

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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>DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</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>TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</u></p> <p><u>WILSON-MCSHANE CORPORATION</u> <u>3001 METRO DRIVE, SUITE 500</u> <u>BLOOMINGTON, MN 55425-1617</u></p>	<p>1c Effective date of plan <u>10/01/1969</u></p> <p>2b Employer Identification Number (EIN) <u>90-0585687</u></p> <p>2c Plan Sponsor's telephone number <u>952-854-0795</u></p> <p>2d Business code (see instructions) <u>238300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JEFF STARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	CLARK ANDERSON
	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	2208
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)	939
	6a(2)	920
	6b	721
	6c	423
	6d	2064
	6e	150
	6f	2214
	6g(1)	
6g(2)		
6h		67
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	76

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

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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</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>TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</u>	D Employer Identification Number (EIN) <u>90-0585687</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>292387110</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>312896549</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>319185876</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>319185876</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>629765379</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>21996839</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>20240395</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>20695395</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 <u>EMILY LUCINI</u> Type or print name of actuary <u>THE MCKEOGH COMPANY</u> Firm name <u>1001 CONSHOHOCKEN STATE ROAD, SUITE WEST CONSHOHOCKEN, PA 19428</u> Address of the firm	<u>09/24/2025</u> Date <u>23-08740</u> Most recent enrollment number <u>484-530-0692</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	292387110
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	847	265961688
(2) For terminated vested participants	422	107156986
(3) For active participants:		
(a) Non-vested benefits		997969
(b) Vested benefits		255648736
(c) Total active	939	256646705
(4) Total	2208	629765379
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.43 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	14258454				
			Totals ▶	3(b)	14258454
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)
					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	98.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	455000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1539632	162252
1	2008638	211677

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	8169738

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

		Outstanding balance	
9c(1)		100299671	14723837
9c(2)			
9c(3)			

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	1717018
9e	24610593

e Total charges. Add lines 9a through 9d.....

Credits to funding standard account:

f Prior year credit balance, if any.....

9f	29101699
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g Employer contributions. Total from column (b) of line 3.....

9g	14258454
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h Amortization credits as of valuation date.....

		Outstanding balance	
9h		64908645	9705016

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	3438729
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	37591142	
9j(2)	269755767	
9j(3)		

k (1) Waived funding deficiency

9k(1)	
--------------	--

(2) Other credits

9k(2)	
--------------	--

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	56503898
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	31893305
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

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

9o(1)	
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	
-----------------	--

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

9o(2)(b)	
-----------------	--

(3) Total as of valuation date.....

9o(3)	
--------------	--

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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 DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	D Employer Identification Number (EIN) 90-0585687	

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

PNC BANK, N.A.

22-1146430

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

CHEVY CHASE TRUST CO.

52-2037618

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

AFL-CIO HOUSING INVESTMENT TRUST

04-0025081

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

BAIRD ADVISORS

39-6037917

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

NEWTOWER TRUST COMPANY

30-0872552

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

THE VANGUARD GROUP, INC.

23-1945930

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

GLOBAL TRUST COMPANY

12 GILL STREET, SUITE 2600
WOBURN, MA 01801

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

NEUBERGER BERMAN TRUST COMPANY N.A.

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

ALLIANCEBERNSTEIN LP

13-4064930

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

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

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

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)

ZACKS INVESTMENT MANAGEMENT

38-3792197

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	138637	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)

WILSON-MCSHANE CORPORATION

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 15	NONE	120000	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)

UNION BANK & TRUST

41-1267434

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 65	NONE	112359	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE MCKEOGH COMPANY

23-3003375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	105000	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)

MAIRS & POWER, INC.

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 68	NONE	92608	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MANNING & NAPIER

45-3328488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	88461	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)

WHITESTAR ADVISORS, LLC

03-0496641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	82910	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)

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	80754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASB CAPITAL MANAGEMENT, LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	79086	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)

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	68656	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)

DEARBORN PARTNERS

36-4145621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	68236	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)

STANDARD VALUATIONS, INC.

41-1327339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	60467	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)

DEPRINCE, RACE, & ZOLLO, INC.

59-3299598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 68	NONE	60350	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARTWELL INVESTMENT PARTNERS

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	35045	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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	27250	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

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	15902	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)

FR SECURE

26-3547185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	6279	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"/>

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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>DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</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>TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</u>	D Employer Identification Number (EIN) <u>90-0585687</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>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>52-6328901-001</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>6590873</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB LABOR EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>27-3350609-010</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>70679313</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257033-006</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>7603339</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEWTOWER TRUST CO. MULTI-EMPLOYER P</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</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>7520556</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB SUSTAINABLE US THEMATIC CIT</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN LP</u>		
c EIN-PN <u>04-6948485-059</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>10255267</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIT COLLECTIVE INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>37-6652093-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEUBERGER BERMAN STRATEGIC MULTI-SE</u>		
b Name of sponsor of entity listed in (a): <u>NEUBERGER BERMAN TRUST COMPANY N.A.</u>		
c EIN-PN <u>20-4797982-006</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>0</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)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	D Employer Identification Number (EIN) 90-0585687

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	644405	584567
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1473193	1034602
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1678754	2422234
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2279934	1063
(2) U.S. Government securities	1c(2)	11196702	30717302
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20571473	54716034
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	68093582	67694389
(5) Partnership/joint venture interests	1c(5)	32423106	35984981
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	115566355	102649348
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38250298	15660957
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	379106	7323059

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	292556908	318788536
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	169798	193395
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	169798	193395
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	292387110	318595141

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)	14258454	
(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)		14258454
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7692	
(B) U.S. Government securities.....	2b(1)(B)	709271	
(C) Corporate debt instruments.....	2b(1)(C)	1588495	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	277668	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2583126
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	908324	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1221922	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2130246
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	291795274	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	288043006	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3752268
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	8320567	
(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)		14919423
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		515148
c Other income	2c		32253
d Total income. Add all income amounts in column (b) and enter total	2d		46511485

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18929087	
(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)		18929087
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)	81000	
(3) Recordkeeping fees	2i(3)	39000	
(4) IQPA audit fees	2i(4)	27250	
(5) Investment advisory and investment management fees	2i(5)	802456	
(6) Bank or trust company trustee/custodial fees	2i(6)	112380	
(7) Actuarial fees	2i(7)	105000	
(8) Legal fees	2i(8)	68656	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	138625	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1374367
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20303454

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26208031
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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		35984981
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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562809.

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.	<small>OMB No. 1210-0110</small> 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>DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN</u>	D Employer Identification Number (EIN) <u>90-0585687</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): _____

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	1
---	---

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 **RAINBOW, INC.**

b EIN **41-0836196**

c Dollar amount contributed by employer **949433**

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 **04** Day **30** Year **2025**

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 **SWANSON & YOUNGDALE, INC.**

b EIN **41-0765645**

c Dollar amount contributed by employer **1768950**

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 **MULCAHY NICKOLAUS LLC**

b EIN **27-3121773**

c Dollar amount contributed by employer **934320**

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 **NELSON JULIUS B & SON**

b EIN **41-1237340**

c Dollar amount contributed by employer **583690**

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 **04** Day **30** Year **2025**

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 **TORRINI COMPANIES**

b EIN **41-0846514**

c Dollar amount contributed by employer **582796**

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 **UNIVERSITY OF MINNESOTA**

b EIN **41-6007513**

c Dollar amount contributed by employer **473117**

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 **04** Day **30** Year **2025**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **CUSTOM DRYWALL INC**

b EIN **41-0951511** **c** Dollar amount contributed by employer **448317**

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 **04** Day **30** Year **2025**

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 **PINNACLE WALL SYSTEMS**

b EIN **26-4353827** **c** Dollar amount contributed by employer **427562**

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 **PAINTING BY NAKASONE**

b EIN **41-1507792** **c** Dollar amount contributed by employer **529042**

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 **04** Day **30** Year **2025**

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 **WASCHE COM FINISHES INC**

b EIN **41-1551148** **c** Dollar amount contributed by employer **482155**

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 **04** Day **30** Year **2025**

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 checked="" 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	101.51
b The corresponding number for the second preceding plan year	15b	105.03

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: 52.0 % Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 17.0 %

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 _____.

**District Council 82 Painting
Industry Pension Fund**

Financial Statements with Supplementary Schedules

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
District Council 82 Painting
Industry Pension Fund

Opinion

We have audited the financial statements of District Council 82 Painting Industry Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of District Council 82 Painting Industry Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Edina, Minnesota

October 7, 2025

**District Council 82 Painting
Industry Pension Fund**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Common stocks	\$ 67,694,389	\$ 68,093,582
U.S. Government and Government Agency obligations	30,717,302	11,196,702
Corporate bonds	54,716,034	20,571,473
Municipal bonds	7,323,059	379,106
Mutual funds	15,660,957	38,250,298
Common collective trusts	102,649,348	115,566,355
Limited partnership and limited liability company interests	35,984,981	32,423,106
Invested cash	1,063	2,279,934
Total investments	<u>314,747,133</u>	<u>288,760,556</u>
Receivables		
Employer contributions	1,034,602	1,473,193
Accrued interest and dividends	1,030,617	354,408
Total receivables	<u>2,065,219</u>	<u>1,827,601</u>
Cash	<u>584,567</u>	<u>644,405</u>
Prepaid benefits	<u>1,391,617</u>	<u>1,324,346</u>
Total assets	318,788,536	292,556,908
Liabilities and Net Assets		
Liabilities		
Accounts payable	<u>193,395</u>	<u>169,798</u>
Net assets available for benefits	<u>\$ 318,595,141</u>	<u>\$ 292,387,110</u>

See accompanying notes to financial statements.

**District Council 82 Painting
Industry Pension Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 27,507,406	\$ 26,527,902
Interest and dividends	<u>4,713,372</u>	<u>4,033,632</u>
	32,220,778	30,561,534
Less investment expenses	<u>(914,815)</u>	<u>(967,299)</u>
Net investment income	31,305,963	29,594,235
Employer contributions	14,258,454	14,623,401
Other income	<u>32,253</u>	<u>28,868</u>
Total additions	<u>45,596,670</u>	<u>44,246,504</u>
Deductions		
Pension benefits	18,929,087	17,536,423
Administrative expenses	<u>459,552</u>	<u>454,107</u>
Total deductions	<u>19,388,639</u>	<u>17,990,530</u>
Net increase	26,208,031	26,255,974
Net assets available for benefits		
Beginning of year	<u>292,387,110</u>	<u>266,131,136</u>
End of year	<u>\$ 318,595,141</u>	<u>\$ 292,387,110</u>

See accompanying notes to financial statements.

**District Council 82 Painting
Industry Pension Fund**

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Description of the Plan

District Council 82 Painting Industry Pension Fund (the Plan) was established pursuant to a collective bargaining agreement between affiliated local unions and the employer association to provide benefits for eligible participants upon retirement, disability or death. The Plan is a multiemployer defined benefit pension plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is managed by a board of trustees consisting of an equal number of representatives from the affiliated local unions and the employer association.

Under current provisions of the Plan, individuals become participants in the Plan when they first work under a collective bargaining or participation agreement that requires a contributing employer to make contributions to the Plan on their behalf. Participants are eligible for a normal retirement pension once they attain age 62 and have ten or more years of continuous service or the later of age 65 or the fifth anniversary after the time the participant has commenced participation in the Plan. Continuous service is the measurement used to determine an employee's eligibility for benefits and to determine whether a break in service occurred. Currently, a year of continuous service means a calendar year during which a participant earns at least 1,000 hours of contribution credits. Under most circumstances, participants who have earned ten or more years of non-forfeited continuous service are 100% vested in their normal retirement benefit and are eligible to receive such benefit when they attain the Plan's normal retirement age.

The Plan provides three types of retirement benefits to participants, including a normal retirement pension, an early retirement pension and a disability pension. Each of these benefits is paid as a monthly benefit. Certain death benefits are also available under the Plan. Rules vary for calculating each benefit.

Participants should refer to the summary plan description for more complete information.

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Note 2. Summary of Significant Accounting Policies (continued)

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex dividend date.

Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as result of payroll compliance audits are recorded upon settlement with the employer. An allowance for doubtful accounts is considered unnecessary and is not provided.

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

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. Covered employment is primarily derived in the painting, taping and glazing industries within a jurisdiction located in Minneapolis and St. Paul, Minnesota.

Payment of Benefits - Benefit payments to participants are recorded upon distribution. Pension benefit checks issued in advance of the corresponding benefit month are recorded as prepaid pension benefits.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

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

Subsequent Events - Subsequent events have been evaluated through October 7, 2025, which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

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

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

Note 4. Tax Status

The Plan's latest determination letter is dated March 9, 2016, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and recognize a tax liability if the Plan has taken uncertain tax positions that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board Accounting Standards Codification established 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 following describes the three levels of the fair value hierarchy.

Note 5. Fair Value Measurements (continued)

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The methods used to measure fair value may produce an amount 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 tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

	<u>Total</u>	<u>Fair Value Measurements at 12/31/24 Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Common stocks	\$ 67,694,389	\$ 67,694,389	\$ -	\$ -
U.S. Government and Government Agency obligations	30,717,302	21,990,377	8,726,925	-
Corporate bonds	54,716,034	-	54,716,034	-
Municipal bonds	7,323,059	-	7,323,059	-
Mutual funds	15,660,957	15,660,957	-	-
Invested cash	1,063	-	1,063	-
	<u>176,112,804</u>	<u>\$ 105,345,723</u>	<u>\$ 70,767,081</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	102,649,348			
Limited partnership and limited liability company interests	<u>35,984,981</u>			
Total	<u>\$ 314,747,133</u>			

Note 5. Fair Value Measurements (continued)

	Total	Fair Value Measurements at 12/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	\$ 68,093,582	\$ 68,093,582	\$ -	\$ -
U.S. Government and Government Agency obligations	11,196,702	8,541,216	2,655,486	-
Corporate bonds	20,571,473	-	20,571,473	-
Municipal bonds	379,106	-	379,106	-
Mutual funds	31,508,612	31,508,612	-	-
Invested cash	2,279,934	-	2,279,934	-
	<u>134,029,409</u>	<u>\$ 108,143,410</u>	<u>\$ 25,885,999</u>	<u>\$ -</u>
Investments measured at net asset value:				
Mutual fund	6,741,686			
Common collective trusts	115,566,355			
Limited partnership and limited liability company interests	<u>32,423,106</u>			
Total	<u>\$ 288,760,556</u>			

Level 1 Measurements

Common stocks and U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the Level 1 mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations and corporate and municipal bonds are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on valuation models that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Invested cash is valued at cost, which approximates fair value.

Note 5. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments use net asset value as a practical expedient to estimate fair value. Net asset value is based on the fair values 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 fund will sell the investment for an amount different than the reported net asset value.

The common collective trusts are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are available daily, monthly or quarterly without notice, with the exception of the following.

One common collective trust with a fair value of \$7,520,556 and \$8,009,874 at December 31, 2024 and 2023, respectively, requires redemption notices to be in writing 45 days before the end of the redemption quarter and another common collective trust with a fair value of \$10,255,267 and \$12,296,733 at December 31, 2024 and 2023, respectively, requires redemption notices of 5 business days for withdrawals exceeding \$1,000,000.

In May 2023, all redemptions from one common collective trust with a fair value of \$6,590,873 and \$6,565,881 at December 31, 2024 and 2023, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the trust's net asset value was not considered necessary as of either December 31, 2024 or 2023.

The following table summarizes information regarding investments valued at the net asset value per share, other than DFEs, as of December 31, 2024 and 2023:

Description	Fair Value		Underlying Asset Type	Redemption	
	2024	2023		Frequency	Notice Period
Mutual fund	\$ -	\$ 6,741,686	Investment grade bond funds	Monthly	15 days
Limited partnership	\$ 7,319,956	\$ 7,278,723	Domestic real estate	Quarterly	45 days
Limited partnerships	\$ 21,132,147	\$ 20,296,267	Domestic real estate	Not available	N/A
Limited liability companies	\$ 2,628,641	\$ 2,383,191	Preferred equity	Not available	N/A
Limited liability company	\$ 2,566,678	\$ 2,464,925	Mezzanine loan	Not available	N/A
Limited partnership	\$ 1,668,999	\$ -	Private equity	Not available	N/A
Limited partnership	\$ 668,560	\$ -	Private debt	Not available	N/A

The Plan participates in several limited liability company investments that have outstanding purchase commitments of approximately \$8,400,000 at December 31, 2024.

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by the Plan's actuarial consultant as of December 31, 2023. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:	
Participants currently receiving benefits	\$ 168,219,582
Other participants	<u>149,858,463</u>
Total vested benefits	318,078,045
Nonvested benefits	<u>4,749,290</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 322,827,335</u></u>

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

Actuarial present value of accumulated plan benefits at beginning of year		\$ 308,683,371
Increase (decrease) during the year attributable to:		
Benefits accumulated, net of experience gain	\$ 9,657,886	
Interest due to decrease in discount period	22,476,608	
Benefits paid	(17,536,423)	
Administrative expenses paid	<u>(454,107)</u>	
Net increase		<u>14,143,964</u>
Actuarial present value of accumulated plan benefits at end of year		<u><u>\$ 322,827,335</u></u>

The actuarial valuation was made using the unit credit actuarial cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

Mortality rates:

Healthy - 115% of RPH-2014 Blue Collar with separate rates for annuitants and non-annuitants (headcount-weighted table), with no projected mortality improvements

Disabled - RP-2000 Disabled mortality tables, with no projected mortality improvements

Retirement - Probabilities of retirement vary by age

Investment rate of return - 7.50% net of investment expenses

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

Note 6. Actuarial Information (continued)

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

As of January 1, 2025, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006.

Note 7. Risks and Uncertainties

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 changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

Certain investment funds may use interest rate swaps and caps in order to reduce the effect of interest rate fluctuations of certain real estate investments' interest expense on variable rate debt. The estimated fair values of these investments, as determined by the investment manager or general partner, may vary significantly from the prices at which the real estate investments within the trusts would sell, and the amounts could be material.

