGS INC Cusip: 125269100	USD	159.00	85.32	13,565.88	12,913.31	652.57	0.00	2.34	2.46
CISCO SYSTEMS INC Cusip: 17275R102	USD	2,400.00	59.20	142,080.00	136,266.24	5,813.76	0.00	2.70	2.82
CITIGROUP INC Cusip: 172967424	USD	1,231.00	70.39	86,650.09	62,734.88	23,915.21	0.00	3.18	4.40
COMMERCIAL METALS CO Cusip: 201723103	USD	248.00	49.60	12,300.80	10,897.10	1,403.70	0.00	1.45	1.64
CORE & MAIN INC CL A COM Cusip: 21874C102	USD	459.00	50.91	23,367.69	17,834.99	5,532.70	0.00	0.00	0.00
CSX CORPORATION Cusip: 126408103	USD	777.00	32.27	25,073.79	26,513.26	-1,439.47	0.00	1.49	1.41
CUMMINS INC. Cusip: 231021106	USD	69.00	348.60	24,053.40	15,624.53	8,428.87	0.00	2.09	3.21
DAVITA INC. Cusip: 23918K108	USD	437.00	149.55	65,353.35	42,005.50	23,347.85	0.00	0.00	0.00
DECKERS OUTDOOR CORP Cusip: 243537107	USD	496.00	203.09	100,732.64	45,785.25	54,947.39	0.00	0.00	0.00
DICKS SPORTING GOODS INC Cusip: 253393102	USD	508.00	228.84	116,250.72	83,654.32	32,596.40	0.00	1.92	2.67



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
DOMINION ENERGY INC Cusip: 25746U109	USD	499.00	53.86	26,876.14	26,268.51	607.63	0.00	4.96	5.07
DOVER CORPORATION Cusip: 260003108	USD	122.00	187.60	22,887.20	15,240.01	7,647.19	0.00	1.10	1.65
EASTMAN CHEMICAL CO Cusip: 277432100	USD	157.00	91.32	14,337.24	14,296.60	40.64	130.31	3.64	3.65
EMCOR GROUP INC Cusip: 29084Q100	USD	50.00	453.90	22,695.00	4,671.62	18,023.38	0.00	0.22	1.07
EMERSON ELEC CO COM Cusip: 291011104	USD	194.00	123.93	24,042.42	16,021.19	8,021.23	0.00	1.70	2.55
EQUITABLE HOLDINGS INC Cusip: 29452E101	USD	1,731.00	47.17	81,651.27	79,425.15	2,226.12	0.00	2.04	2.09
EVERGY INC Cusip: 30034W106	USD	430.00	61.55	26,466.50	25,435.64	1,030.86	0.00	4.34	4.51
EXPAND ENERGY CORPORATION COM Cusip: 165167735	USD	427.00	99.55	42,507.85	35,071.41	7,436.44	0.00	2.31	2.80
F5 INC COM Cusip: 315616102	USD	585.00	251.47	147,109.95	126,379.19	20,730.76	0.00	0.00	0.00
FABRINET Cusip: G3323L100	USD	623.00	219.88	136,985.24	150,900.36	-13,915.12	0.00	0.00	0.00
FIRSTENERGY CORP Cusip: 337932107	USD	659.00	39.78	26,215.02	27,319.78	-1,104.76	0.00	4.27	4.10
FNF GROUP Cusip: 31620R303	USD	1,257.00	56.14	70,567.98	53,705.39	16,862.59	0.00	3.56	4.68
FORTINET INC Cusip: 34959E109	USD	1,537.00	94.48	145,215.76	86,501.79	58,713.97	0.00	0.00	0.00
FOX CORP CLASS -B Cusip: 35137L204	USD	2,286.00	45.74	104,561.64	100,076.70	4,484.94	0.00	1.18	1.23
GARMIN LTD Cusip: H2906T109	USD	501.00	206.26	103,336.26	88,181.74	15,154.52	0.00	1.45	1.70
GARTNER INC Cusip: 366651107	USD	289.00	484.47	140,011.83	85,326.27	54,685.56	0.00	0.00	0.00



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
GENTEX CORPORATION Cusip: 371901109	USD	818.00	28.73	23,501.14	26,384.03	-2,882.89	0.00	1.67	1.49
GENUINE PARTS CO. Cusip: 372460105	USD	178.00	116.76	20,783.28	22,684.88	-1,901.60	178.00	3.43	3.14
GILEAD SCIENCES INC Cusip: 375558103	USD	730.00	92.37	67,430.10	54,424.66	13,005.44	0.00	3.33	4.13
GODADDY INC Cusip: 380237107	USD	813.00	197.37	160,461.81	125,224.48	35,237.33	0.00	0.00	0.00
GOLDMAN SACHS GROUP INC COM Cusip: 38141G104	USD	142.00	572.62	81,312.04	50,705.08	30,606.96	0.00	2.10	3.36
H&R BLOCK INC Cusip: 093671105	USD	1,773.00	52.84	93,685.32	114,077.28	-20,391.96	664.88	2.84	2.33
HALLIBURTON CO COM Cusip: 406216101	USD	1,507.00	27.19	40,975.33	57,548.60	-16,573.27	0.00	2.50	1.78
HARTFORD FINANCIAL SERVICE GROUP INC Cusip: 416515104	USD	707.00	109.40	77,345.80	50,553.20	26,792.60	367.64	1.90	2.91
HCA HEALTHCARE INC Cusip: 40412C101	USD	168.00	300.15	50,425.20	45,444.64	4,980.56	0.00	0.88	0.98
HOLOGIC INC Cusip: 436440101	USD	825.00	72.09	59,474.25	60,323.78	-849.53	0.00	0.00	0.00
INGREDION INC Cusip: 457187102	USD	99.00	137.56	13,618.44	8,644.30	4,974.14	0.00	2.33	3.66
INTUIT INC Cusip: 461202103	USD	220.00	628.50	138,270.00	102,549.44	35,720.56	0.00	0.66	0.89
JACKSON FINANCIAL INC COM CL A Cusip: 46817M107	USD	911.00	87.08	79,329.88	76,795.11	2,534.77	0.00	3.22	3.32
JACOBS SOLUTIONS INC COM Cusip: 46982L108	USD	181.00	133.62	24,185.22	16,211.36	7,973.86	0.00	0.87	1.30
JAZZ PHARMACEUTICALS PLC Cusip: G50871105	USD	529.00	123.15	65,146.35	59,452.90	5,693.45	0.00	0.00	0.00