The Plan has a significant portion of its assets invested in one common collective trust at December 31, 2024; ASB Labor Equity Index Fund represented approximately 22% of the Plan's net assets available for benefits. It is at least reasonably possible that changes in the value of this investment could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed. There were no investment concentrations at December 31, 2023.

The actuarial present value of accumulated plan benefits is 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 8. Funding Policy

The Plan is primarily funded by employer contributions. Participating employers contribute such amounts as specified in their collective bargaining agreements. The hourly contribution rate for the majority of participants covered under the Plan ranged from \$9.70 to \$10.38 during the years ended December 31, 2024 and 2023.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of January 1, 2024.

Note 9. Major Employer

Contributions from one employer accounted for approximately 12% and 10% of total employer contributions for the years ended December 31, 2024 and 2023, respectively. In the event this employer were to suspend contributions, the Plan would retain the risk of meeting fixed administrative expenses until the appropriate adjustments were made.

Note 10. Related Parties

The Plan is related to a district council, a welfare plan, a defined contribution retirement plan, an apprentice training fund and a safety training promotion fund, all of which are tax-exempt.

Note 11. Department of Labor Investigation

Subsequent to year end, the Department of Labor (DOL) opened an investigation of the Plan for the general purpose of determining compliance with the provisions of Title I of ERISA. The Plan has provided to the DOL all requested information to date. No indication was provided in the opening letter that this investigation is anything other than routine in nature. Plan management and the Plan's legal counsel believe that the investigation will not materially affect the operations or financial condition of the Plan.

Report of Independent Auditors on Supplemental Schedules Required by ERISA

To the Participants and Trustees of
District Council 82 Painting
Industry Pension Plan

We have audited the financial statements of District Council 82 Painting Industry Pension Plan (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated October 7, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 generally accepted auditing standards.

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

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

Legacy Professionals LLP

Edina, Minnesota

October 7, 2025

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment C to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Summary of Plan Provisions

The following is a brief summary of principal plan provisions as in effect on the valuation date. Plan provisions which apply infrequently or to a limited group of participants may be omitted from this summary. The plan document will govern if there is any discrepancy with this summary.

The Minneapolis Painting Industry Pension Plan ("MPI") merged into the St. Paul Painting Industry Pension Plan ("STP") effective May 1, 2017 and the surviving plan was subsequently renamed the District Council 82 Painting Industry Pension Plan. Participants who were in the former MPI Plan are referred to as "MPI Participants", Participants who were in the STP Plan prior to the merger are referred to as "STP Participants", and Participants who enter the Plan after May 1, 2017 are referred to as "DC 82 Participants."

Effective Date May 17, 1976; amended and restated effective May 1, 2017; last amended effective January 1, 2021.

Participation An employee initially becomes a participant upon the first hour worked under a Collective Bargaining Agreement that requires his/her contributing employer to make contributions.

Definitions

Plan Year Effective on or after January 1, 2018, twelve-month period beginning January 1 and ending December 31.

Covered Employment Employment with respect to which contributions are made or due to be made to the fund.

Vesting Service One year of Vesting Service is credited for each Plan Year in which a Participant completes 1,000 or more hours of Covered Employment.

Eligibility Service One year for each Plan Year in which the Participant works at least 1,000 hours.

Normal Retirement Date (NRD) Attainment of age 65 and completion of five years of Plan Participation. For STP Participants, NRD for benefits accrued as of May 1, 2017 is the earlier of attainment of age 62 and completion of five years of Eligibility Service or attainment of age 65 and five years of Plan Participation.

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment C to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Summary of Plan Provisions
(Continued)

Contribution Credits Contributions made (or deemed to be made) pursuant to a Collective Bargaining Agreement or Participation Agreement. For Hours of Covered Employment on or after May 1, 2017 (November 1, 2015 for MPI Participants), calculated based on applicable hourly contribution rate for Journeymen (whether or not the Participant is a Journeyman), less a carve-out.

Carve-Out The non-benefit bearing portion of total contributions applied solely for purposes of improving the financial and actuarial position of the Plan. For MPI participants, the carve-out was \$2.99 effective November 1, 2015. For STP participants, the carve out was \$1.00 from January 1, 2013 to December 31, 2013, \$0.00 from January 1, 2014 to April 30, 2017. Carve-out amounts on or after May 1, 2017 are summarized in Section 7.2.

Pension Credits For service prior to November 1, 2015, MPI Participants earned 1/10th credit for every 140 hours worked per 12-month period ending October 31 (maximum 1 per period).

Accrued Monthly Pension For STP Participants, a monthly benefit equal to Contribution Credits made on behalf of the participant multiplied by the following rates, based on retirement age and time period for which contributions were made:

<u>Retirement Age</u>	<u>Pre 1/1/2004</u>	<u>1/1/2004 - 12/31/2013</u>	<u>1/1/2014 - 4/30/2017</u>	<u>Post 5/1/2017</u>
62	3.70%	2.20%	1.61%	n/a
63	3.80%	2.40%	1.76%	n/a
64	3.90%	2.70%	1.98%	n/a
65	4.00%	3.00%	2.20%	2.20%

For MPI Participants, a monthly benefit equal to the sum of (i), (ii) and (iii) below:

- (i) 2.20% multiplied by Contribution Credits earned on or after November 1, 2015
- (ii) \$85.00 multiplied by the Pension Credits earned on or after November 1, 2009 and prior to November 1, 2015
- (iii) \$127.00 multiplied by the Pension Credits earned as of October 31, 2009

Different multipliers in (iii) apply to Participants with termination dates prior to October 31, 2009. Also, limits were imposed on the number of Pension Credits recognized prior to December 1, 2005.

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment C to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Summary of Plan Provisions
(Continued)

Actuarial Equivalence 6% interest and 1983 GAM mortality, Male table for participants and Female table for spouses

Eligibility for Benefits

Normal Retirement Retirement on or after NRD.

Pre-retirement Survivor Annuity Death of any Participant who has a surviving spouse and who dies after completing 5 years of Vesting Service but prior to benefit commencement.

Early Retirement Retirement prior to NRD but after attaining age 55 and earning 7 years of Eligibility Service.

Disability Retirement Retirement following a total and permanent disability, the onset of which occurred while an Active Participant with 7 years of Eligibility Service, with at least 3 years of Eligibility Service immediately preceding onset of disability, and eligibility for or receipt of Social Security disability income.

Benefits Paid Upon the Following Events

Normal Retirement Accrued Monthly Pension as of NRD or actual retirement date, if later.

Pre-retirement Survivor Annuity The surviving spouse shall receive a monthly pension benefit, payable for life, equal to 75% of the amount the Participant would have received had he retired the day before he died (or assuming he lived until early retirement eligibility and then died, if death occurred prior to early retirement eligibility) and elected a 75% Joint and Survivor Annuity. For benefits accrued under the MPI benefit provisions, the benefit is payable immediately regardless of whether the Participant was retirement eligible at death; however, surviving spouse can defer commencement of benefit until the Participant's Normal Retirement Date. All other benefits are deferred to the Participant's earliest retirement age.

**District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001**

*Attachment C to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Summary of Plan Provisions
(Continued)*

Early Retirement

For STP Participants, a monthly benefit equal to Contribution Credits made on behalf of the participant multiplied by the following rates, based on retirement age and time period for which contributions were made:

<u>Retirement Age</u>	<u>Pre 1/1/2004</u>	<u>1/1/2004 - 12/31/2013</u>	<u>1/1/2014 - 4/30/2017</u>	<u>Post 5/1/2017</u>
55	2.00%	1.10%	0.81%	0.81%
56	2.30%	1.20%	0.88%	0.88%
57	2.60%	1.30%	0.95%	0.95%
58	2.90%	1.40%	1.03%	1.03%
59	3.20%	1.60%	1.17%	1.17%
60	3.50%	1.80%	1.32%	1.32%
61	3.60%	2.00%	1.47%	1.47%
62	3.70%	2.20%	1.61%	1.61%
63	3.80%	2.40%	1.76%	1.76%
64	3.90%	2.70%	1.98%	1.98%

For MPI Participants, a monthly benefit equal to the sum of (i) and (ii) below:

(i) Contribution Credits earned on or after November 1, 2015 multiplied by the following rates:

<u>Retirement Age</u>	<u>Multiplier</u>	<u>Retirement Age</u>	<u>Multiplier</u>
55	0.81%	60	1.32%
56	0.88%	61	1.47%
57	0.95%	62	1.61%
58	1.03%	63	1.76%
59	1.17%	64	1.98%

(ii) Accrued Monthly Pension reflecting Pension Credits earned prior to November 1, 2015, reduced by 2.0% for each year that retirement precedes age 62.

Note that for the Contribution and Pension Credits earned on or after November 1, 2015 and prior to November 1, 2016, the Early Retirement Benefit is the greater of (i) and (ii) above.

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment C to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Summary of Plan Provisions
(Continued)

Disability Retirement Equal to Early Retirement Benefit, payable as a single life annuity with 60 payments guaranteed until election of form of payment at Normal Retirement Date. For disability occurrences prior to age 55, the Disability Benefit is equal to the Early Retirement Benefit payable at age 55. The Disability Benefit commences following approval of the application but no earlier than the eligibility date for Social Security Disability income benefit.

Forms of Payment

Normal Form of Payment Married Participants receive their benefits actuarially reduced to provide a 50% qualified joint and survivor annuity. Unmarried Participants receive their benefits in the form of a single life annuity with 60 payments guaranteed.

Optional Forms of Payment Joint and 66 2/3% survivor annuity, joint and 75% survivor annuity, and joint and 100% survivor annuity. Joint and survivor options are available to spousal beneficiaries only and have a pop-up provision in the event a Participant is predeceased by his or her spouse.

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment C to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Summary of Plan Provisions
(Continued)

**Employer Contribution
Rates and Carve-Out
Rates**

Employers make contributions to fund the plan in accordance with the terms of collective bargaining agreements. The contribution rates per hour of Covered Employment for journeypeople are as follows:

Effective Date	STP Participant Group - Painters			STP Participant Group - Tapers			MPI Participant Group		
	Total	Carve-Out	Benefit Bearing	Total	Carve-Out	Benefit Bearing	Total	Carve-Out	Benefit Bearing
5/1/2016	\$8.09	\$0.00	\$8.09	\$7.80	\$0.00	\$7.80	\$7.99	\$2.99	\$5.00
5/1/2017	\$8.29	\$0.89	\$7.40	\$7.94	\$0.89	\$7.05	\$8.24	\$2.99	\$5.25
5/1/2018	\$8.55	\$0.89	\$7.66	\$8.14	\$0.89	\$7.25	\$8.63	\$2.99	\$5.64
1/1/2019	\$8.55	\$1.49	\$7.06	\$8.14	\$1.49	\$6.65	\$8.63	\$2.45	\$6.18
5/1/2019	\$8.93	\$1.49	\$7.44	\$8.58	\$1.49	\$7.09	\$9.13	\$2.45	\$6.68
1/1/2020	\$8.93	\$2.99	\$5.94	\$8.58	\$2.99	\$5.59	\$9.13	\$2.99	\$6.14
5/1/2020	\$9.18	\$2.99	\$6.19	\$8.83	\$2.99	\$5.84	\$9.38	\$2.99	\$6.39
5/1/2021	\$9.38	\$2.99	\$6.39	\$9.23	\$2.99	\$6.24	\$9.63	\$2.99	\$6.64
1/1/2022	\$9.38	\$0.00	\$9.38	\$9.23	\$0.00	\$9.23	\$9.63	\$0.00	\$9.63
5/1/2022	\$9.88	\$0.00	\$9.88	\$9.70	\$0.00	\$9.70	\$10.13	\$0.00	\$10.13
5/1/2023	\$9.88	\$0.00	\$9.88	\$9.98	\$0.00	\$9.98	\$10.13	\$0.00	\$10.13
5/1/2024	\$10.13	\$0.00	\$10.13	\$10.23	\$0.00	\$10.23	\$10.38	\$0.00	\$10.38

**District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001**

*Attachment C to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Summary of Plan Provisions
(Continued)*

Effective Date	DC 82 Participant Group - St. Paul Painters			DC 82 Participant Group - St. Paul Tapers			DC 82 Participant Group - Minneapolis		
	Total	Carve-Out	Benefit Bearing	Total	Carve-Out	Benefit Bearing	Total	Carve-Out	Benefit Bearing
5/1/2017	\$8.29	\$2.99	\$5.30	\$7.94	\$2.99	\$4.95	\$8.24	\$2.99	\$5.25
5/1/2018	\$8.55	\$2.99	\$5.56	\$8.14	\$2.99	\$5.15	\$8.63	\$2.99	\$5.64
1/1/2019	\$8.55	\$2.45	\$6.10	\$8.14	\$2.45	\$5.69	\$8.63	\$2.45	\$6.18
5/1/2019	\$8.93	\$2.45	\$6.48	\$8.58	\$2.45	\$6.13	\$9.13	\$2.45	\$6.68
1/1/2020	\$8.93	\$2.99	\$5.94	\$8.58	\$2.99	\$5.59	\$9.13	\$2.99	\$6.14
5/1/2020	\$9.18	\$2.99	\$6.19	\$8.83	\$2.99	\$5.84	\$9.38	\$2.99	\$6.39
5/1/2021	\$9.38	\$2.99	\$6.39	\$9.23	\$2.99	\$6.24	\$9.63	\$2.99	\$6.64
1/1/2022	\$9.38	\$0.00	\$9.38	\$9.23	\$0.00	\$9.23	\$9.63	\$0.00	\$9.63
5/1/2022	\$9.88	\$0.00	\$9.88	\$9.70	\$0.00	\$9.70	\$10.13	\$0.00	\$10.13
5/1/2023	\$9.88	\$0.00	\$9.88	\$9.98	\$0.00	\$9.98	\$10.13	\$0.00	\$10.13
5/1/2024	\$10.13	\$0.00	\$10.13	\$10.23	\$0.00	\$10.23	\$10.38	\$0.00	\$10.38

District Council 82 Painting Industry Pension Fund
EIN 90-0585687, Plan 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Supplemental Schedule 1

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December 31, 2024

	Interest rate	Book Value	Current Value
Schedule H, Line 1c(1) - Interest-bearing cash			
From page 2 of 42	Variable	453	453
From page 2 of 42	Variable	12	12
From page 3 of 42	Variable	598	598
		1,063	1,063
 Schedule H, Line 1c(2) - U.S. Government securities			
From page 4 of 42		23,427,206	21,990,377
From page 6 of 42		8,843,644	8,726,925
		32,270,850	30,717,302
 Schedule H, Line 1c(3)(B) - Corporate debt instruments			
From page 16 of 42		49,681,509	48,451,155
From page 16 of 42		3,647,953	3,593,515
From page 17 of 42		2,752,712	2,671,364
		56,082,174	54,716,034
 Schedule H, Line 1c(4)(B) - Common stock			
From page 41 of 42		38,927,729	65,364,794
From page 42 of 42		1,548,294	2,329,595
		40,476,023	67,694,389
 Sch H Line 1c (5) Partnership interest			
	<u>Shares/% Ownership</u>		
Adams Street Partners (Feeder) Private Income Fund LP	4.250% ownership	10,000,000	11,730,109
Boyd Watterson GSA Fund, LP	0.126% ownership	5,000,000	4,522,869
Boyd Watterson State Government Fund LP	0.138% ownership	3,000,000	2,721,521
Churchhill Middle Market Senior Loan FD V-Levered (Offshore) LP	0.350% ownership	649,000	668,560
Diversified Government REIT, Inc.	2,736 shares	2,000,000	2,157,648
PEG GLOBAL PRIVATE EQUITY XI LP	1.533% ownership	1,378,125	1,668,999
Portland East Town, LLC (02)	14.64% ownership	2,415,526	2,628,641
TA Realty Core Property Fund LP	0.239% ownership	8,404,393	7,319,956
West Side Flats III A Mezz Lender, LLC	23.235% ownership	2,225,000	2,566,678
		35,072,044	35,984,981
 Schedule H, Line 1c(9) - Common/collective trusts			
	<u>Shares/% Ownership</u>		
Ab Sustainable US Thematic	1,057,328.738	10,573,287	10,255,267
AFL-CIO Building Investment Trust	1,205.119	3,636,768	6,590,873
ASB Allegiance Real Estate Fund	5,400.713	6,238,262	7,603,339
ASB Labor Equity Index Fund	1,236,625.196	41,714,086	70,679,313
NewTower Trust Multi-Employer Property Trust	597.873	5,821,609	7,520,556
		67,984,012	102,649,348
 Schedule H, Line 1c(13) - Registered investment companies			
From page 4 of 42		2,528,421	2,528,421
From page 42 of 42		11,827,566	13,132,536
		14,355,987	15,660,957
 Schedule H, Line 1c(15) - Other			
From page 7 of 42		7,729,253	7,323,059

Statement Period
 Account Number

01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Diversification Schedule Of Investments

Equities Allocation

	Book Value			Market Value			Est/Ann Income
	Book Value	Percent	Yield	Market Value	Percent	Yield	
Total Equities	108,227,730.73	88.08	1.20	171,719,653.79	92.16	0.75	1,293,929

Real Estate Allocation

	Book Value			Market Value			Est/Ann Income
	Book Value	Percent	Yield	Market Value	Percent	Yield	
REAL ESTATE FUND UNCLASSIFIED	14,642,655.02	11.92	0.00	14,598,500.86	7.84	0.00	0
TOTAL REAL ESTATE FUND	14,642,655.02	11.92	0.00	14,598,500.86	7.84	0.00	0
Total Fund	122,870,385.75	100.00	1.05	186,318,154.65	100.00	0.69	1,293,929