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
KB HOME. Cusip: 48666K109	USD	1,463.00	65.72	96,148.36	96,577.81	-429.45	0.00	1.52	1.51
KLA CORP Cusip: 482480100	USD	200.00	630.12	126,024.00	90,764.00	35,260.00	0.00	1.08	1.50
KNIGHT-SWIFT TRANSN HLDGS INC CL A Cusip: 499049104	USD	476.00	53.04	25,247.04	26,292.20	-1,045.16	0.00	1.21	1.16
LABCORP HOLDINGS INC COM SHS Cusip: 504922105	USD	261.00	229.32	59,852.52	50,965.63	8,886.89	0.00	1.26	1.47
LEAR CORPORATION Cusip: 521865204	USD	263.00	94.70	24,906.10	36,341.75	-11,435.65	0.00	3.25	2.23
LEIDOS HOLDINGS INC Cusip: 525327102	USD	975.00	144.06	140,458.50	144,871.68	-4,413.18	0.00	1.11	1.08
LITHIA MOTORS INC CL A Cusip: 536797103	USD	281.00	357.43	100,437.83	102,447.25	-2,009.42	0.00	0.59	0.58
LOCKHEED MARTIN CORP Cusip: 539830109	USD	259.00	485.94	125,858.46	135,888.55	-10,030.09	0.00	2.72	2.52
LOUISIANA PACIFIC CORP Cusip: 546347105	USD	128.00	103.55	13,254.40	10,959.22	2,295.18	0.00	1.00	1.21
MASCO CORPORATION Cusip: 574599106	USD	321.00	72.57	23,294.97	17,159.30	6,135.67	0.00	1.60	2.17
MATSON INC Cusip: 57686G105	USD	156.00	134.84	21,035.04	25,324.80	-4,289.76	0.00	1.01	0.84
MCKESSON CORPORATION Cusip: 58155Q103	USD	101.00	569.91	57,560.91	25,464.14	32,096.77	71.71	0.50	1.13
MERITAGE HOMES CORP Cusip: 59001A102	USD	604.00	153.82	92,907.28	113,417.25	-20,509.97	0.00	1.95	1.60
META PLATFORMS INC CL A Cusip: 30303M102	USD	240.00	585.51	140,522.40	118,035.72	22,486.68	0.00	0.34	0.41
METLIFE INC. Cusip: 59156R108	USD	919.00	81.88	75,247.72	54,377.82	20,869.90	0.00	2.66	3.68



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
MICROSOFT CORP Cusip: 594918104	USD	306.00	421.50	128,979.00	123,688.86	5,290.14	0.00	0.79	0.82
MOLINA HEALTHCARE INC Cusip: 60855R100	USD	206.00	291.05	59,956.30	66,810.09	-6,853.79	0.00	0.00	0.00
MOLSON COORS BEVERAGE CO CL B Cusip: 60871R209	USD	1,006.00	57.32	57,663.92	60,791.69	-3,127.77	0.00	3.07	2.91
MUELLER INDS INC Cusip: 624756102	USD	292.00	79.36	23,173.12	11,400.99	11,772.13	0.00	1.01	2.05
MURPHY OIL CORP Cusip: 626717102	USD	1,216.00	30.26	36,796.16	45,584.83	-8,788.67	0.00	3.97	3.20
MURPHY USA INC COM Cusip: 626755102	USD	186.00	501.75	93,325.50	59,121.34	34,204.16	0.00	0.38	0.60
NETAPP INC Cusip: 64110D104	USD	1,153.00	116.08	133,840.24	108,049.04	25,791.20	0.00	1.79	2.22
NORTHROP GRUMMAN CORP Cusip: 666807102	USD	315.00	469.29	147,826.35	160,937.50	-13,111.15	0.00	1.76	1.61
NRG ENERGY INC Cusip: 629377508	USD	295.00	90.22	26,614.90	13,396.18	13,218.72	0.00	1.81	3.59
NUCOR CORPORATION Cusip: 670346105	USD	101.00	116.71	11,787.71	10,774.18	1,013.53	55.55	1.89	2.06
OGE ENERGY CORP Cusip: 670837103	USD	638.00	41.25	26,317.50	22,948.94	3,368.56	0.00	4.08	4.68
OSHKOSH CORP Cusip: 688239201	USD	246.00	95.07	23,387.22	25,656.03	-2,268.81	0.00	1.94	1.76
OVINTIV INC Cusip: 69047Q102	USD	1,057.00	40.50	42,808.50	49,677.61	-6,869.11	0.00	2.96	2.55
OWENS CORNING NEW COM Cusip: 690742101	USD	76.00	170.32	12,944.32	7,066.24	5,878.08	0.00	1.62	2.97
PACKAGING CORP AMER Cusip: 695156109	USD	62.00	225.13	13,958.06	8,588.91	5,369.15	77.50	2.22	3.61
PARKER HANNIFIN CORP. Cusip: 701094104	USD	36.00	636.03	22,897.08	10,362.84	12,534.24	0.00	1.03	2.27



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
PARSONS CORP Cusip: 70202L102	USD	1,501.00	92.25	138,467.25	138,951.37	-484.12	0.00	0.00	0.00
PAYCHEX INC Cusip: 704326107	USD	946.00	140.22	132,648.12	108,488.96	24,159.16	0.00	2.80	3.42
PFIZER INC COM Cusip: 717081103	USD	2,348.00	26.53	62,292.44	66,376.55	-4,084.11	0.00	6.48	6.08
PG&E CORPORATION Cusip: 69331C108	USD	1,305.00	20.18	26,334.90	27,488.91	-1,154.01	32.63	0.27	0.26
PHILIP MORRIS INTL INC COM Cusip: 718172109	USD	523.00	120.35	62,943.05	47,601.35	15,341.70	706.05	4.49	5.93
PINNACLE WEST CAP CORP Cusip: 723484101	USD	300.00	84.77	25,431.00	22,547.97	2,883.03	0.00	4.22	4.76
POST HOLDINGS INC Cusip: 737446104	USD	508.00	114.46	58,145.68	44,622.02	13,523.66	0.00	0.00	0.00
PPL CORPORATION Cusip: 69351T106	USD	808.00	32.46	26,227.68	23,375.04	2,852.64	208.06	3.17	3.56
PRUDENTIAL FINL INC Cusip: 744320102	USD	640.00	118.53	75,859.20	69,425.62	6,433.58	0.00	4.39	4.79
QUEST DIAGNOSTICS INC Cusip: 74834L100	USD	384.00	150.86	57,930.24	54,587.72	3,342.52	0.00	1.99	2.11
REGIONS FINANCIAL CORP Cusip: 7591EP100	USD	3,573.00	23.52	84,036.96	63,753.68	20,283.28	893.25	4.25	5.60
RELIANCE INC COM Cusip: 759509102	USD	48.00	269.26	12,924.48	7,866.03	5,058.45	0.00	1.63	2.68
ROYAL CARIBBEAN GROUP COM Cusip: v7780T103	USD	452.00	230.69	104,271.88	39,213.01	65,058.87	0.00	0.82	2.19
RYDER SYSTEM INC. Cusip: 783549108	USD	156.00	156.86	24,470.16	14,143.00	10,327.16	0.00	2.07	3.57
SM ENERGY COMPANY Cusip: 78454L100	USD	1,079.00	38.76	41,822.04	42,477.68	-655.64	0.00	2.06	2.03
SNAP-ON INCORPORATED Cusip: 833034101	USD	78.00	339.48	26,479.44	15,634.52	10,844.92	0.00	2.52	4.27