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		CASH		453.28				
		ACCOUNT [REDACTED]		453.28				
		To Page 1 - Interest Bearing Cash						
		ACCRUED INCOME	1,030,617.43	1,030,617.43				
		TOTAL CASH	1,031,070.71	1,031,070.71			0.00	
		SHORT TERM INVESTMENTS						
.78	DGCXX	DREYFUS GOVERNMENT CASH MANAGEME SH BEN INT 262006208		0.78			0.00	
		ACCOUNT [REDACTED]		.78				
2,528,432.1	FGAXX	GOLDMAN SACHS FINL SQUARE TREASURY FUND ADMIN SHS #469 38141W315	2,528,432.10	2,528,432.10			10,491.51	2
		ACCOUNT [REDACTED]		11.29				
		ACCOUNT [REDACTED]		254,659.3				
		ACCOUNT [REDACTED]		469,347.36				
		ACCOUNT [REDACTED]		95.5				
		ACCOUNT [REDACTED]		4.71				
		ACCOUNT [REDACTED]		192,272.09				
		ACCOUNT [REDACTED]		.01				
		ACCOUNT [REDACTED]		169.83				
		ACCOUNT [REDACTED]		528,185.18				
		ACCOUNT [REDACTED]		87,733.11				
		ACCOUNT [REDACTED]		266,118.11				
		ACCOUNT [REDACTED]		.24				
		ACCOUNT [REDACTED]		.51				

Statement Period
 Account Number

01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCOUNT 1563785374	729,834.86					
		\$2,528,421 - To Page 1 - Registered investment companies \$12 - To Page 1 - Interest Bearing Cash	2,528,432.88	2,528,432.88			10,491.51	
		MONEY MARKET ACCTS (OTHER)						
597.85		BLACKROCK LIQ FDS FEDFUND-IN ZZ5023614	597.85	597.85			0.00	2
		ACCOUNT [REDACTED] 597						
		To Page 1 - Interest Bearing Cash						
		US TREASURY OBLIGATIONS						
		UNCLASSIFIED						
1,765,000		US TREAS BOND 2.5% 02/15/2045 912810RK6	1,224,592.30	1,317,820.70	Aaa		16,546.88	1
		ACCOUNT [REDACTED] 1,765,000						
1,785,000		US TREAS BOND 3.375% PIDI BDS 15/11/2048 USD (BONDS 11/48) 3.375% 11/15/2048 912810SE9	1,394,138.55	1,526,629.10	Aaa		7,655.28	1
		ACCOUNT [REDACTED] 1,785,000						
3,193,000		US TREAS BOND 3.875% BDS 15/02/2043 USD (BONDS 02/43) 3.875% 02/15/2043 912810TQ1	2,817,279.69	3,028,344.37	Aaa		46,398.28	1
		ACCOUNT [REDACTED] 3,193,000						
4,950,000		US TREAS BOND 4.625% BDS 15/05/2054 USD (BONDS05/2054) 4.625% 05/15/2054 912810UA4	4,809,420.00	5,354,739.59	Aaa		29,091.51	1
		ACCOUNT [REDACTED] 4,950,000						
3,000		US TREASURY NOTES TIPS 0.75% NTS 31/08/2026 USD (AC-2026) .75% 08/31/2026 91282CCW9	2,833.05	2,818.12	Aaa		7.64	1
		ACCOUNT [REDACTED] 3,000						
500,000		US TREASURY NOTES TIPS 1.5% NTS 15/02/2025 USD (AK-2025) 1.5% 02/15/2025 91282CDZ1	498,250.00	491,835.93	Aaa		2,812.50	1
		ACCOUNT [REDACTED] 500,000						
531,000		US TREASURY NOTES TIPS 2.375% NTS 31/03/2029 USD (J-2029) 2.375% 03/31/2029 91282CEE7	490,059.90	492,135.63	Aaa		3,205.07	1
		ACCOUNT [REDACTED] 531,000						

Statement Period
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01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
2,386,000		US TREASURY NOTES TIPS 2.875% NTS 15/05/2032 USD (C-2032) 2.875% 05/15/2032 91282CEP2 ACCOUNT [REDACTED] 2,386,000	2,142,866.60	2,235,136.34		Aaa	8,716.81	1
826,000		US TREASURY NOTES TIPS 3.5% NTS 30/04/2030 USD (K-2030) 3.5% 04/30/2030 91282CGZ8 ACCOUNT [REDACTED] 826,000	790,440.70	811,800.46		Aaa	4,924.23	1
3,603,000		US TREASURY NOTES TIPS 4.5% NTS 15/11/2033 USD (F-2033) 4.5% 11/15/2033 91282CJJ1 ACCOUNT [REDACTED] 3,603,000	3,586,678.41	3,781,531.62		Aaa	20,602.79	1
47,000		US TREASURY NOTES TIPS 4.125% NTS 31/03/2031 USD (J-2031) 4.125% 03/31/2031 91282CKF7 ACCOUNT [REDACTED] 47,000	46,136.14	46,509.81		Aaa	492.72	1
3,027,000		US TREASURY NOTES TIPS 3.875% NTS 15/08/2034 USD (E-2034) 3.875% 08/15/2034 91282CLF6 ACCOUNT [REDACTED] 3,027,000	2,862,149.58	2,993,563.83		Aaa	43,986.09	1
1,361,000		US TREASURY NOTES TIPS 4.25% NTS 15/11/2034 USD (F-2034) 4.25% 11/15/2034 91282CLW9 ACCOUNT [REDACTED] 1,361,000	1,325,532.34	1,344,340.20		Aaa	7,350.15	1
		TOTAL UNCLASSIFIED	21,990,377.26	23,427,205.70			191,789.95	
		CMO SECURITIES	To Page 1 - U.S. Government securities					
		UNCLASSIFIED						
1,000,000		BBCMS MORTGAGE TRUST 2024-5C29 CMO 2057-09-17 USD 5.208% 09/17/2057 05555PAC6 ACCOUNT [REDACTED] 1,000,000	1,003,353.50	1,031,367.19		Aaa	4,629.33	1
465,000		BBCMS MORTGAGE TRUST 2024-5C29 CMO 2057-09-17 USD 5.627% 09/17/2057 05555PAF9 ACCOUNT [REDACTED] 465,000	467,160.20	478,943.91		Aa1	2,325.82	1

Statement Period
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01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
305,000		BX TRUST 3.012% MTG BDS 09/12/41 USD1000 144A 3.202% 12/11/2041 05606FAA1 ACCOUNT [REDACTED] 305,000	275,466.64	279,599.22		Aaa	813.84	1
565,000		BX COMMERCIAL MORTGAGE TRUST 202 0% MBS 15/11/2046 USD 144A 'B' 5.80149% 11/15/2046 05614JAC9 ACCOUNT [REDACTED] 565,000	565,051.02	573,475.00		Aa2	2,640.48	1
255,000		BBCMS MORTGAGE TRUST 2024-C28 CMO 2057-09-17 USD 5.403% 09/17/2057 07336WBA6 ACCOUNT [REDACTED] 255,000	258,124.77	262,639.16	AAA		1,148.14	1
1,015,000		DELL EQUIPMENT FINANCE TRUST 202 ABS 2027-07-22 USD 4.74% 07/22/2027 24702CAJ3 ACCOUNT [REDACTED] 1,015,000	1,014,560.71	1,010,043.95		Aaa	1,069.13	
721,899.68		DRIVE AUTO RECEIVABLES TRUST ABS 2029-03-15 USD 1.39% 03/15/2029 262104AF9 ACCOUNT [REDACTED] 721,899.68	709,841.65	702,724.22	AAA	Aaa	418.10	
700,000		FREMF 2016-K53 MORTGAGE TRUST CMO 2049-03-25 USD 4.1614231% 03/25/2049 30288LAN3 ACCOUNT [REDACTED] 700,000	691,132.89	689,882.81			2,427.50	
290,000		FEDERAL HOME LN MTG CORP MULTICL CMO 2034-09-25 USD 4.489% 09/25/2034 3137HHHY0 ACCOUNT [REDACTED] 290,000	279,287.66	286,119.22			1,084.84	1
775,000		GLS AUTO RECEIVABLES ISSUER TRUS 0% A/BKD 16/01/2029 USD 144A 'B' 0% 01/16/2029 37989AAG9 ACCOUNT [REDACTED] 775,000	778,249.11	774,925.21	AA	Aa1	0.00	1
500,000		INVITATION HOMES 2024-SFR1 TRUST ABS 2041-09-19 USD 0% 09/19/2041 46188DAE8 ACCOUNT [REDACTED] 500,000	466,121.85	471,538.91		A3	0.00	1
440,000		JERSEY MIKES FUNDING LLC ABS 2055-02-15 USD 02/15/2055 476681AD3	374,000.00	435,479.69	BBB		0.00	

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 Account Number

01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCOUNT 1563785374	440,000					
1,030,000		PROGRESS RESIDENTIAL TRUST ABS 2040-08-17 USD 2.34% 08/17/2040 74333PAG2 ACCOUNT [REDACTED]	920,446.93	925,913.67		Aa3	2,142.40	
		ACCOUNT [REDACTED]	1,030,000					
922,000		SANTANDER DRIVE AUTO RECEIVABLES ABS 2028-11-15 USD 4.96% 11/15/2028 802918AE2 ACCOUNT [REDACTED]	924,127.42	920,991.56	AAA	Aaa	1,905.47	
		ACCOUNT [REDACTED]	922,000					
		TOTAL UNCLASSIFIED	8,726,924.35	8,843,643.72			20,605.05	
		MUNICIPAL OBLIGATIONS UNCLASSIFIED	To Page 1 - U.S. Government securities					
500,000		CALIFORNIA ST 7.55% 04/01/2039 13063A5G5 ACCOUNT [REDACTED]	591,015.00	623,575.00	AA-	Aa2	9,332.64	2
		ACCOUNT [REDACTED]	500,000					
1,000,000		CALIFORNIA ST TAXABLE VARIOUS PURP GO BDS 5.125% 03/01/2038-2033 13063D3S5 ACCOUNT [REDACTED]	978,680.00	1,015,460.00	AA-	Aa2	16,940.97	
		ACCOUNT [REDACTED]	1,000,000					
750,000		CALIFORNIA ST VARIOUS PURP GO REF BDS 4.6% 04/01/2038-2028 13063DGE2 ACCOUNT [REDACTED]	697,995.00	734,400.00	AA-	Aa2	8,625.00	
		ACCOUNT [REDACTED]	750,000					
400,000		COLORADO BRDG ENTERPRISE REV SR REV BDS 2010A 6.078% 12/01/2040 19633SAB9 ACCOUNT [REDACTED]	417,800.00	434,434.00	AA+	Aa1	2,026.00	
		ACCOUNT [REDACTED]	400,000					
1,000,000		DISTRICT OF COLUMBIA PUB UTIL SUB LIEN REV BDS 2010A 5.522% 10/01/2044 254845GQ7 ACCOUNT [REDACTED]	969,780.00	1,034,660.00	AA+	Aa2	13,805.00	
		ACCOUNT [REDACTED]	1,000,000					
250,000		NEW JERSEY ST TRANSN TR FD AUTH TAXABLE PROGRAM BDS 2024 BB 5.093% 06/15/2025 64613CEY0 ACCOUNT [REDACTED]	250,530.00	250,000.00	A-	A2	565.89	
		ACCOUNT [REDACTED]	250,000					
940,000		NEW YORK CITY GO BDS 2011 C-1 5.517% 10/01/2037 64966H4K3 ACCOUNT [REDACTED]	932,677.40	982,140.20	AA	Aa2	12,964.95	
		ACCOUNT [REDACTED]	940,000					

Statement Period
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01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
485,000		NEW YORK CITY TRANSITIONAL FUTURE TAX SECURED SUBORD BDS 2011A-1 5.508% 08/01/2037 64971M4P4 ACCOUNT [REDACTED]	478,161.50	507,758.10	AAA	Aa1	11,130.75	
1,000,000		NEW YORK NY CITY REV BDS 2010DD 5.952% 06/15/2042 64972FK88 ACCOUNT [REDACTED]	1,006,720.00	1,082,140.00	AA+	Aa1	2,645.33	
1,000,000		TEXAS STATE 5.517% 04/01/2039 882722KF7 ACCOUNT [REDACTED]	999,700.00	1,064,685.70	AAA	Aaa	13,639.25	2
TOTAL UNCLASSIFIED			7,323,058.90	7,729,253.00			91,675.78	
CORPORATE BONDS UNCLASSIFIED			To Page 1 - Other					
880,000		AGREE LP PARTNERSHIP 2.6% 06/15/2033-2033 008513AC7 ACCOUNT [REDACTED]	707,300.00	724,785.60	BBB+	Baa1	953.33	1
790,000	AMH28	AMERICAN HOMES 4 RENT L P 4.25% SNR NTS 15/02/2028 USD (SEC REGD) 4.25% 02/15/2028 02666TAA5 ACCOUNT [REDACTED]	770,763.50	782,732.00	BBB	Baa2	12,310.83	1
305,000	AMH31	AMERICAN HOMES 4 RENT L P 2.375% UNSUB NTS 15/07/2031 USD (SEC REGD) 2.375% 07/15/2031 02666TAC1 ACCOUNT [REDACTED]	255,181.30	258,606.45	BBB	Baa2	3,320.05	1
500,000	AMH32	AMERICAN HOMES 4 RENT L P 3.625% UNSUB NTS 15/04/2032 USD (SEC REGD) 3.625% 04/15/2032 02666TAE7 ACCOUNT [REDACTED]	446,970.00	458,975.00	BBB	Baa2	3,776.04	1
1,000,000		CITIGROUP INC. FXD-FRN SUB 25/05/2034 USD (SEC REGD) 6.174% 05/25/2034 17327CAR4 ACCOUNT [REDACTED]	1,018,730.00	1,050,275.00	BBB	Baa2	6,002.50	1
1,100,000	DUK/50	DUKE ENERGY INDIANA, LLC. 2.75% 1ST MTG BDS 01/04/2050 USD (SEC REGD) (ZZZ) 2.75% 04/01/2050 26443TAC0 ACCOUNT [REDACTED]	664,389.00	710,820.00	A	Aa3	7,478.47	1

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01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
750,000	ELV53	ELEVANCE HEALTH INC. 5.125% UNSUB NTS 15/02/2053 USD (SEC REGD) 5.125% 02/15/2053 28622HAC5 ACCOUNT [REDACTED]	667,245.00	721,965.00	A	Baa2	14,093.75	1
500,000		ENACT HOLDINGS INC 6.25% SNR NTS 28/05/2029 USD (SEC REGD) 6.25% 05/28/2029 29249EAA7 ACCOUNT [REDACTED]	509,505.00	510,193.40	BBB-	Baa3	2,777.78	1
510,000	ESS/29	ESSEX PORTFOLIO LP 4% SNR NTS 01/03/2029 USD (SEC REGD) 4% 03/01/2029 29717PAT4 ACCOUNT [REDACTED]	490,370.10	492,124.50	BBB+	Baa1	6,630.00	
360,000	ESS/34	ESSEX PORTFOLIO LP 5.5% SNR NTS 01/04/2034 USD (SEC REGD) 5.5% 04/01/2034 29717PBA4 ACCOUNT [REDACTED]	360,151.20	375,181.20	BBB+	Baa1	4,895.00	
550,000		HUNTINGTON NATIONAL BANK MARYLAN 5.65% SNR NTS 10/01/2030 USD (SEC REGD) 5.65% 01/10/2030 44644MAJ0 ACCOUNT [REDACTED]	559,867.00	565,131.50	A-	A3	14,674.31	1
750,000		INVITATION HOMES OPERATING PARTN 4.15% SNR NTS 15/04/2032 USD (SEC REGD) 46188BAD4 ACCOUNT [REDACTED]	691,725.00	691,237.50	BBB	Baa2	0.00	
500,000		KIMCO REALTY OP LLC 4.85% SNR NTS 01/03/2035 USD (SEC REGD) 4.85% 03/01/2035 49447BAB9 ACCOUNT [REDACTED]	476,175.00	499,075.00	BBB+	Baa1	7,005.56	1
500,000		LPL HOLDINGS INC. 6.75% SNR NTS 17/11/2028 USD (SEC REGD) 6.75% 11/17/2028 50212YAH7 ACCOUNT [REDACTED]	525,140.00	526,475.00	BBB-	Baa3	4,031.25	1
1,000,000	LHX31A	L3 HARRIS TECHNOLOGIES 5.25% SNR NTS 01/06/2031 USD (SEC REGD) 5.25% 06/01/2031 502431AT6 ACCOUNT [REDACTED]	1,000,630.00	1,031,712.00	BBB	Baa2	4,083.33	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
800,000		PHILLIPS 66 CO. 5.25% SNR NTS 15/06/2031 USD (SEC REGD) 5.25% 06/15/2031 718547AU6 ACCOUNT ██████████	802,136.00	827,112.00	BBB+	A3	1,750.00	1
760,000		REXFORD INDUSTRIAL REALTY L P 2.15% SNR NTS 01/09/2031 USD (SEC REGD) 2.15% 09/01/2031 76169XAB0 ACCOUNT ██████████	617,507.60	629,893.20	BBB+	Baa2	5,310.50	
600,000		TEACHERS INSURANCE AND ANNUITY A 3.3% JNR SUB NTS 15/05/2050 USD (144A) 3.3% 05/15/2050 878091BG1 ACCOUNT ██████████	399,792.00	420,270.00	AA-	Aa3	2,475.00	1
1,000,000		TRUIST FINANCIAL CORPORATION FXD-FRN SNR 08/06/2034 USD (SEC REGD) (G) 5.867% 06/08/2034 89788MAP7 ACCOUNT ██████████	1,018,100.00	1,039,863.50	A-	Baa1	3,585.39	1
1,000,000		TRUIST FINANCIAL CORPORATION FXD-FRN SNR 30/10/2029 USD (SEC REGD) (G) 7.161% 10/30/2029 89788MAQ5 ACCOUNT ██████████	1,069,300.00	1,083,580.00	A-	Baa1	11,935.00	1
		TOTAL UNCLASSIFIED	13,050,977.70	13,400,007.85			117,088.09	
		BANKS						
500,000		CITIZENS NA PROVIDENCE RI FXD-FRN SNR 09/08/2028 USD 4.575% 08/09/2028 75524KPG3 ACCOUNT ██████████	495,340.00	492,212.50	A-	A3	8,959.38	1
		COMMUNICATIONS						
1,000,000		BROADCOM INC 4.15% SNR PID NTS 15/11/2030 USD (SEC REGD) 4.15% 11/15/2030 11135FAQ4 ACCOUNT ██████████	956,870.00	974,282.00	BBB	Baa1	5,187.50	
		UNDEFINED						
490,000		REGENCY CTRS 3.7% UNSUB NTS 15/06/2030 USD (SEC REGD) 3.7% 06/15/2030 75884RBA0 ACCOUNT ██████████	457,650.20	465,490.20	BBB+	A3	705.06	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
ENERGY								
900,000	L/27A	BOARDWALK PIPELINES LP CO 4.45% SNR NTS 15/07/2027 USD (SEC REGD) 4.45% 07/15/2027 096630AF5 ACCOUNT [REDACTED]	890,514.00	894,915.00	BBB-	Baa2	18,356.25	1
750,000		BP CAP MKTS AMER 4.812% UNSUB NTS 13/02/2033 USD (SEC REGD) 4.812% 02/13/2033 10373QBU3 ACCOUNT [REDACTED]	725,010.00	753,189.00	A-	A1	13,734.25	
750,000		CENTERPOINT ENERGY 4.95% BDS 01/04/2033 USD (SEC REGD) (AK) 4.95% 04/01/2033 15189XBB3 ACCOUNT [REDACTED]	733,642.50	755,160.00	A	A2	9,178.13	1
1,000,000	DTE27A	DTE ENERGY CO 4.95% UNSUB NTS 01/07/2027 USD (SEC REGD) (E) 4.95% 07/01/2027 233331BM8 ACCOUNT [REDACTED]	1,003,750.00	1,010,010.00	BBB	Baa2	20,350.00	1
750,000	ET33	ENERGY TRANSFER OPERATING LP 5.75% SNR NTS 15/02/2033 USD (SEC REGD) 5.75% 02/15/2033 29273VAQ3 ACCOUNT [REDACTED]	760,282.50	781,515.00	BBB	Baa2	16,171.88	1
800,000	OGE29	OGE ENERGY CO 5.45% SNR NTS 15/05/2029 USD (SEC REGD) 5.45% 05/15/2029 670837AD5 ACCOUNT [REDACTED]	813,088.00	830,280.00	BBB	Baa1	5,450.00	1
		TOTAL ENERGY	4,926,287.00	5,025,069.00			83,240.51	
CAPITAL GOODS								
800,000		PECO ENERGY CO 4.375% 1ST MTG BDS 15/08/2052 USD (SEC REGD) 4.375% 08/15/2052 693304BE6 ACCOUNT [REDACTED]	660,880.00	695,488.00	A	Aa3	12,833.33	1
TRANSPORTATION								
1,000,000		BURLINGTON NORTHERN SANTA FE 4.9% SNR UNSEC DEB 01/04/2044 USD (SEC REGD) 4.9% 04/01/2044 12189LAS0 ACCOUNT [REDACTED]	915,640.00	978,170.00	AA-	A2	12,113.89	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
900,000		HYUNDAI CAP AMER 5.25% SNR NTS 08/01/2027 USD (144A) (A) 5.25% 01/08/2027 44891ACT2 ACCOUNT [REDACTED] 900,000	905,247.00	909,621.00	A-	A3	22,575.00	1
		TOTAL TRANSPORTATION	1,820,887.00	1,887,791.00			34,688.89	
MEDIA								
1,000,000		COMCAST CORP 3.999% UNSUB NTS 01/11/2049 USD (SEC REGD) 3.999% 11/01/2049 20030NCE9 ACCOUNT [REDACTED] 1,000,000	756,220.00	821,080.00	A-	A3	6,553.92	1
FOOD BEVERAGE AND TOBACCO								
750,000	KO54	COCA COLA CO 5.3% SNR NTS 13/05/2054 USD (SEC REGD) 5.3% 05/13/2054 191216DS6 ACCOUNT [REDACTED] 750,000	723,412.50	787,410.00	A+	A1	5,189.58	1
HEALTH CARE EQUIP AND SERVICES								
200,000		CENTENE CORP 3.375% SNR PIDI NTS 15/02/2030 USD (SEC REGD) 3.375% 02/15/2030 15135BAV3 ACCOUNT [REDACTED] 200,000	178,136.00	181,602.00	BBB-	Ba1	2,531.25	
855,000	HTA27	HEALTHCARE TR AMERICA 3.75% SNR NTS 01/07/2027 USD (SEC REGD) 3.75% 07/01/2027 42225UAF1 ACCOUNT [REDACTED] 855,000	830,709.45	832,889.70	BBB	Baa2	15,853.13	1
		TOTAL HEALTH CARE EQUIP AND SERVICES	1,008,845.45	1,014,491.70			18,384.38	
PHARMACEUTICAL BIOTECH LIFE SCI								
900,000		AMGEN INC 4.05% SNR NTS 18/08/2029 USD (SEC REGD) 4.05% 08/18/2029 031162DH0 ACCOUNT [REDACTED] 900,000	866,565.00	883,098.00	BBB+	Baa1	13,263.75	1
BANKS								
110,000		ASSOCIATED BANC CORP FXD-FRN SNR 29/08/2030 USD (SEC REGD) 6.455% 08/29/2030 045487AD7 ACCOUNT [REDACTED] 110,000	112,190.10	112,451.90	BBB-	Baa3	2,386.56	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML	
700,000		BANK AMERICA FDG CORP 3.419% 12/20/2028 06051GHD4 ACCOUNT [REDACTED]	700,000	671,139.00	670,289.00	A-	A1	664.81	2
500,000		BANK AMERICA FDG CORP FXD-FRN SNR 15/09/2029 USD (SEC REGD) (N) 5.819% 09/15/2029 06051GLS6 ACCOUNT [REDACTED]	500,000	512,345.00	518,822.00	A-	A1	8,486.04	1
1,000,000		BANK AMERICA FDG CORP FXD-FRN SUB 25/10/2035 USD (SEC REGD) (N) 5.518% 10/25/2035 06051GMD8 ACCOUNT [REDACTED]	1,000,000	977,720.00	997,520.00	BBB+	A3	9,963.06	1
1,000,000		CAPITAL ONE FINL CORP FXD-FRN SNR 01/02/2035 USD (SEC REGD) 6.051% 02/01/2035 14040HDF9 ACCOUNT [REDACTED]	1,000,000	1,016,050.00	1,032,149.50	BBB	Baa1	25,044.42	1
1,000,000		KEYCORP FXD-FRN SNR 23/05/2025 USD (SEC REGD) (Q) 3.878% 05/23/2025 49326EEL3 ACCOUNT [REDACTED]	1,000,000	1,000,890.00	1,003,100.00	BBB	Baa2	3,985.72	
500,000		PNC FINL CORP FXD-FRN SNR 14/05/2030 USD (SEC REGD) 5.492% 05/14/2030 693475BX2 ACCOUNT [REDACTED]	500,000	507,050.00	513,710.50	A-	A3	3,508.78	1
650,000		REGIONS FINL CORP FXD-FRN SNR 06/06/2030 USD (SEC REGD) 5.722% 06/06/2030 7591EPAU4 ACCOUNT [REDACTED]	650,000	658,989.50	664,251.50	BBB+	Baa1	2,479.53	1
1,000,000		US BANCORP FXD-FRN SNR 01/02/2034 USD (SEC REGD) (AA) 4.839% 02/01/2034 91159HJL5 ACCOUNT [REDACTED]	1,000,000	957,230.00	978,113.00	A	A3	20,028.08	1
		TOTAL BANKS		6,413,603.60	6,490,407.40			76,547.00	
		DIVERSIFIED FINANCIALS							
1,000,000		CBRE SVCS INC 2.5% SNR NTS 01/04/2031 USD (SEC REGD) 2.5% 04/01/2031 12505BAE0	1,000,000	851,120.00	863,560.00	BBB+	Baa1	6,180.56	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCOUNT 1563785374	1,000,000					
305,000		GLP CAP LP/GLP FING II INC 4% SNR NTS 15/01/2030 USD (SEC REGD) 4% 01/15/2030 361841AP4 ACCOUNT [REDACTED]	284,070.90	283,631.70	BBB-	Ba1	5,591.67	1
465,000		GLP CAP LP/GLP FING II INC 5.625% SNR NTS 15/09/2034 USD (SEC REGD) 5.625% 09/15/2034 361841AT6 ACCOUNT [REDACTED]	457,536.75	467,004.15	BBB-	Ba1	10,462.50	1
700,000		GENERAL MOTORS FINL CO INC 6.1% SNR NTS 07/01/2034 USD (SEC REGD) 6.1% 01/07/2034 37045XEP7 ACCOUNT [REDACTED]	710,136.00	727,886.00	BBB	Baa2	20,401.11	1
1,000,000		GLOBAL PAYMENTS INC 3.2% SNR PIDI NTS 15/08/2029 USD (SEC REGD) 3.2% 08/15/2029 37940XAB8 ACCOUNT [REDACTED]	915,980.00	926,590.00	BBB-	Baa3	12,000.00	1
1,000,000		GOLDMAN SACHS GROUP 5.851% SNR NTS 25/04/2035 USD (SEC REGD) 5.851% 04/25/2035 38141GA95 ACCOUNT [REDACTED]	1,018,900.00	1,057,170.00	BBB+	A2	10,564.31	1
1,000,000		JPMORGAN CHASE FXD-FRN SNR 22/04/2035 USD (SEC REGD) 5.766% 04/22/2035 46647PEH5 ACCOUNT [REDACTED]	1,022,910.00	1,058,888.00	A	A1	10,891.33	1
1,000,000		MORGAN STANLEY FXD-FRN SNR 18/01/2035 USD (SEC REGD) (I) 5.466% 01/18/2035 61747YFL4 ACCOUNT [REDACTED]	994,410.00	1,026,577.00	A-	A1	24,141.50	1
750,000	PPL/34A	PPL CAPITAL FUNDING 5.25% SNR NTS 01/09/2034 USD (SEC REGD) 5.25% 09/01/2034 69352PAT0 ACCOUNT [REDACTED]	738,142.50	761,587.50	BBB+	Baa1	15,421.88	1
500,000	RJF51	RAYMOND JAMES FINL INC 3.75% UNSUB NTS 01/04/2051 USD (SEC REGD) 3.75% 04/01/2051 754730AH2 ACCOUNT [REDACTED]	362,080.00	393,885.00	A-	A3	4,635.42	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
500,000		SANTANDER HLDGS USA FXD-FRN SNR 12/06/2029 USD (SEC REGD) 6.565% 06/12/2029 80282KBG0 ACCOUNT [REDACTED]	516,285.00	519,352.50	BBB+	Baa2	1,641.25	
1,000,000		SCHWAB CHARLES CORP FXD-FRN SNR 19/05/2034 USD (SEC REGD) 5.853% 05/19/2034 808513CE3 ACCOUNT [REDACTED]	1,029,360.00	1,043,796.00	A-	A2	6,503.33	1
605,000	UDR32	UDR INC 2.1% SNR NTS 01/08/2032 USD (SEC REGD) (A) 2.1% 08/01/2032 90265EAT7 ACCOUNT [REDACTED]	480,333.70	499,239.95	BBB+	Baa1	5,187.88	1
1,000,000		WELLS FARGO & CO FXD-FRN SNR 24/04/2034 USD (SEC REGD) 5.389% 04/24/2034 95000U3D3 ACCOUNT [REDACTED]	988,870.00	1,019,315.50	BBB+	A1	9,879.83	1
500,000		WELLS FARGO & CO FXD-FRN SNR 25/07/2029 USD (SEC REGD) (W) 5.574% 07/25/2029 95000U3E1 ACCOUNT [REDACTED]	507,650.00	512,591.00	BBB+	A1	11,999.58	1
		TOTAL DIVERSIFIED FINANCIALS	10,877,784.85	11,161,074.30			155,502.15	
		INSURANCE						
250,000	ORI51	OLD REP INTL CORP 3.85% SNR NTS 11/06/2051 USD (SEC REGD) 3.85% 06/11/2051 680223AL8 ACCOUNT [REDACTED]	175,790.00	180,672.50	BBB+	Baa2	507.99	1
500,000		OLD REP INTL CORP 5.75% SNR NTS 28/03/2034 USD (SEC REGD) 5.75% 03/28/2034 680223AM6 ACCOUNT [REDACTED]	500,565.00	513,875.00	BBB+	Baa2	7,347.22	1
		TOTAL INSURANCE	676,355.00	694,547.50			7,855.21	
		REAL ESTATE						
341,000	ARE31	ALEXANDRIA REAL ESTATE 3.375% SNR PIDI NTS 15/08/2031 USD (SEC REGD) 3.375% 08/15/2031 015271AR0 ACCOUNT [REDACTED]	305,174.54	310,296.36	BBB+	Baa1	4,315.78	1

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465,000	KIM32	KIMCO REALTY CORP 3.2% SNR NTS 01/04/2032 USD (SEC REGD) 3.2% 04/01/2032 49446RAZ2 ACCOUNT [REDACTED]	408,060.75	413,956.95	BBB+	Baa1	3,678.67	1
		TOTAL REAL ESTATE	713,235.29	724,253.31			7,994.45	
SOFTWARE AND SERVICES								
80,000		TAKE 2 INTERACTIVE SOFTWARE 5.6% SNR NTS 12/06/2034 USD (SEC REGD) 5.6% 06/12/2034 874054AN9 ACCOUNT [REDACTED]	80,588.00	82,674.40	BBB	Baa2	224.00	1
TELECOMMUNICATION SERVICES								
1,000,000	T51	AT&T INC GLBL NT 3.65% 06/01/2051-2050 00206RKA9 ACCOUNT [REDACTED]	706,230.00	747,860.00	BBB	Baa2	2,940.28	1
1,000,000		AT&T INC 2.25% UNSUB PIDI NTS 01/02/2032 USD (SEC REGD) 2.25% 02/01/2032 00206RKH4 ACCOUNT [REDACTED]	826,720.00	845,962.00	BBB	Baa2	9,312.50	1
1,015,000	VZ31C	VERIZON COMMUNICATIONS INC 2.55% 03/21/2031-2030 92343VGJ7 ACCOUNT [REDACTED]	874,087.55	892,595.00	BBB+	Baa1	7,117.69	1
		TOTAL TELECOMMUNICATION SERVICES	2,407,037.55	2,486,417.00			19,370.47	
UTILITIES								
200,000		ENERGY TRANSFER PA 3.75% SNR PIDI NTS 15/05/2030 USD (SEC REGD) 3.75% 05/15/2030 29278NAQ6 ACCOUNT [REDACTED]	186,596.00	188,782.00	BBB	Baa2	937.50	1
750,000	ES30	EVERSOURCE ENERGY 1.65% SNR NTS 15/08/2030 USD (SEC REGD) (R) 1.65% 08/15/2030 30040WAK4 ACCOUNT [REDACTED]	623,985.00	633,562.50	BBB+	Baa2	4,640.63	1
750,000	PEG34	PUBLIC SVC ENTERPRISE GROUP INC 5.45% SNR NTS 01/04/2034 USD (SEC REGD) 5.45% 04/01/2034 744573AZ9 ACCOUNT [REDACTED]	748,035.00	773,370.00	BBB	Baa2	10,105.21	1

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		TOTAL UTILITIES	1,558,616.00	1,595,714.50			15,683.34	
		TOTAL CORPORATE BONDS	48,451,155.14	49,681,508.66			589,271.01	
		CONVERTIBLE CORPORATE BONDS UNCLASSIFIED	To Page 1 - Corporate debt instruments					
650,000		BANK MONTREAL QUE FXD-FRN LOWER TIER II COCO 10/01/2037 USD (SEC REGD) 3.088% 01/10/2037 06368DH72 ACCOUNT [REDACTED]	540,098.00	553,811.50	BBB+	Baa1	9,478.44	2
1,000,000		CANADIAN IMPERIAL BANK OF COMMERCE 6.092% UNSUB COCO NTS 03/10/2033 USD (SEC REGD) 6.092% 10/03/2033 13607LWW9 ACCOUNT [REDACTED]	1,045,150.00	1,070,182.50	A-	A2	14,722.33	2
		TOTAL UNCLASSIFIED	1,585,248.00	1,623,994.00			24,200.77	
		BANKS						
500,000		LLOYDS BANKING GROUP FXD-FRN UNSUB COCO 05/06/2030 USD (SEC REGD) 5.721% 06/05/2030 53944YBA0 ACCOUNT [REDACTED]	508,365.00	515,979.00	BBB+	A3	1,986.46	2
		DIVERSIFIED FINANCIALS						
750,000		HSBC HLDGS FXD-FRN SNR PIDI 04/06/2026 USD (SEC REGD) 2.099% 06/04/2026 404280CG2 ACCOUNT [REDACTED]	741,157.50	732,727.50	A-	A3	1,136.96	2
750,000		HSBC HLDGS FXD-FRN SNR COCO 17/05/2032 USD (SEC REGD) 5.733% 05/17/2032 404280EG0 ACCOUNT [REDACTED]	758,745.00	775,252.50	A-	A3	5,016.38	2
		TOTAL DIVERSIFIED FINANCIALS	1,499,902.50	1,507,980.00			6,153.34	
		TOTAL CONVERTIBLE CORPORATE BONDS	3,593,515.50	3,647,953.00			32,340.57	
		FOREIGN BONDS, NOTES & UNCLASSIFIED	To Page 1 - Corporate debt instruments					
750,000		BROOKFIELD FINANCE INC. 6.35% SNR NTS 05/01/2034 USD (SEC REGD) 6.35% 01/05/2034 11271LAK8 ACCOUNT [REDACTED]	790,455.00	816,645.00	A-	A3	23,151.04	1