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
SONOCO PRODUCTS Cusip: 835495102	USD	277.00	48.85	13,531.45	16,114.52	-2,583.07	0.00	4.26	3.58
STATE STREET CORP Cusip: 857477103	USD	851.00	98.15	83,525.65	61,971.13	21,554.52	0.00	3.10	4.17
STEEL DYNAMICS INC Cusip: 858119100	USD	116.00	114.07	13,232.12	7,360.06	5,872.06	53.36	1.61	2.90
SYNCHRONY FINANCIAL Cusip: 87165B103	USD	1,204.00	65.00	78,260.00	42,355.31	35,904.69	0.00	1.54	2.84
SYNOVUS FINANCIAL CORP Cusip: 87161C501	USD	1,549.00	51.23	79,355.27	56,395.24	22,960.03	588.62	2.97	4.17
T-MOBILE US INC Cusip: 872590104	USD	116.00	220.73	25,604.68	15,555.46	10,049.22	0.00	1.39	2.28
TAYLOR MORRISON HOME CORP CL - A Cusip: 87724P106	USD	1,559.00	61.21	95,426.39	88,710.95	6,715.44	0.00	0.00	0.00
TENET HEALTHCARE CORP Cusip: 88033G407	USD	424.00	126.23	53,521.52	38,766.94	14,754.58	0.00	0.00	0.00
THE CIGNA GROUP COM Cusip: 125523100	USD	180.00	276.14	49,705.20	45,762.82	3,942.38	0.00	2.03	2.20
THE TIMKEN COMPANY Cusip: 887389104	USD	317.00	71.37	22,624.29	26,313.55	-3,689.26	0.00	1.91	1.64
TRINET GROUP INC Cusip: 896288107	USD	253.00	90.77	22,964.81	27,041.02	-4,076.21	0.00	1.10	0.94
UFP INDUSTRIES INC Cusip: 90278Q108	USD	108.00	112.65	12,166.20	9,358.96	2,807.24	0.00	1.17	1.52
UGI CORPORATION Cusip: 902681105	USD	956.00	28.23	26,987.88	26,010.76	977.12	358.50	5.31	5.51
UNITED PARCEL SERVICE-CL B Cusip: 911312106	USD	196.00	126.10	24,715.60	25,304.19	-588.59	0.00	5.17	5.05
UNITED RENTALS INC Cusip: 911363109	USD	31.00	704.44	21,837.64	8,968.65	12,868.99	0.00	0.93	2.25



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
UNITED THERAPEUTICS CORP Cusip: 91307C102	USD	187.00	352.84	65,981.08	45,374.28	20,606.80	0.00	0.00	0.00
UNUM GROUP Cusip: 91529Y106	USD	1,227.00	73.03	89,607.81	50,499.70	39,108.11	0.00	2.30	4.08
VERIZON COMMUNICATIONS INC Cusip: 92343V104	USD	671.00	39.99	26,833.29	29,959.40	-3,126.11	0.00	6.78	6.07
VISTRA CORP Cusip: 92840M102	USD	187.00	137.87	25,781.69	8,108.57	17,673.12	0.00	0.64	2.04
VONTIER CORP Cusip: 928881101	USD	629.00	36.47	22,939.63	20,086.86	2,852.77	0.00	0.27	0.31
WELLS FARGO & CO Cusip: 949746101	USD	1,224.00	70.24	85,973.76	46,580.35	39,393.41	0.00	2.28	4.20
WESTERN UNION CO Cusip: 959802109	USD	5,427.00	10.60	57,526.20	66,171.10	-8,644.90	0.00	8.87	7.71
WESTLAKE CORPORATION COM Cusip: 960413102	USD	107.00	114.65	12,267.55	10,542.91	1,724.64	0.00	1.83	2.13
XCEL ENERGY INC Cusip: 98389B100	USD	393.00	67.52	26,535.36	24,948.96	1,586.40	0.00	3.24	3.45
ZIONS BANCORPORATION N.A. Cusip: 989701107	USD	1,407.00	54.25	76,329.75	56,544.60	19,785.15	0.00	3.17	4.28
Tota1 COMMON STOCK	USD			9,195,439.22	7,684,598.53	1,510,840.69	5,496.21	1.54	1.84
FOREIGN COMMON STOCK									
AMCOR PLC Cusip: G0250X107	USD	1,310.00	9.41	12,327.10	14,615.32	-2,288.22	0.00	0.00	0.00
LYONDELLBASELL INDUSTRIES N V SHS - A - Cusip: N53745100	USD	163.00	74.27	12,106.01	14,564.76	-2,458.75	0.00	0.00	0.00
NORWEGIAN CRUISE LINE HOLDIN Cusip: G66721104	USD	3,678.00	25.73	94,634.94	101,546.97	-6,912.03	0.00	0.00	0.00
Tota1 FOREIGN COMMON STOCK	USD			119,068.05	130,727.05	-11,659.00	0.00	0.00	0.00



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EQUITIES (Cont.)									
AMERICAN DEPOSITORY RECEIPTS									
BP PLC SPONSORED ADR Cusip: 055622104	USD	1,361.00	29.56	40,231.16	41,377.01	-1,145.85	0.00	0.00	0.00
SHELL PLC SPON ADS ADR Cusip: 780259305	USD	653.00	62.65	40,910.45	31,765.83	9,144.62	0.00	0.00	0.00
TOTALENERGIES SE SPONSORED ADR Cusip: 89151E109	USD	795.00	54.50	43,327.50	43,438.58	-111.08	660.51	0.00	0.00
Total AMERICAN DEPOSITORY RECEIPTS	USD			124,469.11	116,581.42	7,887.69	660.51	0.00	0.00
Total EQUITIES	USD			9,438,976.38	7,931,907.00	1,507,069.38	6,156.72	1.50	1.78
Total Asset Holdings	USD			9,673,422.41	8,166,353.03	1,507,069.38	6,855.38	1.57	1.86
				Total FMV	Total Cost				



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CASH EQUIVALENTS									
SHORT TERM INVESTMENT FUNDS									
JPMORGAN 100% US TREASURY MONEY MARKET Cusip: 4812A2835	USD	501,021.45	1.00	501,021.45	501,021.45	0.00	1,833.56	4.30	4.30
Total SHORT TERM INVESTMENT FUNDS	USD			501,021.45	501,021.45	0.00	1,833.56	4.30	4.30
Total CASH EQUIVALENTS	USD			501,021.45	501,021.45	0.00	1,833.56	4.30	4.30
EQUITIES									
COMMON STOCK									
ADVANCED ENERGY INDUSTRIES Cusip: 007973100	USD	805.00	115.63	93,082.15	85,977.41	7,104.74	0.00	0.35	0.37
AGILYSYS INC COM Cusip: 00847J105	USD	511.00	131.71	67,303.81	38,407.40	28,896.41	0.00	0.00	0.00
ALLEGIANT TRAVEL CO Cusip: 01748X102	USD	532.00	94.12	50,071.84	86,410.08	-36,338.24	0.00	2.55	1.48
AMERIS BANCORP Cusip: 03076K108	USD	1,590.00	62.57	99,486.30	70,243.92	29,242.38	318.00	1.28	1.81
ASPEN TECHNOLOGY INC COM Cusip: 29109X106	USD	263.00	249.63	65,652.69	51,737.08	13,915.61	0.00	0.00	0.00
AZEK CO INC/THE Cusip: 05478C105	USD	1,185.00	47.47	56,251.95	23,131.67	33,120.28	0.00	0.00	0.00
AZENTA INC COM Cusip: 114340102	USD	1,443.00	50.00	72,150.00	66,142.87	6,007.13	0.00	0.00	0.00
BADGER METER INC Cusip: 056525108	USD	127.00	212.12	26,939.24	10,066.23	16,873.01	0.00	0.64	1.72
BALCHEM CORP Cusip: 057665200	USD	330.00	163.00	53,788.35	42,108.58	11,679.77	287.10	0.53	0.68
BERRY GLOBAL GROUP INC Cusip: 08579W103	USD	831.00	64.67	53,740.77	41,727.83	12,012.94	0.00	1.92	2.47
BIO-TECHNE CORP Cusip: 09073M104	USD	1,921.00	72.03	138,369.63	144,114.99	-5,745.36	0.00	0.44	0.43



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
C.H. ROBINSON WORLDWIDE INC Cusip: 12541W209	USD	1,078.00	103.32	111,378.96	95,968.76	15,410.20	668.36	2.40	2.79
CACI INTERNATIONAL INC -CL A Cusip: 127190304	USD	203.00	404.06	82,024.18	61,547.74	20,476.44	0.00	0.00	0.00
CARLISLE COS INC COM Cusip: 142339100	USD	194.00	368.84	71,554.96	34,966.61	36,588.35	0.00	1.08	2.22
CASELLA WASTE SYSTEMS INC (CI A) Cusip: 147448104	USD	829.00	105.81	87,716.49	66,669.47	21,047.02	0.00	0.00	0.00
CASEY'S GEN STORES INC Cusip: 147528103	USD	283.00	396.23	112,133.09	60,024.76	52,108.33	0.00	0.50	0.94
CCC INTELLIGENT SOLUTIONS HLD COM Cusip: 12510Q100	USD	7,257.00	11.73	85,124.61	68,186.12	16,938.49	0.00	0.00	0.00
CHEMED CORPORATION Cusip: 16359R103	USD	123.00	529.80	65,165.40	67,215.75	-2,050.35	0.00	0.38	0.37
CHORD ENERGY CORPORATION COM NEW Cusip: 674215207	USD	490.00	116.92	57,290.80	75,083.74	-17,792.94	0.00	4.28	3.26
CHURCHILL DOWNS INC Cusip: 171484108	USD	763.00	133.54	101,891.02	85,718.65	16,172.37	312.07	0.31	0.36
CIVITAS RESOURCES INC COM NEW Cusip: 17888H103	USD	1,271.00	45.87	58,300.77	89,560.69	-31,259.92	0.00	4.36	2.84
CLEAN HARBORS INC Cusip: 184496107	USD	516.00	230.14	118,752.24	88,574.93	30,177.31	0.00	0.00	0.00
COCA-COLA CONSOLIDATED INC Cusip: 191098102	USD	39.00	1,259.99	49,139.61	19,231.80	29,907.81	0.00	0.16	0.41
CRANE COMPANY COMMON STOCK Cusip: 224408104	USD	932.00	151.75	141,431.00	35,956.92	105,474.08	0.00	0.54	2.13
CRANE NXT CO COM Cusip: 224441105	USD	1,452.00	58.22	84,535.44	76,038.13	8,497.31	0.00	1.10	1.22
DESCARTES SYSTEMS GROUP Cusip: 249906108	USD	1,647.00	113.60	187,099.20	127,959.63	59,139.57	0.00	0.00	0.00