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600,000	BN54	BROOKFIELD FINANCE INC. 5.968% SNR NTS 04/03/2054 USD (SEC REGD) 5.968% 03/04/2054 11271LAL6 ACCOUNT [REDACTED]	606,456.00	629,454.75	A-	A3	11,538.13	
750,000		SMITH NEPHEW PLC 5.4% SNR NTS 20/03/2034 USD (SEC REGD) 5.4% 03/20/2034 83192PAD0 ACCOUNT [REDACTED]	744,472.50	771,337.50	BBB+	Baa2	11,250.00	1
		TOTAL UNCLASSIFIED	2,141,383.50	2,217,437.25			45,939.17	
		BANKS						
500,000		BARCLAYS PLC FXD-FRN SNR 02/11/2028 USD (SEC REGD) 7.385% 11/02/2028 06738ECD5 ACCOUNT [REDACTED]	529,980.00	535,275.00	BBB+	Baa1	5,949.03	1
		TOTAL FOREIGN BONDS, NOTES & DEBENTURES	2,671,363.50	2,752,712.25			51,888.20	
		COMMON STOCK						
		UNCLASSIFIED						
1,855	ANIP	ANI PHARMACEUTICALS INC. COM 00182C103 ACCOUNT [REDACTED]	102,544.40	110,263.42			0.00	1
2,112	ATEN	A10 NETWORKS INC COM 002121101 ACCOUNT [REDACTED]	38,860.80	26,894.07			0.00	1
5,604	AKR	ACADIA REALTY TRUST COM SH BEN INT 004239109 ACCOUNT [REDACTED]	135,392.64	131,870.38			1,064.76	1
1,776	ADC	AGREE REALTY CORP COM 008492100 ACCOUNT [REDACTED]	125,119.20	120,274.23			449.33	1
4,461	COLD	AMERICOLD RLTY TR 03064D108 ACCOUNT [REDACTED]	95,465.40	104,895.58			981.42	1
2,479	AMEH	APOLLO MEDICAL COM NEW 03763A207 ACCOUNT [REDACTED]	78,162.87	99,354.72			0.00	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
1,813		ASHLAND INC. COM 044186104 ACCOUNT [REDACTED]	129,556.98 1,813	143,530.97			0.00	1
834	ATKR	ATKORE INC COM 047649108 ACCOUNT [REDACTED]	69,597.30 834	26,411.55			0.00	1
4,862	AVNT	AVIENT CORPORATION COM 05368V106 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	198,661.32 2,595 2,267	135,477.06			1,312.74	
690	BJ	BJS WHSL CLUB HLDGS INC COM 05550J101 ACCOUNT [REDACTED]	61,651.50 690	34,306.27			0.00	1
1,662	BRBR	BELLRING DISTRIBUTION LLC COMMON STOCK 07831C103 ACCOUNT [REDACTED]	125,215.08 1,662	42,632.69			0.00	1
359		BLACKROCK FUNDING INC. COM 09290D101 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	368,014.49 101 258	231,559.78			0.00	
4,449	BOX	BOX INC. CL A 10316T104 ACCOUNT [REDACTED]	140,588.40 4,449	135,229.40			0.00	1
3,165	CNXC	CONCENTRIX CORP. COM 20602D101 ACCOUNT [REDACTED]	136,949.55 3,165	197,881.00			0.00	1
2,688	DK	DELEK US HLDGS INC 24665A103 ACCOUNT [REDACTED]	49,728.00 2,688	50,193.62			0.00	1
1,963	EPAC	ENERPAC TOOL GROUP CORP CL A COM 292765104 ACCOUNT [REDACTED]	80,659.67 1,963	93,761.91			0.00	
1,128	ENVA	ENOVA INTERNATIONAL INC. COM 29357K103 ACCOUNT [REDACTED]	108,152.64 1,128	90,831.01			0.00	1
1,487	EXR	EXTRA SPACE STORAGE INC 30225T102 ACCOUNT [REDACTED]	222,455.20 1,487	253,729.82			0.00	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
2,363	FR	FIRST INDL RLTY TR INC 32054K103 ACCOUNT [REDACTED]	118,457.19 2,363	122,333.71			874.31	1
2,044	GDEN	GOLDEN ENTERTAINMENT INC COM 381013101 ACCOUNT [REDACTED]	64,590.40 2,044	63,992.13			366.75	1
465	HLNE	HAMILTON LANE INC CL A 407497106 ACCOUNT [REDACTED]	68,843.25 465	42,030.94			227.85	1
7,021	HASI	HANNON ARMSTRONG SUSTAINABLE INF COM 41068X100 ACCOUNT [REDACTED]	188,373.43 7,021	209,889.99			2,913.72	1
7,135		HRTI LLC CL A COM 42226K105 ACCOUNT [REDACTED]	120,938.25 7,135	126,235.22			0.00	1
3,690		HEALTHPEAK PROPERTIES INC COM 42250P103 ACCOUNT [REDACTED]	74,796.30 3,690	74,019.53			0.00	1
540		HOWMET AEROSPACE INC COM 443201108 ACCOUNT [REDACTED]	59,059.80 540	42,005.63			0.00	1
609		IES HOLDINGS INC. COM 44951W106 ACCOUNT [REDACTED]	122,384.64 609	112,519.29			0.00	1
3,784	INTA	INTAPP INC COM 45827U109 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	242,516.56 1,020 2,764	168,314.97			0.00	1
1,792	KNF	KNIFE RIV HOLDING CO. COMMON STOCK 498894104 ACCOUNT [REDACTED]	182,138.88 1,792	131,249.63		Ba3	0.00	
1,126	LHX	L3 HARRIS TECHNOLOGIES INC COM USD 502431109 ACCOUNT [REDACTED]	236,775.28 1,126	236,378.50			0.00	
400		LABCORP HOLDINGS INC COM SHS 504922105 ACCOUNT [REDACTED]	91,728.00 400	44,786.75			0.00	

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
1,225	LMAT	LEMAITRE VASCULAR INC. COM 525558201 ACCOUNT [REDACTED]	112,871.50	82,958.37			0.00	1
			1,225					
1,160	MRVL	MARVELL TECHNOLOGY INC COM 573874104 ACCOUNT [REDACTED]	128,122.00	118,202.51			0.00	1
			1,160					
1,078	MTRN	MATERION CORP COM 576690101 ACCOUNT [REDACTED]	106,592.64	85,499.36			0.00	1
			1,078					
6,088	NOV	NOV INC COM USD0.01 629551103 ACCOUNT [REDACTED]	88,884.80	106,730.83			0.00	
			6,088					
1,651	NSSC	NAPCO SEC TECH INC COM 630402105 ACCOUNT [REDACTED]	58,709.56	57,387.24			206.38	1
			1,651					
8,594	NTST	NETSTREIT CORP. COM 64119V303 ACCOUNT [REDACTED]	121,605.10	152,609.46			0.00	1
			8,594					
10,545	OGN	ORGANON CO COMMON STOCK 68622V106 ACCOUNT [REDACTED]	157,331.40	172,621.70			0.00	
			10,545					
706	PJT	PJT PARTNERS INC. COM CL A 69343T107 ACCOUNT [REDACTED]	111,413.86	112,368.44			0.00	1
			706					
1,030	PLTR	PALANTIR TECHNOLOGIES INC CL A 69608A108 ACCOUNT [REDACTED]	77,898.90	60,977.44			0.00	1
			1,030					
1,590	PLMR	PALOMAR HOLDINGS INC COM 69753M105 ACCOUNT [REDACTED]	167,888.10	127,911.95			0.00	1
			1,590					
4,833	PGNY	PROGYNY INC COM 74340E103 ACCOUNT [REDACTED]	83,369.25	176,380.54			0.00	1
			4,833					
1,300	RTX	RAYTHEON TECHNOLOGIES CORPORATIO COM USD1.00 75513E101 ACCOUNT [REDACTED]	150,436.00	154,481.22			0.00	
			1,300					
1,395	RXST	RXSIGHT INC. COM 78349D107	47,960.10	77,594.82			0.00	1

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		ACCOUNT [REDACTED]	1,395					
1,858	SFBS	SERVISFIRST BANCSHARES, INC. COM 81768T108	157,446.92	133,569.95			0.00	1
		ACCOUNT [REDACTED]	1,858					
2,462	SMPL	SIMPLY GOOD FOODS COMPANY COM 82900L102	95,968.76	92,367.84			0.00	1
		ACCOUNT [REDACTED]	2,462					
1,018	SITM	SITIME CORPORATION COM 82982T106	218,391.54	121,785.87			0.00	1
		ACCOUNT [REDACTED]	1,018					
3,974	STR	SITIO ROYALTIES CORP CLASS A COM 82983N108	76,221.32	97,334.37			0.00	1
		ACCOUNT [REDACTED]	3,974					
1,727	TRNO	TERRENO REALTY CORPORATION COM 88146M101	102,134.78	112,336.81			846.23	1
		ACCOUNT [REDACTED]	1,727					
1,920	TOST	TOAST INC CL A 888787108	69,984.00	52,672.13			0.00	1
		ACCOUNT [REDACTED]	1,920					
1,058	TMDX	TRANSMEDICS GROUP INC. COM 89377M109	65,966.30	62,108.29			0.00	1
		ACCOUNT [REDACTED]	1,058					
1,330	UBER	UBER TECHNOLOGIES INC COM 90353T100	80,225.60	41,235.14			0.00	1
		ACCOUNT [REDACTED]	1,330					
1,140	VRT	VERTIV HOLDINGS CO COM CL A 92537N108	129,515.40	41,093.85			0.00	1
		ACCOUNT [REDACTED]	1,140					
2,600	VCTR	VICTORY CAPITAL HOLDINGS, INC. COM CL A 92645B103	170,196.00	86,203.83			0.00	1
		ACCOUNT [REDACTED]	2,600					
1,572	VKTX	VIKING THERAPEUTICS INC. COM 92686J106	63,257.28	116,600.12			0.00	1
		ACCOUNT [REDACTED]	1,572					
420	WING	WINGSTOP INC COM 974155103	119,364.00	70,989.54			0.00	1
		ACCOUNT [REDACTED]	420					

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
470	ZS	ZSCALER INC COM 98980G102 ACCOUNT [REDACTED]	84,792.70 470	89,719.24			0.00	1
820	ZM	ZOOM VIDEO COMMUNICATIONS INC CL A COM 98980L101 ACCOUNT [REDACTED]	66,920.20 820	52,539.53			0.00	1
		TOTAL UNCLASSIFIED	6,750,845.43	6,059,134.16			9,243.49	
FINANCIAL								
3,440	TFC	TRUIST FINANCIAL CORPORATION COM USD5 89832Q109 ACCOUNT [REDACTED]	149,227.20 3,440	117,706.70			0.00	
HOUSING AND CONSTRUCTION								
1,087	LMB	LIMBACH HLDGS INC COM 53263P105 ACCOUNT [REDACTED]	92,981.98 1,087	87,924.63			0.00	1
TRANSPORTATION								
3,352	SNDR	SCHNEIDER NATL INC 80689H102 ACCOUNT [REDACTED]	98,146.56 3,352	72,619.28			318.44	1
UNDEFINED								
891	ENSG	ENSIGN GROUP 29358P101 ACCOUNT [REDACTED]	118,378.26 891	50,401.71			55.69	1
993	IDA	IDACORP INC 451107106 ACCOUNT [REDACTED]	108,515.04 993	95,016.51			0.00	1
1,731	SCL	STEPAN CO 858586100 ACCOUNT [REDACTED]	111,995.70 1,731	147,565.25			0.00	1
		TOTAL UNDEFINED	338,889.00	292,983.47			55.69	
ENERGY								
3,000	LNT	ALLIANT ENERGY CORP 018802108 ACCOUNT [REDACTED]	177,420.00 3,000	175,225.13			0.00	1
1,620	CVX	CHEVRON CORP 166764100	234,640.80	152,340.78			0.00	1

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		ACCOUNT [REDACTED]	1,620					
1,790	COP	CONOCO PHILLIPS 20825C104	177,514.30	94,164.43			0.00	1
		ACCOUNT [REDACTED]	1,790					
820	XOM	EXXON MOBIL CORP 30231G102	88,207.40	98,532.93			0.00	1
		ACCOUNT [REDACTED]	820					
2,800	HP	HELMERICH & PAYNE INC 423452101	89,656.00	103,770.94			0.00	1
		ACCOUNT [REDACTED]	2,800					
4,007	MGY	MAGNOLIA OIL & GAS CORP 559663109	93,683.66	67,041.81			0.00	1
		ACCOUNT [REDACTED]	4,007					
1,662	MTDR	MATADOR RESOURCES CO 576485205	93,504.12	85,818.25			0.00	1
		ACCOUNT [REDACTED]	1,662					
3,110	OII	OCEANEERING INTL INC 675232102	81,108.80	78,367.04			0.00	1
		ACCOUNT [REDACTED]	3,110					
17,418	PTEN	PATTERSON UTI ENERGY INC 703481101	143,872.68	240,423.64			0.00	1
		ACCOUNT [REDACTED]	17,418					
2,000	WEC	WEC ENERGY GROUP 92939U106	188,080.00	202,309.55			0.00	1
		ACCOUNT [REDACTED]	2,000					
		TOTAL ENERGY	1,367,687.76	1,297,994.50			0.00	
FOOD AND ALLIED PRODUCTS								
1,720	KHC	KRAFT HEINZ CO 500754106	52,821.20	68,125.17			0.00	1
		ACCOUNT [REDACTED]	1,720					
MATERIALS								
2,146	ACIW	ACI WORLDWIDE INC 004498101	111,398.86	116,105.68			0.00	1
		ACCOUNT [REDACTED]	2,146					
3,317	ALB	ALBEMARLE CORP 012653101	285,527.36	331,282.09			1,343.39	1
		ACCOUNT [REDACTED]	3,317					

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
800	BMI	BADGER METER INC 056525108 ACCOUNT [REDACTED]	169,696.00 800	34,998.76			0.00	1
6,300	FAST	FASTENAL CO 311900104 ACCOUNT [REDACTED]	453,033.00 6,300	75,205.99			0.00	1
3,130	GPK	GRAPHIC PACKAGING HLDG CO 388689101 ACCOUNT [REDACTED]	85,010.80 3,130	74,091.40			313.00	1
2,328	GEF	GREIF INC CLASS-A 397624107 ACCOUNT [REDACTED]	142,287.36 2,328	151,217.12			1,257.12	1
8,457	HUN	HUNTSMAN CORP 447011107 ACCOUNT [REDACTED]	152,479.71 8,457	191,020.42			0.00	1
990	ITRI	ITRON INC 465741106 ACCOUNT [REDACTED]	107,494.20 990	95,119.69			0.00	1
2,481	MAS	MASCO CORP 574599106 ACCOUNT [REDACTED]	180,046.17 2,481	124,672.46			0.00	1
440	OC	OWENS CORNING NEW 690742101 ACCOUNT [REDACTED]	74,940.80 440	49,188.26			0.00	1
1,506	PATK	PATRICK INDUSTRIES INC 703343103 ACCOUNT [REDACTED]	125,118.48 1,506	128,399.01			0.00	1
7,123	PCH	POTLATCH HLDGS INC 737630103 ACCOUNT [REDACTED]	279,577.75 7,123	308,651.26			0.00	1
610	KWR	QUAKER CHEM CORP 747316107 ACCOUNT [REDACTED]	85,863.60 610	99,890.26			0.00	1
1,494	SLGN	SILGAN HLDGS INC 827048109 ACCOUNT [REDACTED]	77,762.70 1,494	71,658.31			0.00	1
2,606	SON	SONOCO PRODUCTS CO 835495102 ACCOUNT [REDACTED]	127,303.10 2,606	149,736.44			0.00	1

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		TOTAL MATERIALS	2,457,539.89	2,001,237.15			2,913.51	
		CAPITAL GOODS						
919	AGCO	AGCO CORP 001084102	85,908.12	83,933.42			0.00	1
		ACCOUNT [REDACTED]	919					
996	BDC	BELDEN INC 077454106	112,159.56	102,280.22			49.80	1
		ACCOUNT [REDACTED]	996					
1,381	BC	BRUNSWICK CORP 117043109	89,323.08	112,807.75			0.00	1
		ACCOUNT [REDACTED]	1,381					
1,647	CDNS	CADENCE DESIGN SYS INC 127387108	494,857.62	357,192.56			0.00	1
		ACCOUNT [REDACTED]	520					
		ACCOUNT [REDACTED]	1,127					
790	CAT	CATERPILLAR INC 149123101	286,580.40	87,390.75			0.00	1
		ACCOUNT [REDACTED]	790					
958	GTLS	CHART INDUSTRIES INC 16115Q308	182,824.72	87,794.28			0.00	1
		ACCOUNT [REDACTED]	958					
1,500	DCI	DONALDSON INC 257651109	101,025.00	32,267.48			0.00	1
		ACCOUNT [REDACTED]	1,500					
490	EME	EMCOR GROUP INC 29084Q100	222,411.00	58,979.72			0.00	1
		ACCOUNT [REDACTED]	490					
3,213	ENS	ENERSYS 29275Y102	296,977.59	272,036.05			0.00	1
		ACCOUNT [REDACTED]	3,213					
1,179	NPO	ENPRO INDUSTRIES INC 29355X107	203,318.55	125,424.31			0.00	1
		ACCOUNT [REDACTED]	1,179					
2,401	FLS	FLOWSERVE CORP 34354P105	138,105.52	74,813.59			504.21	1
		ACCOUNT [REDACTED]	2,401					
3,500	FUL	FULLER H B CO 359694106	236,180.00	75,526.80			0.00	1
		ACCOUNT [REDACTED]	3,500					

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7,200	GGG	GRACO INC 384109104 ACCOUNT [REDACTED]	606,888.00 7,200	98,465.65			0.00	1
669		HEICO CORP 422806208 ACCOUNT [REDACTED]	124,487.52 669	104,132.32			0.00	1
725	IBP	INSTALLED BLDG PRODS INC 45780R101 ACCOUNT [REDACTED]	127,056.25 725	101,670.57			0.00	1
2,593	KMPR	KEMPER CORP 488401100 ACCOUNT [REDACTED]	172,278.92 2,593	151,738.06			0.00	1
630	MYRG	MYR GROUP INC 55405W104 ACCOUNT [REDACTED]	93,725.10 630	62,133.58			0.00	1
2,689	MLI	MUELLER INDUSTRIES INC 624756102 ACCOUNT [REDACTED]	213,399.04 2,689	103,516.85			0.00	1
366	NOC	NORTHROP GRUMMAN CORP 666807102 ACCOUNT [REDACTED]	171,760.14 366	168,584.06			0.00	1
3,794	NX	QUANEX BLDG PRODS CORP 747619104 ACCOUNT [REDACTED]	91,966.56 3,794	102,611.64			0.00	1
918	SHW	SHERWIN WILLIAMS CO 824348106 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	312,055.74 500 418	231,709.99			0.00	1
1,390	SO	SOUTHERN CO 842587107 ACCOUNT [REDACTED]	114,424.80 1,390	80,415.96			0.00	1
2,890	TTEK	TETRA TECH INC 88162G103 ACCOUNT [REDACTED]	115,137.60 2,890	45,665.36			0.00	1
3,600	TTC	TORO CO 891092108 ACCOUNT [REDACTED]	288,360.00 3,600	62,954.32			1,368.00	1