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
EAGLE MATERIALS INC Cusip: 26969P108	USD	337.00	246.76	83,158.12	49,457.37	33,700.75	84.25	0.41	0.68
ELEMENT SOLUTIONS INC Cusip: 28618M106	USD	4,797.00	25.43	121,987.71	90,531.26	31,456.45	0.00	1.26	1.70
EMCOR GROUP INC Cusip: 29084Q100	USD	200.00	453.90	90,780.00	23,570.96	67,209.04	0.00	0.22	0.85
ENCOMPASS HEALTH CORP Cusip: 29261A100	USD	858.00	92.35	79,236.30	61,136.45	18,099.85	0.00	0.74	0.95
ENPRO INC COM Cusip: 29355X107	USD	721.00	172.45	124,336.45	62,205.20	62,131.25	0.00	0.70	1.39
ENSIGN GROUP INC Cusip: 29358P101	USD	890.00	132.86	118,245.40	87,606.03	30,639.37	55.63	0.19	0.25
FIRST INDUSTRIAL REALTY TR Cusip: 32054K103	USD	1,643.00	50.13	82,363.59	85,663.21	-3,299.62	607.91	2.95	2.84
FIVE9 INC Cusip: 338307101	USD	1,083.00	40.64	44,013.12	67,719.42	-23,706.30	0.00	0.00	0.00
FOX FACTORY HOLDING CORP Cusip: 35138V102	USD	774.00	30.27	23,428.98	65,842.37	-42,413.39	0.00	0.00	0.00
GENTEX CORPORATION Cusip: 371901109	USD	2,395.00	28.73	68,808.35	66,964.23	1,844.12	0.00	1.67	1.72
GLACIER BANCORP INC NEW COM Cusip: 37637Q105	USD	1,933.00	50.22	97,075.26	92,323.96	4,751.30	0.00	2.63	2.76
GLOBUS MEDICAL INC. CLASS A Cusip: 379577208	USD	1,480.00	82.71	122,410.80	98,414.41	23,996.39	0.00	0.00	0.00
GRAPHIC PACKAGING HLDG CO Cusip: 388689101	USD	2,074.00	27.16	56,329.84	42,275.34	14,054.50	207.40	1.47	1.96
GRIFFON CORP Cusip: 398433102	USD	1,131.00	71.27	80,606.37	71,585.81	9,020.56	0.00	1.01	1.14
GUIDEWIRE SOFTWARE INC Cusip: 40171V100	USD	1,128.00	168.58	190,158.24	119,581.14	70,577.10	0.00	0.00	0.00
HALOZYME TRERRAPEUTICS INC Cusip: 40637H109	USD	1,460.00	47.81	69,802.60	56,308.21	13,494.39	0.00	0.00	0.00



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EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
HANCOCK WHITNEY CORP Cusip: 410120109	USD	1,874.00	54.72	102,545.28	93,693.41	8,851.87	0.00	2.92	3.20
HUB GROUP INC. CLASS A Cusip: 443320106	USD	1,679.00	44.56	74,816.24	74,272.70	543.54	0.00	1.12	1.13
INSULET CORPORATION Cusip: 45784P101	USD	407.00	261.07	106,255.49	98,030.45	8,225.04	0.00	0.00	0.00
IRHYTHM TECHNOLOGIES INC Cusip: 450056106	USD	718.00	90.17	64,742.06	82,710.44	-17,968.38	0.00	0.00	0.00
ITT INC Cusip: 45073V108	USD	1,001.00	142.88	143,022.88	83,479.96	59,542.92	0.00	0.89	1.53
JACOBS SOLUTIONS INC COM Cusip: 46982L108	USD	400.00	133.62	53,448.00	44,655.19	8,792.81	0.00	0.87	1.04
KADANT INC Cusip: 48282T104	USD	170.00	344.99	58,648.30	57,025.82	1,622.48	0.00	0.37	0.38
KBR INC Cusip: 48242W106	USD	1,803.00	57.93	104,447.79	74,442.03	30,005.76	270.45	1.04	1.45
LANDSTAR SYSTEM INC. Cusip: 515098101	USD	294.00	171.86	50,526.84	52,534.46	-2,007.62	0.00	0.84	0.81
LITTELFUSE INC Cusip: 537008104	USD	294.00	235.65	69,281.10	80,396.58	-11,115.48	0.00	1.19	1.02
MASCO CORPORATION Cusip: 574599106	USD	741.00	72.57	53,774.37	50,100.26	3,674.11	0.00	1.60	1.72
MATADOR RESOURCES CO Cusip: 576485205	USD	2,391.00	56.26	134,517.66	134,037.71	479.95	0.00	1.78	1.78
MATERION CORPORATION Cusip: 576690101	USD	779.00	98.88	77,027.52	78,515.37	-1,487.85	0.00	0.55	0.54
MEDPACE HOLDINGS INC Cusip: 58506Q109	USD	127.00	332.23	42,193.21	38,404.47	3,788.74	0.00	0.00	0.00
MODINE MANUFACTURING CO Cusip: 607828100	USD	482.00	115.93	55,878.26	16,428.71	39,449.55	0.00	0.00	0.00
MORNINGSTAR INC Cusip: 617700109	USD	344.00	336.76	115,845.44	77,731.17	38,114.27	0.00	0.54	0.81



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
BLED 269 PEN FD - SEGALL BRYANT
TRADE DATE
As of 12/31/24

Account Number: Page 53
1001482.3

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
NEUROCRINE BIOSCIENCES INC Cusip: 64125C109	USD	436.00	136.50	59,514.00	59,622.85	-108.85	0.00	0.00	0.00
ONTO INNOVATION INC Cusip: 683344105	USD	382.00	166.67	63,667.94	35,401.40	28,266.54	0.00	0.00	0.00
Q2 HOLDINGS INC. Cusip: 74736L109	USD	1,129.00	100.65	113,633.85	57,912.57	55,721.28	0.00	0.00	0.00
RBC BEARINGS INC Cusip: 75524B104	USD	388.00	299.14	116,066.32	111,994.63	4,071.69	0.00	0.00	0.00
REPLIGEN CORPORATION Cusip: 759916109	USD	636.00	143.94	91,545.84	94,979.77	-3,433.93	0.00	0.00	0.00
REV GROUP INC Cusip: 749527107	USD	2,643.00	31.87	84,232.41	62,429.44	21,802.97	158.58	0.75	1.02
RUSH ENTERPRISES INC-CL A Cusip: 781846209	USD	1,879.00	54.79	102,950.41	89,220.68	13,729.73	0.00	1.31	1.52
SEACOAST BANKING CORP/FL Cusip: 811707801	USD	3,265.00	27.53	89,885.45	96,006.10	-6,120.65	0.00	2.62	2.45
SILGAN HOLDINGS INC Cusip: 827048109	USD	2,526.00	52.05	131,478.30	109,470.08	22,008.22	0.00	1.46	1.75
SILICON LABORATORIES INC Cusip: 826919102	USD	440.00	124.22	54,656.80	55,148.23	-491.43	0.00	0.00	0.00
SIMPSON MANUFACTURING CO INC Cusip: 829073105	USD	384.00	165.83	63,678.72	70,173.58	-6,494.86	0.00	0.68	0.61
SOUTHSTATE CORPORATION COM Cusip: 840441109	USD	1,287.00	99.48	128,030.76	100,955.79	27,074.97	0.00	2.17	2.75
STAG INDUSTRIAL INC Cusip: 85254J102	USD	2,452.00	33.82	82,926.64	89,927.47	-7,000.83	302.41	4.38	4.04
STEVEN MADDEN LTD Cusip: 556269108	USD	1,338.00	42.52	56,891.76	48,230.76	8,661.00	0.00	1.98	2.33
SUMMIT MATERIALS INC Cusip: 86614U100	USD	2,846.00	50.60	144,007.60	112,402.15	31,605.45	0.00	0.00	0.00
TEXAS ROADHOUSE INC Cusip: 882681109	USD	714.00	180.43	128,827.02	60,238.56	68,588.46	0.00	1.35	2.89