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		TOTAL CAPITAL GOODS	4,881,210.83	2,784,045.29			1,922.01	
		COMMERCIAL SERVICES AND SUPPLIES						
1,401	CWST	CASELLA WASTE SYSTEMS 147448104	148,239.81	78,622.95			0.00	1
		ACCOUNT [REDACTED]	1,401					
350	GD	GENERAL DYNAMICS CORP 369550108	92,221.50	83,167.35			0.00	1
		ACCOUNT [REDACTED]	350					
225	MSCI	MSCI INC 55354G100	135,002.25	106,676.61			0.00	1
		ACCOUNT [REDACTED]	225					
4,766	MLHR	MILLER HERMAN INC 600544100	107,663.94	110,484.08			0.00	1
		ACCOUNT [REDACTED]	4,766					
723	TMO	THERMO FISHER SCIENTIFIC INC 883556102	376,126.29	380,003.65			281.97	1
		ACCOUNT [REDACTED]	211					
		ACCOUNT [REDACTED]	512					
		TOTAL COMMERCIAL SERVICES AND SUPPLIES	859,253.79	758,954.64			281.97	
		TRANSPORTATION						
7,749	CSX	CSX CORP 126408103	250,060.23	258,450.02			0.00	1
		ACCOUNT [REDACTED]	7,749					
762	NSC	NORFOLK SOUTHERN CORP 655844108	178,841.40	187,984.43			0.00	1
		ACCOUNT [REDACTED]	762					
198	SAIA	SAIA INC 78709Y105	90,234.54	35,182.35			0.00	1
		ACCOUNT [REDACTED]	198					
490	TSLA	TESLA INC 88160R101	197,881.60	118,507.60			0.00	1
		ACCOUNT [REDACTED]	490					
858	UNP	UNION PACIFIC CORP 907818108	195,658.32	187,484.79			0.00	1
		ACCOUNT [REDACTED]	858					
620	UPS	UNITED PARCEL SERVICE INC 911312106	78,182.00	80,448.91			0.00	1
		ACCOUNT [REDACTED]	620					

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6,355	WERN	WERNER ENTERPRISE 950755108 ACCOUNT [REDACTED]	228,271.60	255,691.20			0.00	1
		TOTAL TRANSPORTATION	1,219,129.69	1,123,749.30			0.00	
AUTOMOBILES AND COMPONENTS								
1,882	BWA	BORG WARNER AUTO INC 099724106 ACCOUNT [REDACTED]	59,828.78	64,312.01			0.00	1
6,790	CPRT	COPART INC 217204106 ACCOUNT [REDACTED]	389,678.10	298,697.76			0.00	1
320	DHR	DANAHER CORP 235851102 ACCOUNT [REDACTED]	73,456.00	23,269.39			86.40	1
1,300	GNRC	GENERAC HLDGS INC 368736104 ACCOUNT [REDACTED]	201,565.00	49,967.81			0.00	1
1,500	THRM	GENTHERM INC 37253A103 ACCOUNT [REDACTED]	59,887.50	88,856.60			0.00	1
2,371	MOD	MODINE MFG CO 607828100 ACCOUNT [REDACTED]	274,870.03	93,991.04			0.00	1
1,191	THO	THOR INDUSTRIES INC 885160101 ACCOUNT [REDACTED]	113,990.61	127,730.05			0.00	1
		TOTAL AUTOMOBILES AND COMPONENTS	1,173,276.02	746,824.66			86.40	
CONSUMER DURABLES AND APPAREL								
7,135	BLMN	BLOOMIN BRANDS INC 094235108 ACCOUNT [REDACTED]	87,118.35	143,085.51			0.00	1
1,382	BOOT	BOOT BARN HLDGS INC 099406100 ACCOUNT [REDACTED]	209,815.24	65,659.72			0.00	1
1,000	ENTG	ENTEGRIS INC 29362U104 ACCOUNT [REDACTED]	99,060.00	111,946.10			0.00	1

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27,821	NWL	NEWELL BRANDS INC 651229106 ACCOUNT [REDACTED]	277,097.16 27,821	315,492.19			0.00	1
1,160	PHM	PULTE GROUP 745867101 ACCOUNT [REDACTED]	126,324.00 1,160	40,336.42			255.20	1
1,608	STRL	STERLING CONSTRUCTION INC 859241101 ACCOUNT [REDACTED]	270,867.60 1,608	96,076.24			0.00	1
		TOTAL CONSUMER DURABLES AND APPAREL	1,070,282.35	772,596.18			255.20	
		CONSUMER SERVICES						
769	NSIT	INSIGHT ENTERPRISES INC 45765U103 ACCOUNT [REDACTED]	116,964.90 769	43,530.56			0.00	1
1,810	MGM	MGM RESORTS INTERNATIONAL 552953101 ACCOUNT [REDACTED]	62,716.50 1,810	57,894.04			0.00	1
560	MANH	MANHATTAN ASSOCIATES 562750109 ACCOUNT [REDACTED]	151,334.40 560	60,568.67			0.00	1
580	MAR	MARRIOTT INTL INC CLASS A 571903202 ACCOUNT [REDACTED]	161,785.20 580	96,090.36			0.00	1
720	MCO	MOODY CORP 615369105 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	340,826.40 326 394	174,525.80			0.00	1
3,959	PZZA	PAPA JOHNS INTL 698813102 ACCOUNT [REDACTED]	162,596.13 3,959	230,329.84			0.00	1
2,520	RHI	ROBERT HALF INTL INC 770323103 ACCOUNT [REDACTED]	177,559.20 2,520	164,936.34			0.00	1
460	ZTS	ZOETIS INC 98978V103 ACCOUNT [REDACTED]	74,947.80 460	83,692.36			0.00	1
7,328	IGT	INTERNATIONAL GAME TECHNOLOGIES G4863A108 ACCOUNT [REDACTED]	129,412.48 7,328	150,077.16			0.00	1

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		TOTAL CONSUMER SERVICES	1,378,143.01	1,061,645.13			0.00	
		MEDIA						
6,093	DLX	DELUXE CORP 248019101	137,640.87	198,225.48			0.00	1
		ACCOUNT [REDACTED]	6,093					
500	DIS	WALT DISNEY CO 254687106	55,675.00	49,356.66			250.00	1
		ACCOUNT [REDACTED]	500					
310	NFLX	NETFLIX INC 64110L106	276,309.20	70,648.53			0.00	1
		ACCOUNT [REDACTED]	310					
		TOTAL MEDIA	469,625.07	318,230.67			250.00	
		RETAILING						
13,387	AMZN	AMAZON INC 023135106	2,936,973.93	1,827,533.22			0.00	1
		ACCOUNT [REDACTED]	7,000					
		ACCOUNT [REDACTED]	2,890					
		ACCOUNT [REDACTED]	3,497					
500	CASY	CASEYS GENERAL STORES INC 147528103	198,115.00	162,515.86			0.00	1
		ACCOUNT [REDACTED]	500					
1,106	CTAS	CINTAS CORP 172908105	202,066.20	54,622.20			0.00	1
		ACCOUNT [REDACTED]	1,106					
2,026	FSS	FEDERAL SIGNAL CORP 313855108	187,182.14	178,201.71			0.00	1
		ACCOUNT [REDACTED]	2,026					
878	HD	HOME DEPOT CO 437076102	341,533.22	69,941.27			0.00	1
		ACCOUNT [REDACTED]	150					
		ACCOUNT [REDACTED]	728					
874	IPAR	INTER PARFUMS INC 458334109	114,939.74	50,967.96			0.00	1
		ACCOUNT [REDACTED]	874					
1,815	OLLI	OLLIES BARGAIN OUTLET 681116109	199,159.95	97,218.79			0.00	1
		ACCOUNT [REDACTED]	1,815					
2,270	PSTG	PURE STORAGE INC 74624M102	139,446.10	65,267.35			0.00	1

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		ACCOUNT [REDACTED]	2,270					
940	RSG	REPUBLIC SERVICES INC 760759100	189,109.20	66,751.90			0.00	1
		ACCOUNT [REDACTED]	940					
1,050	TJX	TJX CO INC 872540109	126,850.50	98,348.92			0.00	1
		ACCOUNT [REDACTED]	1,050					
1,000	TGT	TARGET CORP 87612E106	135,180.00	53,002.05			0.00	1
		ACCOUNT [REDACTED]	1,000					
3,429	WMT	WALMART INC 931142103	309,810.15	130,853.36			711.52	1
		ACCOUNT [REDACTED]	3,429					
		TOTAL RETAILING	5,080,366.13	2,855,224.59			711.52	
FOOD AND STAPLES RETAILING								
397	MCD	MCDONALDS CORP 580135101	115,086.33	100,551.17			0.00	1
		ACCOUNT [REDACTED]	397					
FOOD BEVERAGE AND TOBACCO								
3,586	KO	COCA COLA CO 191216100	223,264.36	202,866.86			0.00	1
		ACCOUNT [REDACTED]	3,586					
800	HSY	THE HERSHEY CO 427866108	135,480.00	62,920.93			0.00	1
		ACCOUNT [REDACTED]	800					
4,000	HRL	HORMEL FOODS CORP 440452100	125,480.00	77,105.10			0.00	1
		ACCOUNT [REDACTED]	4,000					
1,160	PEP	PEPSICO INC 713448108	176,389.60	103,577.01			1,571.80	1
		ACCOUNT [REDACTED]	1,160					
		TOTAL FOOD BEVERAGE AND TOBACCO	660,613.96	446,469.90			1,571.80	
HOUSEHOLD AND PERSONAL PRODUCTS								
790	CHD	CHURCH & DWIGHT CO INC 171340102	82,720.90	75,533.58			0.00	1
		ACCOUNT [REDACTED]	790					

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359	FIX	COMFORT SYSTEMS USA 199908104 ACCOUNT [REDACTED]	152,237.54 359	36,304.78			0.00	1
600	ELF	E L F BEAUTY INC 26856L103 ACCOUNT [REDACTED]	75,330.00 600	44,614.14			0.00	1
1,900	ECL	ECOLAB INC 278865100 ACCOUNT [REDACTED]	445,208.00 1,900	74,279.64			1,235.00	1
1,443	MSM	MSC INDUSTRIAL DIRECT INC 553530106 ACCOUNT [REDACTED]	107,777.67 1,443	126,345.11			0.00	1
1,840	PG	PROCTER & GAMBLE CO 742718109 ACCOUNT [REDACTED]	308,476.00 1,840	180,544.02			0.00	1
2,532	ROL	ROLLINS INC 775711104 ACCOUNT [REDACTED]	117,358.20 2,532	113,941.04			0.00	1
		TOTAL HOUSEHOLD AND PERSONAL PRODUCTS	1,289,108.31	651,562.31			1,235.00	
HEALTH CARE EQUIP AND SERVICES								
4,300	TECH	BIO-TECHNE CORP 09073M104 ACCOUNT [REDACTED]	309,729.00 4,300	61,063.99			0.00	1
1,370	BSX	BOSTON SCIENTIFIC CORP 101137107 ACCOUNT [REDACTED]	122,368.40 1,370	91,520.90			0.00	1
1,773	HAE	HAEMONETRICS CORP 405024100 ACCOUNT [REDACTED]	138,435.84 1,773	152,870.81			0.00	1
353	ISRG	INTUITIVE SURGICAL INC 46120E602 ACCOUNT [REDACTED]	184,251.88 353	79,851.37			0.00	1
1,242	MMSI	MERIT MEDICAL SYSTEMS INC 589889104 ACCOUNT [REDACTED]	120,126.24 1,242	75,128.28			0.00	1
340	SYK	STRYKER CORP 863667101 ACCOUNT [REDACTED]	122,417.00 340	59,102.34			285.60	1

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2,847	UNH	UNITED HEALTH GROUP INC 91324P102	1,440,183.42	484,193.32			0.00	1
		ACCOUNT [REDACTED]	1,900					
		ACCOUNT [REDACTED]	559					
		ACCOUNT [REDACTED]	388					
		TOTAL HEALTH CARE EQUIP AND SERVICES	2,437,511.78	1,003,731.01			285.60	
		PHARMACEUTICAL BIOTECH LIFE SCI						
4,780	ABT	ABBOTT LABS 002824100	540,665.80	295,692.05			0.00	1
		ACCOUNT [REDACTED]	3,700					
		ACCOUNT [REDACTED]	1,080					
1,180	ABBV	ABBVIE INC 00287Y109	209,686.00	137,739.60			0.00	1
		ACCOUNT [REDACTED]	1,180					
490	AMGN	AMGEN INC 031162100	127,713.60	46,980.61			0.00	1
		ACCOUNT [REDACTED]	490					
1,470	BMY	BRISTOL MYERS SQUIBB CO 110122108	83,143.20	78,225.61			0.00	1
		ACCOUNT [REDACTED]	1,470					
690	CAH	CARDINAL HEALTH INC 14149Y108	81,606.30	70,194.31			0.00	1
		ACCOUNT [REDACTED]	690					
3,771	JNJ	JOHNSON & JOHNSON 478160104	545,362.02	396,058.51			0.00	1
		ACCOUNT [REDACTED]	1,600					
		ACCOUNT [REDACTED]	990					
		ACCOUNT [REDACTED]	1,181					
1,314	LGND	LIGAND PHARMACEUTICALS INC 53220K504	140,795.10	103,326.91			0.00	1
		ACCOUNT [REDACTED]	1,314					
1,535	LLY	LILLY ELI & CO 532457108	1,185,020.00	135,492.96			0.00	1
		ACCOUNT [REDACTED]	1,200					
		ACCOUNT [REDACTED]	335					
880	MRK	MERCK & CO INC 58933Y105	87,542.40	111,689.89			712.80	1
		ACCOUNT [REDACTED]	880					
3,020	PFE	PFIZER INC 717081103	80,120.60	79,857.86			0.00	1
		ACCOUNT [REDACTED]	3,020					

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751	VRTX	VERTEX PHARMACEUTICALS INC 92532F100	302,427.70	267,011.80			0.00	1
		ACCOUNT [REDACTED]	350					
		ACCOUNT [REDACTED]	401					
		TOTAL PHARMACEUTICAL BIOTECH LIFE SCI	3,384,082.72	1,722,270.11			712.80	
BANKS								
4,380	BAC	BANK AMER CORP 060505104	192,501.00	85,895.99			0.00	1
		ACCOUNT [REDACTED]	4,380					
2,055	BANR	BANNER CORP 06652V208	137,212.35	108,983.91			0.00	1
		ACCOUNT [REDACTED]	2,055					
5,896	COLB	COLUMBIA BANKING SYS INC 197236102	159,250.96	153,232.86			0.00	1
		ACCOUNT [REDACTED]	5,896					
2,088	CBU	COMMUNITY BANK SYS INC 203607106	128,787.84	128,042.74			862.04	1
		ACCOUNT [REDACTED]	2,088					
1,157	CFR	CULLEN FROST BANKERS INC 229899109	155,327.25	125,193.87			0.00	1
		ACCOUNT [REDACTED]	1,157					
5,036	GBCI	GLACIER BANCORP INC 37637Q105	252,907.92	209,753.74			0.00	1
		ACCOUNT [REDACTED]	5,036					
2,934	INDB	INDEPENDENT BANK CORP MA 453836108	188,333.46	184,387.27			1,672.38	1
		ACCOUNT [REDACTED]	2,934					
3,635	JPM	JP MORGAN CHASE & CO 46625H100	871,345.85	472,712.99			0.00	1
		ACCOUNT [REDACTED]	1,400					
		ACCOUNT [REDACTED]	1,350					
		ACCOUNT [REDACTED]	885					
2,644	NBHC	NATIONAL BANK HOLDINGS CORP 633707104	113,850.64	88,563.95			0.00	1
		ACCOUNT [REDACTED]	2,644					
670	PNC	PNC FINL CORP 693475105	129,209.50	86,914.47			0.00	1
		ACCOUNT [REDACTED]	670					

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1,810	PB	PROSPERITY BANCSHARES INC 743606105 ACCOUNT [REDACTED]	136,383.50 1,810	115,227.88			1,049.80	1
5,058	RNST	RENASANT CORP 75970E107 ACCOUNT [REDACTED]	180,823.50 5,058	171,218.79			1,059.08	1
6,201	SBCF	SEACOAST BKG CORP FLA 811707801 ACCOUNT [REDACTED]	170,713.53 6,201	157,193.21			0.00	1
3,000	WFC	WELLS FARGO BANK NA 949746101 ACCOUNT [REDACTED]	210,720.00 3,000	90,414.10			0.00	1
650	WTFC	WINTRUST FINL CORP 97650W108 ACCOUNT [REDACTED]	81,061.50 650	48,909.11			0.00	1
		TOTAL BANKS	3,108,428.80	2,226,644.88			4,643.30	
		DIVERSIFIED FINANCIALS						
3,930	AXP	AMERICAN EXPRESS CO 025816109 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	1,166,384.70 2,900 1,030	323,051.65			0.00	1
411	AMP	AMERIPRISE FINL INC 03076C106 ACCOUNT [REDACTED]	218,828.73 411	60,092.86			0.00	1
607	CBOE	CBOE GLOBAL MARKETS INC 12503M108 ACCOUNT [REDACTED]	118,607.80 607	69,762.88			0.00	1
2,079	CBRE	CBRE GROUP INC 12504L109 ACCOUNT [REDACTED]	272,951.91 2,079	259,989.66			0.00	1
950	EFX	EQUIFAX INC 294429105 ACCOUNT [REDACTED]	242,107.50 950	259,997.27			0.00	1
1,334	FAF	FIRST AMERICAN FINL CORP 31847R102 ACCOUNT [REDACTED]	83,294.96 1,334	74,137.87			0.00	1
687	HRI-W	HERC HOLDINGS INC 42704L104 ACCOUNT [REDACTED]	130,069.71 687	93,151.35			0.00	1

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1,110	ITGR	INTEGER HLDGS CORP 45826H109 ACCOUNT [REDACTED]	147,097.20 1,110	115,370.71			0.00	1
778	ICE	INTERCONTINENTAL EXCHANGE INC 45866F104 ACCOUNT [REDACTED]	115,929.78 778	82,261.23			0.00	1
1,015	MA	MASTERCARD INC 57636Q104 ACCOUNT [REDACTED]	534,468.55 1,015	339,855.81			0.00	1
2,823	NBTB	NBT BANCORP 628778102 ACCOUNT [REDACTED]	134,826.48 2,823	101,445.58			0.00	1
2,393	NDAQ	NASDAQ OMX GROUP INC 631103108 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	185,002.83 650 1,743	177,252.33			0.00	1
660	PYPL	PAYPAL HOLDINGS INC 70450Y103 ACCOUNT [REDACTED]	56,331.00 660	47,082.88			0.00	1
302	SPGI	S&P GLOBAL INC 78409V104 ACCOUNT [REDACTED]	150,405.06 302	103,237.23			0.00	1
828	SPSC	SPS COMM INC 78463M107 ACCOUNT [REDACTED]	152,343.72 828	41,207.59			0.00	1
2,723	TRU	TRANSUNION 89400J107 ACCOUNT [REDACTED]	252,449.33 2,723	245,201.58			0.00	1
4,274	V	VISA INC 92826C839 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	1,350,754.96 3,000 1,274	675,351.07			0.00	1
		TOTAL DIVERSIFIED FINANCIALS	5,311,854.22	3,068,449.55			0.00	
		INSURANCE						
331	AIZ	ASSURANT INC NR 04621X108 ACCOUNT [REDACTED]	70,575.82 331	54,201.25	NR		0.00	1
1,810	WRB	BERKLEY W R CORP 084423102	105,921.20	93,984.04			0.00	1

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		ACCOUNT [REDACTED]	1,810					
1,800	HIG	HARTFORD FINL SVCS GRP INC 416515104	196,920.00	83,146.34			936.00	1
		ACCOUNT [REDACTED]	1,800					
2,988	HMN	HORACE MANN EDUCATORS CORP 440327104	117,219.24	104,478.85			0.00	1
		ACCOUNT [REDACTED]	2,988					
1,050	MMC	MARSH & MCLENNAN CO INC 571748102	223,030.50	37,650.19			0.00	1
		ACCOUNT [REDACTED]	1,050					
1,920	MET	METLIFE INC 59156R108	157,209.60	88,249.75			0.00	1
		ACCOUNT [REDACTED]	1,920					
		TOTAL INSURANCE	870,876.36	461,710.42			936.00	
REAL ESTATE								
970	BXP	BOSTON PROPERTIES INC 101121101	72,129.20	64,357.42			0.00	1
		ACCOUNT [REDACTED]	970					
600	MAA	MID-AMER APART CMTYS INC 59522J103	92,742.00	82,026.25			0.00	1
		ACCOUNT [REDACTED]	600					
650	PLD	PROLOGIS INC 74340W103	68,705.00	94,140.26			0.00	1
		ACCOUNT [REDACTED]	650					
		TOTAL REAL ESTATE	233,576.20	240,523.93			0.00	
SOFTWARE AND SERVICES								
6,830	GOOG	ALPHABET INC 02079K107	1,300,705.20	267,301.51			0.00	1
		ACCOUNT [REDACTED]	6,100					
		ACCOUNT [REDACTED]	730					
6,518	GOOGL	ALPHABET INC 02079K305	1,233,857.40	564,864.89			0.00	1
		ACCOUNT [REDACTED]	3,060					
		ACCOUNT [REDACTED]	3,458					
1,028	AIT	APPLIED INDL TECHNOLOGIES INC 03820C105	246,175.16	102,228.49			0.00	1
		ACCOUNT [REDACTED]	1,028					

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600	ADP	AUTO DATA PROCESSING INC 053015103 ACCOUNT [REDACTED]	175,638.00 600	129,856.50			924.00	1
320	CACI	CACI INTL INC 127190304 ACCOUNT [REDACTED]	129,299.20 320	66,907.57			0.00	1
1,931	EPAM	EPAM SYS INC 29414B104 ACCOUNT [REDACTED]	451,506.42 1,931	397,820.27			0.00	1
3,348	META	META PLATFORMS INC 30303M102 ACCOUNT [REDACTED] ACCOUNT [REDACTED] ACCOUNT [REDACTED]	1,960,287.48 1,100 1,130 1,118	1,022,461.30			0.00	1
6,535	FI	FISERV INC 337738108 ACCOUNT [REDACTED] ACCOUNT [REDACTED] ACCOUNT [REDACTED]	1,342,419.70 4,600 670 1,265	316,034.20			0.00	1
1,250	FIVN	FIVE9 INC 338307101 ACCOUNT [REDACTED]	50,800.00 1,250	50,184.00			0.00	1
216	INTU	INTUIT INC 461202103 ACCOUNT [REDACTED]	135,756.00 216	60,018.16			0.00	1
7,336	MSFT	MICROSOFT CORP 594918104 ACCOUNT [REDACTED] ACCOUNT [REDACTED] ACCOUNT [REDACTED]	3,092,124.00 4,300 1,598 1,438	792,685.34			0.00	1
970	ORCL	ORACLE CORP 68389X105 ACCOUNT [REDACTED]	161,640.80 970	82,298.44			0.00	1
1,890	PANW	PALO ALTO NETWORKS INC 697435105 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	343,904.40 1,200 690	215,516.52			0.00	1
700	ROK	ROCKWELL AUTOMATION INC 773903109 ACCOUNT [REDACTED]	200,053.00 700	202,957.48			0.00	1

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1,912	CRM	SALESFORCE INC 79466L302	639,238.96	466,203.81			764.80	1
		ACCOUNT [REDACTED]	900					
		ACCOUNT [REDACTED]	1,012					
396	NOW	SERVICENOW INC 81762P102	419,807.52	237,454.93			0.00	1
		ACCOUNT [REDACTED]	396					
503	SNPS	SYNOPSIS INC 871607107	244,136.08	65,633.50			0.00	1
		ACCOUNT [REDACTED]	503					
		TOTAL SOFTWARE AND SERVICES	12,127,349.32	5,040,426.91			1,688.80	
TECHNOLOGY HARDWARE AND EQUIP								
5,480	AAPL	APPLE INC 037833100	1,372,301.60	549,002.48			0.00	1
		ACCOUNT [REDACTED]	2,300					
		ACCOUNT [REDACTED]	3,180					
620		ARISTA NETWORKS INC COM SHS 040413205	68,528.60	69,647.39			0.00	
		ACCOUNT [REDACTED]	620					
870	CSCO	CISCO SYSTEMS INC 17275R102	51,504.00	48,748.35			0.00	1
		ACCOUNT [REDACTED]	870					
1,567	EA	ELECTRONIC ARTS INC 285512109	229,252.10	197,736.35			0.00	1
		ACCOUNT [REDACTED]	1,567					
940	EMR	EMERSON ELEC CO 291011104	116,494.20	119,095.81			0.00	1
		ACCOUNT [REDACTED]	940					
460	IBM	IBM CORP 459200101	101,121.80	92,404.11			0.00	1
		ACCOUNT [REDACTED]	460					
1,500	LFUS	LITTELFUSE INC 537008104	353,475.00	266,394.29			0.00	1
		ACCOUNT [REDACTED]	1,500					
1,465	MTSI	M/A-COM TECH SOLUTIONS INC 55405Y100	190,318.15	40,522.96			0.00	1
		ACCOUNT [REDACTED]	1,465					
1,700	MSI	MOTOROLA SOLUTIONS INC 620076307	785,791.00	258,011.75			1,853.00	1

Statement Period
 Account Number

01/01/2024 through 12/31/2024

DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCOUNT [REDACTED]	1,700					
1,000	QCOM	QUALCOMM INC 747525103	153,620.00	68,867.92			0.00	1
		ACCOUNT [REDACTED]	1,000					
840	TMUS	T-MOBILE US INC 872590104	185,413.20	44,141.54			0.00	1
		ACCOUNT [REDACTED]	840					
10,753	VSH	VISHAY INTERTECHNOLOGY INC 928298108	182,155.82	239,265.53			0.00	1
		ACCOUNT [REDACTED]	10,753					
TOTAL TECHNOLOGY HARDWARE AND EQUIP			3,789,975.47	1,993,838.48			1,853.00	
SEMICONDUCTORS AND EQUIPMENT								
990	AMD	ADVANCED MICRO DEVICES INC 007903107	119,582.10	87,554.28			0.00	1
		ACCOUNT [REDACTED]	990					
2,505	AMAT	APPLIED MATERIALS INC 038222105	407,388.15	282,843.13			0.00	1
		ACCOUNT [REDACTED]	1,110					
		ACCOUNT [REDACTED]	1,395					
24,881	NVDA	NVIDIA CORP 67066G104	3,341,269.49	499,556.66			0.00	1
		ACCOUNT [REDACTED]	12,500					
		ACCOUNT [REDACTED]	8,570					
		ACCOUNT [REDACTED]	3,811					
600	TXN	TEXAS INSTRUMENTS INC 882508104	112,506.00	82,825.84			0.00	1
		ACCOUNT [REDACTED]	600					
TOTAL SEMICONDUCTORS AND EQUIPMENT			3,980,745.74	952,779.91			0.00	
UTILITIES								
2,050	AEP	AMERICAN ELEC PWR INC 025537101	189,071.50	159,784.38			0.00	1
		ACCOUNT [REDACTED]	2,050					
790	AWK	AMERICAN WTR WRKS CO INC 030420103	98,347.10	110,415.01			0.00	1
		ACCOUNT [REDACTED]	790					
3,130	EVRG	EVERGY INC 30034W106	192,651.50	174,766.97			0.00	1
		ACCOUNT [REDACTED]	3,130					

Statement Period
 Account Number
 01/01/2024 through 12/31/2024
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
1,229	NEE	NEXTERA ENERGY INC 65339F101 ACCOUNT [REDACTED]	88,107.01	95,757.77			0.00	1
			1,229					
1,100	POR	PORTLAND GEN ELECTRIC CO 736508847 ACCOUNT [REDACTED]	47,982.00	59,050.57			550.00	1
			1,100					
		TOTAL UTILITIES	616,159.11	599,774.70			550.00	
		TOTAL COMMON STOCK	65,364,794.23	38,927,728.80			29,514.53	
		EQUITY FUNDS	To Page 1 - Common Stock					
		UNCLASSIFIED						
1,236,625.1963	AFLCIX	CHEVY CHASE TR CO ASB LAB EQ IDX 16678V306 ACCOUNT [REDACTED]	70,679,313.09	41,714,085.92			0.00	1
			1,236,625.1963					
1,057,328.738		AB SUSTAINABLE US THEMATIC CIT ZZ5026518 ACCOUNT [REDACTED]	13,673,798.17	10,573,287.38			0.00	1
			1,057,328.738					
		TOTAL UNCLASSIFIED	84,353,111.26	52,287,373.30			0.00	
		FOREIGN STOCK						
		UNCLASSIFIED						
4,407	PRMB	PRIMO BRANDS CORP. CLASS A COM SHS 741623102 ACCOUNT [REDACTED]	135,603.39	78,651.93			0.00	
			4,407					
5,022	CRDO	CREDO TECHNOLOGY GROUP HOLDING L COM USD0.00005 G25457105 ACCOUNT [REDACTED]	337,528.62	94,571.05			0.00	1
			5,022					
5,000	NVT	NVENT ELECTRIC PLC G6700G107 ACCOUNT [REDACTED]	340,800.00	81,040.41			0.00	1
			5,000					
379	SPOT	SPOTIFY TECHNOLOGY SA L8681T102 ACCOUNT [REDACTED]	169,557.02	115,642.21			0.00	1
			379					
4,716	OSW	ONESP WORLD HOLDINGS LTD. COM P73684113 ACCOUNT [REDACTED]	93,848.40	93,912.54			0.00	
			4,716					

Statement Period
 Account Number

01/01/2024 through 12/31/2024
 [REDACTED]
 DISTRICT COUNCIL PAINTERS 82
 PENSION TRUST FUND

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		TOTAL UNCLASSIFIED	1,077,337.43	463,818.14			0.00	
		CONSUMER SERVICES						
900	RCL	ROYAL CARIBBEAN CRUISES ADR LIBERIA V7780T103 ACCOUNT [REDACTED]	207,621.00	81,037.70			495.00	1
		PHARMACEUTICAL BIOTECH LIFE SCI						
10,894	PRGO	PERRIGO CO LTD ADR IRELAND G97822103 ACCOUNT [REDACTED]	280,084.74	364,027.93			0.00	1
		SOFTWARE AND SERVICES						
548	ACN	ACCENTURE PLC ADR IRELAND G1151C101 ACCOUNT [REDACTED]	192,780.92	83,360.86			0.00	1
		TECHNOLOGY HARDWARE AND EQUIP						
2,209	EVTC	EVERTEC INC ADR PUERTO RICO 30040P103 ACCOUNT [REDACTED]	76,276.77	85,069.30			0.00	1
2,500	SIMO	SILICON MOTION TECHNOLOGY CORP ADR CAYMAN ISLANDS 82706C108 ACCOUNT [REDACTED]	135,125.00	182,701.12			0.00	1
1,094	FN	FABRINET ADR CAYMAN ISLANDS G3323L100 ACCOUNT [REDACTED] ACCOUNT [REDACTED]	240,548.72	172,624.37			0.00	1
1,500	MDT	MEDTRONIC PLC G5960L103 ACCOUNT [REDACTED]	119,820.00	115,654.56			1,050.00	1
		TOTAL TECHNOLOGY HARDWARE AND EQUIP	571,770.49	556,049.35			1,050.00	
		TOTAL FOREIGN STOCK	2,329,594.58	1,548,293.98			1,545.00	
		INTL EQUITY FUNDS						
		UNCLASSIFIED						
103,634.283	VTSNX	VANGUARD TOTAL INTL STK INDEX CL I#1869 921909784 ACCOUNT [REDACTED]	13,132,536.34	11,827,566.20			0.00	1

To Page 1 - Common Stock

To Page 1 - Registered investment companies

**District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001**

*Attachment E to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 8b(2) - Schedule of Active Participant Data*

Years of Credited Service

Attained Age	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	Totals
Under 25	21	52	5	0	0	0	0	0	0	0	78
25 to 29	10	35	28	0	0	0	0	0	0	0	73
30 to 34	10	45	46	20	0	0	0	0	0	0	121
35 to 39	7	28	55	20	13	2	0	0	0	0	125
40 to 44	8	18	50	27	35	7	1	0	0	0	146
45 to 49	6	12	28	10	10	12	15	0	0	0	93
50 to 54	3	11	20	11	18	35	19	9	1	0	127
55 to 59	1	4	15	3	6	27	27	17	5	2	107
60 to 64	2	3	10	9	2	10	10	12	2	7	67
65 to 69	0	0	2	0	0	0	0	0	0	0	2
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Total	68	208	259	100	84	93	72	38	8	9	939

Average Age: 42.8

Average Service: 11.9

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment G to the 2024 Schedule MB (Form 5500)
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases

1. St. Paul Amortization Charges	Initial Amount	Date of First Charge	Remaining Period	Outstanding Balance Beg. of Year	Amortization Charge
a. Plan Amendment	\$ 2,129,147	9/1/1994	0.667	\$ 115,286	\$ 115,286
b. Plan Amendment	286,197	9/1/1995	1.667	36,971	22,542
c. Change in Assumptions	2,404,755	9/1/1995	1.667	310,701	189,408
d. Plan Amendment	3,445,257	9/1/1996	2.667	685,682	271,362
e. Plan Amendment	1,225,104	5/1/1997	3.333	297,771	96,494
f. Plan Amendment	20,263	9/1/1997	3.667	5,356	1,596
g. Plan Amendment	1,323,575	9/1/1998	4.667	429,344	104,250
h. Plan Amendment	1,311,857	9/1/1999	5.667	499,273	103,327
i. Plan Amendment	359,022	9/1/2001	7.667	172,879	28,278
j. Change in Assumptions	5,521,702	9/1/2001	7.667	2,658,719	434,911
k. Plan Amendment	3,409,695	5/1/2003	9.333	1,893,317	268,561
l. Plan Amendment	805,597	5/1/2004	10.333	479,623	63,452
m. Plan Amendment	1,277,298	5/1/2005	11.333	808,096	100,605
n. Change in Assumptions	4,652,205	9/1/2005	11.667	2,997,863	366,426
o. Plan Amendment	1,454,346	5/1/2006	12.333	970,567	114,550
p. Plan Amendment	457,481	5/1/2007	13.333	320,074	36,033
q. Change in Assumptions	1,265,401	9/1/2007	13.667	898,171	99,668
r. Plan Amendment	1,667,146	5/1/2008	14.333	1,216,444	131,311
s. Ext. Recognition of 8/31/09 Investment Loss	4,078,250	9/1/2009	14.667	3,043,656	324,356
t. Ext. Recognition of 8/31/10 Investment Loss	57,108	9/1/2010	16.667	44,189	4,542
u. Ext. Recognition of 8/31/09 Investment Loss	997,114	9/1/2010	14.667	752,059	80,145
v. Change in Assumptions	142,745	9/1/2010	1.667	24,681	15,043

**District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001**

*Attachment G to the 2024 Schedule MB (Form 5500)
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
(Continued)*