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YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
BLED 269 PEN FD - SEGALL BRYANT
TRADE DATE
As of 12/31/24

Page 54
Account Number: 1001482.3

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
EQUITIES (Cont.)									
COMMON STOCK (Cont.)									
THE TIMKEN COMPANY Cusip: 887389104	USD	695.00	71.37	49,602.15	56,953.49	-7,351.34	0.00	1.91	1.66
TRIMBLE INC. Cusip: 896239100	USD	2,369.00	70.66	167,393.54	157,667.71	9,725.83	0.00	0.00	0.00
UFP INDUSTRIES INC Cusip: 90278Q108	USD	470.00	112.65	52,945.50	43,830.97	9,114.53	0.00	1.17	1.42
UNIVERSAL DISPLAY CORP Cusip: 91347P105	USD	478.00	146.20	69,883.60	70,841.82	-958.22	0.00	1.09	1.08
US FOODS HLDGS CORP Cusip: 912008109	USD	1,032.00	67.46	69,618.72	71,599.89	-1,981.17	0.00	0.00	0.00
VALMONT INDUSTRIES Cusip: 920253101	USD	386.00	306.67	118,374.62	106,182.61	12,192.01	231.60	0.78	0.87
VERACYTE INC Cusip: 92337F107	USD	1,944.00	39.60	76,982.40	67,855.29	9,127.11	0.00	0.00	0.00
WATERS CORPORATION Cusip: 941848103	USD	314.00	370.98	116,487.72	101,082.18	15,405.54	0.00	0.00	0.00
Tota1 COMMON STOCK	USD			7,183,368.14	5,920,543.88	1,262,824.26	3,503.76	0.83	1.00
FOREIGN COMMON STOCK									
GILDAN ACTIVEWEAR INC Cusip: 375916103	USD	2,311.00	47.05	108,732.55	76,964.18	31,768.37	0.00	0.00	0.00
GLOBANT SA Cusip: L44385109	USD	489.00	214.42	104,851.38	100,625.07	4,226.31	0.00	0.00	0.00
QIAGEN NV SHS NEW Cusip: N72482149	USD	1,444.00	44.53	64,301.32	68,897.37	-4,596.05	0.00	0.00	0.00
WASTE CONNECTIONS INC Cusip: 94106B101	USD	578.00	171.58	99,173.24	67,813.81	31,359.43	0.00	0.00	0.00
WNS HLDGS LTD COM SHS COM Cusip: G98196101	USD	1,060.00	47.39	50,233.40	67,725.85	-17,492.45	0.00	0.00	0.00
Tota1 FOREIGN COMMON STOCK	USD			427,291.89	382,026.28	45,265.61	0.00	0.00	0.00
Tota1 EQUITIES	USD			7,610,660.03	6,302,570.16	1,308,089.87	3,503.76	0.78	0.94



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YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
bled 269 PEN FD - SEGALL BRYANT
TRADE DATE
As of 12/31/24

Account Number: 1001482.3
Page 55

Total Asset Holdings USD

8,111,681.48	6,803,591.61	1,308,089.87	5,337.32	1.00	1.19
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Rounding		1
Total	8,111,681	6,803,592

Total FMV

Total Cost

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> <div style="text-align: center;"> This Form is Open to Public Inspection </div>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information — enter all requested information

1 a Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND	1b Three-digit plan number (PN) . . . ▶ 001 1c Effective date of plan 01/01/1963
2 a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 13-6146226 2c Plan Sponsor's telephone number 631-813-2234 2d Business code (see instructions) 482110

BOARD OF TRUSTEES
 BRHD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND
 2459 OCEAN AVENUE, SUITE B
 RONKONKOMA, NY 11779

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

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

SIGN HERE		9-11-25	<i>Gilman J. Long</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3 a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	1091
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	492
a(2) Total number of active participants at the end of the plan year	6a(2)	557
b Retired or separated participants receiving benefits	6b	385
c Other retired or separated participants entitled to future benefits	6c	135
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1077
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	86
f Total. Add lines 6d and 6e	6f	1163
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information)– Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.


A Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-6146226	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	83,718,948	
b Actuarial value	2b	87,530,571	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	469	38,184,687	38,184,687
b For terminated vested participants	143	9,759,724	9,759,724
c For active participants	492	26,387,343	26,433,269
d Total	1,104	74,331,754	74,377,680
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.25%
6 Target normal cost			
a Present value of current plan year accruals	6a		1,468,240
b Expected plan-related expenses	6b		554,000
c Target normal cost	6c		2,022,240

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/22/25</u> Date
	JAMES E. RITCHIE, ASA Type or print name of actuary	2305643 Most recent enrollment number
	BOLTON PARTNERS, INC. Firm name	410-547-0500 Telephone number (including area code)
	1 W. PENNSYLVANIA AVE SUITE 600 TOWSON MD 21204 Address of the firm	

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

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

Part II Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18,402,487
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	18,402,487
10 Interest on line 9 using prior year's actual return of <u>8.10%</u>	0	1,490,601
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,609,388
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30%</u>		138,298
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2,747,686
d Portion of (c) to be added to prefunding balance		2,747,686
12 Other reductions in balances due to elections or deemed elections	0	9,487,883
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	13,152,891

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.00%
15 Adjusted funding target attainment percentage	15	117.68%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.26%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/15/2024	246,700	0				
11/14/2024	413,000	0				
12/18/2024	313,900	0				
01/14/2025	344,500	0				
02/14/2025	308,000	0				
03/26/2025	322,500	0				
04/11/2025	308,600	0				
05/09/2025	329,000	0				
06/12/2025	313,300	0				
07/16/2025	226,400	0				
08/20/2025	386,000	0				
Totals ▶			18(b)	3,511,900	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,302,803

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... 27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	2,022,240
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... 33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... 34 2,022,240

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 2,022,240
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 3,302,803

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	1,280,563
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... 39 0

40 Unpaid minimum required contributions for all years

	40	0
--	----	---

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Part V – Summary of Plan Provisions

Effective Date

January 1, 1963. The most recent amendments reflected in this valuation were adopted in 2023.

Plan Year

January 1 through December 31.

Participation

First day of the calendar month coincident with or next following the date he or she becomes an employee.

Service

Creditable Service

One credit per plan year in which a member works at least 870 hours or, if less than 870 hours for the plan year, one-twelfth of a year's credit for each calendar month in which a member works at least one day.

Vesting Credit

One vesting credit per plan year in which a member works at least 870 hours.

Vesting

A member is 100% vested after attaining 5 years of vesting credits.

Retirement Dates

Normal Retirement

The later of age 65 and the 5th anniversary of participation.

Early Retirement

Age 60 and 10 years of creditable service.

Deferred Retirement

The later of Normal Retirement and 5 years of vesting credits.

Retirement Benefits

Normal Retirement

Monthly benefit of \$60 for each year of creditable service, not in excess of 30 years.

Early Retirement

Normal pension accrued reduced by 1/180 for each month of age less than 65.

Deferred Retirement

The greater of \$60 for each year of creditable service at retirement, not in excess of 30 years, or \$60 for each year of service at Normal Retirement Date increased 1% for each month after age 65 for the first 60 months and 1.5% for each month thereafter.

Part V – Summary of Plan Provisions

Pre-Retirement Death Benefits

The surviving spouse of a member with 5 years of vesting credits will receive the survivor portion of a 100% joint and survivor annuity as if the member had retired on the date of death with an early retirement benefit, elected a 100% joint and survivor annuity, and died the following day. If the member was less than age 60 at death, the surviving spouse will receive the benefit described above as of the first of the month following the date the member would have attained age 60.

The above surviving spouse benefit is available only to a spouse who was married to the member throughout the entire year preceding the member's death.

The designated beneficiary of a member with 5 years of vesting credits who is not eligible for a surviving spouse benefit described above will receive the monthly benefit to which the member would have been entitled had he or she retired the day before death, payable for 60 months.

Post-Retirement Death Benefits

In accordance with method of payment elected.

For members who retired on or after January 1, 1971 and before January 1, 1990, there is an additional \$1,500 lump sum death benefit payable to a designated beneficiary.

Form of Benefit

Normal Form

100% Joint and Survivor annuity for married members and Single Life annuity with 60 months guaranteed for nonmarried members.

Optional Forms

Married members may also select a 50% Joint and Survivor annuity or a Life annuity with 60 months guaranteed with appropriate spousal consent.

Changes Since Prior Year

As described in the 2023 Actuarial Valuation, effective January 1, 2023, and adopted December 2023, the Plan was amended to increase the \$46 monthly retirement benefit to \$60 for all service. Further, the 30-year service cap was eliminated.

There have been no other changes since the prior valuation.

Part V – Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006.

For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounted using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

Asset Method

For Minimum Required Contribution

As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding three years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.0%, not to exceed the applicable third segment rate of 5.74% for 2023 and 5.92% for 2022.

A characteristic of this asset method is that, over time, it is more likely to produce an actuarial value of assets less than the market value of assets, if the applicable limitation is less than the assumed rate of return.

Valuation Date

January 1.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the Plan Sponsor.

For Minimum Required Contribution

January segment rates (no lookback) adjusted by the 25-year average segment rates for the applicable plan year.

Part V – Statement of Actuarial Assumptions/Methods

	1/1/2023		1/1/2024	
	Without Stabilization	With Stabilization	Without Stabilization	With Stabilization
First Segment	2.13%	4.75%	4.37%	4.75%
Second Segment	3.62%	5.00%	4.96%	4.96%
Third Segment	3.93%	5.74%	4.95%	5.59%
Effective Interest Rate	3.71%	5.30%	4.93%	5.25%

For all other Valuation Calculations
 Same as the rates shown for minimum funding without reflecting Stabilization.

Mortality Rates

2024 IRS Generational Mortality Tables (changed from the 2023 IRS Static Annuitant and Non-Annuitant Mortality Tables).

Retirement Age for Active and Inactive Vested Participants

For active and inactive vested members with at least 10 years of creditable service: 70% at age 60, 10% at age 61 through 64, 100% at age 65 and all ages thereafter. For active and inactive vested members with less than 10 years of creditable service, 100% at age 65.

Turnover

Representative rates of the Crocker Sarason T-6 table are as follows

Age	Rate
20	7.94%
25	7.72
30	7.40
35	6.86
40	6.11
45	5.16
50	3.62
55	1.37
60	1.32

Rates are assumed to be zero upon first eligibility for an immediate pension.

Part V – Statement of Actuarial Assumptions/Methods

Married/Age of Spouse

50% of members are assumed to be married. Spouse is assumed to be the opposite gender with male spouses assumed to be three years older than female spouses.

Form of Payment

Single participants are assumed to elect the life annuity with 5-year certain form of payment. Married participants are assumed to elect the 100% Joint and Survivor Annuity form of payment.

Administrative Expenses

An expense assumption is required under the funding rules. Plan-related expenses of \$554,000 for the year beginning January 1, 2024 are expected to be paid by the Plan during the year. For the prior year, \$720,000 was reflected.

Changes Since Prior Year

The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions and PBGC premiums were updated per IRS regulations. This includes a change from the IRS Static Annuitant and Non-Annuitant Mortality Tables to the IRS Generational Mortality Tables.

The plan-related administrative expense assumption was updated from \$720,000 to \$554,000 based on a best estimate of the anticipated expenses for the current year.

The retirement rates for actives and inactive vested members were updated to consider accruals for participants continuing to work past age 61 and overall plan experience.

Rationale for the Selection of Significant Actuarial Assumptions

The mortality table and interest rates used to value the Target Liability are prescribed by Law, and selected based on certain elections by the Plan Sponsor. The Plan Sponsor has elected to use the three segment interest rates for the month of January preceding the valuation date (i.e., no lookback period was elected). For determining the PBGC variable-rate premium, the Plan Sponsor elected the Alternative Method in 2020.

The following actuarial assumptions having a significant effect on the measurement of plan assets or benefit obligations presented in the report were selected by the actuary on the basis described, with the concurrence of the Plan Sponsor:

Retirement

The retirement age assumption was reviewed as part of an experience study in 2024 which focused on all retired participants from both active and terminated vested status in the January 1, 2023 valuation data. The experience showed that 70% of retirements occurred at age 60 (earliest retirement age with 10 years of service). The experience also shows that majority of the remaining participants retired by age 65 (Normal Retirement Age) with a small portion retiring between ages 61 and 64. The retirement rates developed based on experience produce the same average retirement age as actual experience (age 61). Since the study includes both active and terminated vested participants, the same retirement rates were used for both active and terminated vested participants.

Part V – Statement of Actuarial Assumptions/Methods

Turnover and Disablement

Because the plan does not have a large enough population to perform a fully credible experience analysis, the turnover assumption uses an industry standard table. The plan does not offer a disability benefit different than termination benefits; therefore no additional assumptions for disability are used.

Survivor Benefits

Assumptions regarding participant marital status are based on discussions with the Plan Sponsor regarding their covered participant demographics, surveys regarding general population trends and the actuary's experience with plans covering a similar workforce, geography, and industry.

Form of Payment

All forms of benefit payment are approximately actuarially equivalent based on factors provided in the plan document to the normal form of benefit at all assumed commencement ages. The 60 month and life annuity form of payment is available to all plan participants and will not produce significantly different benefit obligations or projected cash flows compared to reflecting a percentage of the population electing an optional payment form that provides for survivor benefits.

Plan-Related Expenses

The expense load on the Target Normal Cost is based on an estimate of the expenses that will be paid from plan assets during the plan year, taking into consideration actual PBGC premiums for the plan year and an estimate of current year actuarial, plan audit, and custodial fees informed by prior year expenses and discussion with the Plan Sponsor.

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan:

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB, which is attached in .pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule SB.

Line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Rate of Retirement	(3) Lives	(4) Retirees	(5) (1)* (4)
60	70.00%	100.00	70.00	4,200.00
61	10.00%	30.00	3.00	183.00
62	10.00%	27.00	2.70	167.40
63	10.00%	24.30	2.43	153.09
64	10.00%	21.87	2.19	139.97
65	100.00%	19.68	19.68	1,279.40

Sum of Column (5) 6,122.85
Weighted Normal Retirement Age 61.23

Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund
2024 Schedule SB
EIN/PN: 13-6146226/001

Line 24 – Change in Actuarial Assumptions

The plan-related administrative expense assumption was updated from \$720,000 to \$554,000 based on a best estimate of the anticipated expenses for the current year.

The retirement rates for actives and inactive vested members were updated to consider accruals for participants continuing to work past age 61 and overall plan experience.

Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund
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Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under 25	1	6	0	0	0	0	0	0	0	0	7
25 to 29	4	23	7	0	0	0	0	0	0	0	34
30 to 34	5	24	42	3	0	0	0	0	0	0	74
35 to 39	2	15	37	13	2	0	0	0	0	0	69
40 to 44	0	6	23	15	11	1	0	0	0	0	56
45 to 49	1	2	13	7	17	18	4	0	0	0	62
50 to 54	1	1	9	4	28	34	18	0	0	0	95
55 to 59	3	1	0	1	12	31	13	3	0	0	64
60 to 64	0	0	0	0	15	8	4	0	0	0	27
65 to 69	0	0	0	0	2	1	0	1	0	0	4
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Total	17	78	131	43	87	93	39	4	0	0	492

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	125,206	92,681	3,545,653	3,763,540
2025	235,269	192,222	3,486,184	3,913,676
2026	383,172	301,025	3,418,448	4,102,645
2027	559,496	431,357	3,343,343	4,334,196
2028	732,405	530,140	3,258,069	4,520,614
2029	865,196	591,797	3,164,828	4,621,821
2030	1,027,278	648,045	3,068,280	4,743,603
2031	1,216,541	684,166	2,964,986	4,865,694
2032	1,391,107	700,991	2,855,108	4,947,206
2033	1,536,462	726,094	2,739,000	5,001,556
2034	1,699,406	735,798	2,617,161	5,052,365
2035	1,851,192	745,919	2,490,225	5,087,335
2036	1,974,682	749,042	2,358,955	5,082,678
2037	2,062,467	751,235	2,224,236	5,037,938
2038	2,153,021	755,643	2,087,027	4,995,691
2039	2,222,097	755,415	1,948,341	4,925,854
2040	2,276,004	753,529	1,809,216	4,838,748
2041	2,321,166	748,256	1,670,697	4,740,119
2042	2,366,910	746,937	1,533,815	4,647,663
2043	2,376,419	743,588	1,399,571	4,519,578
2044	2,399,617	736,878	1,268,922	4,405,416
2045	2,392,276	724,398	1,142,768	4,259,442
2046	2,401,637	711,474	1,021,935	4,135,045
2047	2,404,829	698,179	907,153	4,010,161
2048	2,417,045	678,512	799,042	3,894,599
2049	2,397,066	656,841	698,110	3,752,017
2050	2,376,775	631,008	604,737	3,612,520
2051	2,357,195	605,364	519,168	3,481,728

Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2052	2,338,720	575,730	441,528	3,355,979
2053	2,290,955	545,289	371,826	3,208,071
2054	2,237,815	512,383	309,947	3,060,145
2055	2,176,740	478,582	255,663	2,910,985
2056	2,110,426	444,125	208,624	2,763,176
2057	2,036,897	409,988	168,382	2,615,267
2058	1,952,656	375,548	134,408	2,462,612
2059	1,863,300	341,791	106,106	2,311,197
2060	1,772,343	309,108	82,849	2,164,300
2061	1,677,748	277,874	63,991	2,019,613
2062	1,577,548	248,400	48,899	1,874,846
2063	1,478,085	220,952	36,978	1,736,015
2064	1,379,022	195,682	27,684	1,602,389
2065	1,280,159	172,671	20,528	1,473,359
2066	1,183,261	151,910	15,084	1,350,256
2067	1,089,941	133,328	10,987	1,234,256
2068	1,000,618	116,798	7,935	1,125,352
2069	915,639	102,157	5,683	1,023,480
2070	835,548	89,223	4,036	928,808
2071	760,541	77,804	2,841	841,186
2072	690,652	67,715	1,979	760,345
2073	625,820	58,787	1,363	685,970
2074	565,890	50,871	927	617,688