1. St. Paul Amortization Charges (cont'd)	Initial Amount	Date of First Charge	Remaining Period	Outstanding Balance Beg. of Year	Amortization Charge
w. Actuarial Loss	\$ 3,095,770	9/1/2010	1.667	\$ 535,147	\$ 326,243
x. Ext. Recognition of 8/31/10 Investment Loss	69,099	9/1/2011	14.667	54,045	5,554
y. Ext. Recognition of 8/31/09 Investment Loss	1,119,807	9/1/2011	14.667	854,337	91,045
z. Actuarial Loss	2,131,359	9/1/2011	2.667	567,544	224,610
aa. Change in Assumptions	2,863,599	9/1/2011	2.667	762,532	301,776
ab. Ext. Recognition of 8/31/10 Investment Loss	81,595	9/1/2012	15.667	64,555	6,634
ac. Ext. Recognition of 8/31/09 Investment Loss	1,312,890	9/1/2012	14.667	1,014,217	108,084
ad. Actuarial Loss	891,468	9/1/2012	3.667	314,850	93,946
ae. Change in Assumptions	1,416,892	9/1/2012	3.667	500,416	149,317
af. Change in Assumptions	93,288	9/1/2013	4.667	40,486	9,831
ag. Ext. Recognition of 8/31/10 Investment Loss	94,503	9/1/2013	15.667	75,691	7,780
ah. Ext. Recognition of 8/31/09 Investment Loss	1,515,893	9/1/2013	14.667	1,187,085	126,504
ai. Plan Amendment	3,064,522	9/1/2013	4.667	1,330,067	322,950
aj. Ext. Recognition of 8/31/10 Investment Loss	107,691	9/1/2014	15.667	87,449	8,987
ak. Ext. Recognition of 8/31/09 Investment Loss	1,727,696	9/1/2014	14.667	1,373,130	146,332
al. Change in Assumptions	2,485,826	9/1/2014	5.667	1,265,825	261,965
am. Ext. Recognition of 8/31/10 Investment Loss	121,066	9/1/2015	15.667	99,764	10,254
an. Ext. Recognition of 8/31/09 Investment Loss	1,497,003	9/1/2015	14.667	1,209,205	128,861
ao. Ext. Recognition of 8/31/10 Investment Loss	126,763	9/1/2016	15.667	106,169	10,912
ap. Change in Assumptions	4,104,207	9/1/2016	7.667	2,644,076	432,516
aq. Change in Assumptions	543,641	9/1/2017	8.667	383,139	57,291
ar. Plan Amendment	98,490	9/1/2017	8.667	69,415	10,379
as. Method Change	783,508	9/1/2017	3.667	355,860	106,182

**District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001**

*Attachment G to the 2024 Schedule MB (Form 5500)
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
(Continued)*

1. St. Paul Amortization Charges (cont'd)	Initial Amount	Date of First Charge	Remaining Period	Outstanding Balance Beg. of Year	Amortization Charge
at. Change in Assumptions	\$ 1,421,514	1/1/2018	9.000	\$ 1,027,252	\$ 149,804
au. Actuarial Loss	676,894	1/1/2018	9.000	489,158	71,333
av. Change in Assumptions	10,014,487	1/1/2019	10.000	7,787,395	1,055,361
aw. Actuarial Loss	3,878,057	1/1/2019	10.000	3,015,628	408,683
ax. Change in Assumptions	4,555,129	1/1/2020	11.000	3,775,036	480,035
ay. Actuarial Loss	75,398	1/1/2020	11.000	62,486	7,946
az. Actuarial Loss	4,672,873	1/1/2023	14.000	4,493,962	492,444
ba. Actuarial Loss	2,008,638	1/1/2024	15.000	<u>2,008,638</u>	<u>211,677</u>
bb. Total St. Paul Charges				\$ 56,215,281	\$ 8,797,382

2. Minneapolis Amortization Charges	Initial Amount	Date of First Charge	Remaining Period	Outstanding Balance Beg. of Year	Amortization Charge
a. Plan Amendment	\$ 1,642,500	5/1/1994	0.333	\$ 47,695	\$ 47,695
b. Plan Amendment	4,499,164	5/1/1996	2.333	798,207	354,354
c. Plan Amendment	1,456,892	5/1/1997	3.333	355,395	114,745
d. Plan Amendment	32,146	12/1/1997	3.917	9,002	2,532
e. Plan Amendment	2,398,644	5/1/1998	4.333	733,503	188,919
f. Plan Amendment	2,811,584	5/1/1999	5.333	1,010,311	221,643
g. Plan Amendment	3,187,751	5/1/2000	6.333	1,328,988	251,071
h. Plan Amendment	3,448,618	5/1/2001	7.333	1,609,512	271,618
i. Assumption Change	1,112,585	12/1/2001	7.917	549,596	87,632

**District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001**

*Attachment G to the 2024 Schedule MB (Form 5500)
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
(Continued)*

2. Minneapolis Amort. Charges (cont'd)	Initial Amount	Date of First Charge	Remaining Period	Outstanding Balance Beg. of Year	Amortization Charge
j. Plan Amendment	\$ 2,108,753	5/1/2002	8.337	\$ 1,081,899	\$ 166,088
k. Assumption Change	3,963,857	12/1/2003	9.917	2,298,125	312,209
l. Plan Amendment	360,752	12/1/2004	10.917	223,031	28,414
m. Plan Amendment	561,299	12/1/2005	11.917	367,085	44,210
n. Plan Amendment	802,540	12/1/2005	11.917	524,858	63,211
o. Plan Amendment	1,698,078	12/1/2006	12.917	1,167,028	133,747
p. Assumption Change	986,711	12/1/2007	13.917	708,663	77,717
q. Plan Amendment	850,499	12/1/2007	13.917	610,814	66,989
r. 2008 PRA Elig 2008 Loss	16,500,716	12/1/2008	13.917	11,966,528	1,312,353
s. 2009 PRA Elig 2008 Loss	2,681,125	12/1/2009	13.917	1,965,001	215,501
t. 2010 PRA Elig 2008 Loss	3,266,994	12/1/2010	13.917	2,422,032	265,620
u. 2011 PRA Elig 2008 Loss	7,260,128	12/1/2011	13.917	5,449,963	597,692
v. 2011 Net Actuarial Loss	106,918	12/1/2011	2.917	30,991	11,267
w. Actuarial Loss	560,501	12/1/2012	3.917	210,253	59,068
x. Change in Assumptions	1,003,396	9/1/2017	8.667	707,164	105,741
y. Plan Amendment	437,197	9/1/2017	8.667	308,125	46,073
z. Actuarial Loss	1,697,223	1/1/2019	10.000	1,319,784	178,859
aa. Actuarial Loss	162,441	1/1/2020	11.000	134,623	17,119
ab. Change in Assumptions	1,852,023	1/1/2021	12.000	1,622,943	195,173
ac. Actuarial Loss	3,102,422	1/1/2023	14.000	2,983,639	326,944
ad. Actuarial Loss	1,539,632	1/1/2024	15.000	<u>1,539,632</u>	<u>162,252</u>
ae. Total Minneapolis Charges				\$ 44,084,390	\$ 5,926,455

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment G to the 2024 Schedule MB (Form 5500)
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
(Continued)

3. St. Paul Amortization Credits	<i>Initial</i>	<i>Date of First</i>	<i>Remaining</i>	<i>Outstanding</i>	<i>Amortization</i>
	<i>Amount</i>	<i>Credit</i>	<i>Period</i>	<i>Balance</i> <i>Beg. of Year</i>	<i>Credit</i>
a. Plan Amendment	\$ 15,331,991	1/1/2004	9.667	\$ 8,721,282	\$ 1,207,608
b. Actuarial Gain	1,121,276	9/1/2009	0.667	81,223	81,223
c. Plan Amendment	1,540,185	1/1/2012	3.000	455,813	162,310
d. Actuarial Gain	2,326,133	9/1/2013	4.667	1,009,579	245,136
e. Actuarial Gain	3,405,059	9/1/2014	5.667	1,733,906	358,837
f. Change in Assumptions	10,040	9/1/2015	6.667	5,818	1,058
g. Actuarial Gain	1,265,511	9/1/2015	6.667	732,945	133,364
h. Actuarial Gain	836,629	9/1/2016	7.667	538,987	88,167
i. Actuarial Gain	1,508,070	9/1/2017	8.667	1,062,836	158,926
j. Change in Assumptions	2,224,745	1/1/2021	12.000	1,949,564	234,451
k. Plan Amendment	32,053,821	1/1/2021	12.000	28,089,030	3,377,943
l. Actuarial Gain	5,107,199	1/1/2021	12.000	4,475,482	538,214
m. Actuarial Gain	3,433,434	1/1/2022	13.000	3,160,662	361,827
n. Total St. Paul Credits				\$ 52,017,127	\$ 6,949,064

4. Minneapolis Amortization Credits	<i>Initial</i>	<i>Date of First</i>	<i>Remaining</i>	<i>Outstanding</i>	<i>Amortization</i>
	<i>Amount</i>	<i>Credit</i>	<i>Period</i>	<i>Balance</i> <i>Beg. of Year</i>	<i>Credit</i>
a. Actuarial Gain	\$ 9,226,574	12/1/2009	0.917	\$ 917,291	\$ 917,291
b. Actuarial Gain	211,418	12/1/2010	1.917	41,869	22,280
c. Actuarial Gain	997,348	12/1/2013	4.917	453,311	105,104
d. Assumption Change	137,418	12/1/2013	4.917	62,451	14,482

**District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001**

*Attachment G to the 2024 Schedule MB (Form 5500)
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
(Continued)*

4. Minneapolis Amort. Credits (Cont'd)	Initial Amount	Date of First Credit	Remaining Period	Outstanding Balance Beg. of Year	Amortization Credit
e. Actuarial Gain	\$ 3,166,239	12/1/2014	5.917	\$ 1,672,938	\$ 333,669
f. Actuarial Gain	2,797,188	12/1/2015	6.917	1,670,101	294,777
g. Actuarial Gain	12,308	12/1/2016	7.917	8,137	1,297
h. Actuarial Gain	2,806,805	9/1/2017	8.667	1,978,143	295,791
i. Method Change	694,646	9/1/2017	3.667	315,497	94,140
j. Actuarial Gain	407,316	1/1/2018	9.000	294,348	42,924
k. Actuarial Gain	1,411,625	1/1/2021	12.000	1,237,019	148,762
l. Actuarial Gain	4,606,370	1/1/2022	13.000	4,240,413	485,435
m. Total Minneapolis Credits				\$ 12,891,518	\$ 2,755,952
5. Total Charges				\$ 100,299,671	\$ 14,723,837
6. Total Credits				\$ 64,908,645	\$ 9,705,016
7. Credit Balance				\$ 29,101,699	
8. Balance Test = (5) - (6) - (7)				\$ 6,289,327	
9. Unfunded Actuarial Accrued Liability				\$ 6,289,327	

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment H to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 11 - Justification for Changes in Actuarial Assumptions

Actuarial Basis

The following changes have been made to the actuarial basis since the prior valuation:

1. To comply with statutory requirements, the interest rate for RPA '94 Current Liability purposes was changed from 2.19% to 2.82%.
2. To comply with statutory requirements, the mortality assumption for RPA '94 current liability purposes was changed from the IRS prescribed static mortality table for 2023 valuation dates to the IRS prescribed static mortality table for 2024 valuation dates.

Plan of Benefits

There were no changes to the plan of benefits since the prior valuation.

Contribution Rates

The following change has been made to the journeyman contribution rates since the prior valuation:

1. Effective May 1, 2023, the contribution rate increased from \$9.70 to \$9.98 per hour for St. Paul Tapers (before reflecting the carve-out).

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment B to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

The Actuarial Cost Method for determining the Actuarial Accrued Liability and Normal Cost is the Unit Credit Cost Method and is the same method used in the prior valuation.

Asset Valuation Method

Effective September 1, 2017, the Actuarial Value of Assets (AVA) was set equal to the market value of assets. For subsequent Plan Years, the AVA is determined as described below.

Twenty percent of the gain or loss on the market value of assets for each Plan Year is recognized over the five succeeding years. The actuarial value determined above will never be permitted to be less than 80% nor more than 120% of the market value of assets. This is the same method used in the prior valuation.

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment B to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Interest Rate (Net of Investment Expenses)

For RPA '94 Current Liability	2.82% per year
For Withdrawal Liability Purposes	6.00% per year
For All Other Purposes	7.50% per year

Administrative Expenses

Average of prior 3 years' actual expenses, adjusted for 2% annual growth and rounded up to the next multiple of \$5,000. The 2024 assumption is \$455,000 as of beginning of the Plan Year.

Mortality Rates

Healthy Lives	115% of RPH-2014 Blue Collar with separate rates for annuitants and non-annuitants (headcount-weighted table). No projected mortality improvement.
Disabled Lives	RP-2000 Disabled mortality tables, with no projected mortality improvements.
RPA '94 Current Liability	IRS prescribed static mortality table for 2024 valuation dates.

Retirement Rates – Active & Deferred Vested Participants

Rates varying by age.

<u>Age</u>	<u>Rate</u>
55 - 61	0.15
62	0.50
63 - 64	0.20
65	1.00

Pre-retirement Survivor Benefit Commencement

For surviving spouses of Minneapolis Participants, the survivor annuity is assumed to be payable immediately following the death of the Participant.

For surviving spouses of St. Paul Participants, the survivor annuity is assumed to be payable at the Participant's age 55.

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment B to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Withdrawal Rates

Rates varying by age and service. Sample rates follow:

<u>Age</u>	<u>Rate *</u>	<u>Age</u>	<u>Rate *</u>
20	0.05438	40	0.03503
25	0.05292	45	0.01769
30	0.05067	50	0.00405
35	0.04698	55	0.00000

* The following rates apply to Participants with less than four years of service:

<u>Years of Service</u>	<u>Withdrawal Rate</u>
0-1	0.25
2	0.15
3	0.10

Disability Incidence

Rates varying by age. Sample rates follow:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.00099	35	0.00133	50	0.00437
25	0.00100	40	0.00150	55	0.00580
30	0.00117	45	0.00293	60	0.01480

Percentage Married

60%

Spouse Age

Spouses of male/female Participants are 3 years younger/older than the Participant

Inclusion of New Active Participants

500 hours of service in Covered Employment in the prior year

Future Hours of Covered Employment

1,500 hours of service in Covered Employment per year

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment B to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Form of Payment
(Active and Deferred Vested Participants)

Unmarried Participants: Life annuity with 60 payments guaranteed
Married Participants: Joint and 50% and survivor annuity with pop-up

Rationale for Assumptions

Interest Rate

The interest rate assumption for all purposes other than for RPA '94 Current Liability reflects the anticipated investment return from the Pension Fund, net of investment expenses. This long-term assumption reflects past experience, future expectations, and input from the Fund's investment manager. Based on these factors, the Fund's asset allocation, and our professional judgment, we consider 7.50% to be a reasonable assumption with no significant bias.

While the actuarial valuation is performed on an ongoing basis, withdrawal liability assessments are intended to estimate a one-time payment from a withdrawing employer. We consider 6.00% to be a reasonable assumption for measuring unfunded vested benefits for withdrawal liability purposes.

Demographic Assumptions

The assumptions for mortality, disability, withdrawal and retirement rates are reviewed annually to ensure their reasonableness on both an individual and an aggregate basis. These assumptions reflect past experience, future expectations, and applicable Plan provisions. Based on these factors and our professional judgment, we consider these assumptions to be reasonable with no significant bias.

Mortality Improvement

Based on past experience, future expectations, and our professional judgment, we consider the assumption of no mortality improvement beyond the valuation date to be reasonable.

District Council 82 Painting Industry Pension Fund
EIN 90-0585687, Plan 001

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

<u>Employer and Collective Bargaining Agreement</u>	<u>Expiration Date</u>
Mulcahy Nickolaus, LLC - Agreement between Minnesota Painting and Wallcovering Employers Association and International Union of Painters and Allied Trades District Council #82 Minnesota Drywall and Plaster Association and Painters and Allied Trades District Council 82	April 30, 2025 April 30, 2025
Pinnacle Wall Systems. - Agreement between Minnesota Painting and Wallcovering Employers Association and International Union of Painters and Allied Trades District Council #82 Minnesota Drywall and Plaster Association and Painters and Allied Trades District Council 82	April 30, 2025 April 30, 2025
Swanson & Youngdale - Agreement between Minnesota Painting and Wallcovering Employers Association and International Union of Painters and Allied Trades District Council #82 Minnesota Drywall and Plaster Association and Painters and Allied Trades District Council 82	April 30, 2025 April 30, 2025
Torrini Companies - Agreement between Minnesota Painting and Wallcovering Employers Association and International Union of Painters and Allied Trades District Council #82 Minnesota Drywall and Plaster Association and Painters and Allied Trades District Council 82	April 30, 2025 April 30, 2025

District Council 82 Painting Industry Pension Fund
EIN 90-0585687, Plan 001

Schedule R, Line 13e - Information on Contribution Rates and Base Units

December 31, 2024

<u>Employer</u>	<u>Contribution rate</u>	<u>Base unit measure</u>
Custom Drywall	\$5.14	Hourly
	\$10.23	Hourly
Mulcahy Nickolaus, LLC.	\$5.08	Hourly
	\$5.14	Hourly
	\$5.23	Hourly
	\$10.13	Hourly
	\$10.23	Hourly
	\$10.38	Hourly
Nelson, Julius B. & Son	\$5.08	Hourly
	\$5.23	Hourly
	\$10.13	Hourly
	\$10.38	Hourly
Painting by Nakasone	\$5.08	Hourly
	\$5.23	Hourly
	\$10.13	Hourly
	\$10.38	Hourly
Pinnacle Wall Systems	\$5.23	Hourly
	\$10.13	Hourly
	\$10.23	Hourly
	\$10.38	Hourly
Rainbow, Inc.	\$5.08	Hourly
	\$5.23	Hourly
	\$10.13	Hourly
	\$10.38	Hourly
Swanson & Youngdale, Inc.	\$5.08	Hourly
	\$5.14	Hourly
	\$5.23	Hourly
	\$6.52	Hourly
	\$10.13	Hourly
	\$10.23	Hourly
	\$10.38	Hourly

District Council 82 Painting Industry Pension Fund
EIN 90-0585687, Plan 001

Schedule R, Line 13e - Information on Contribution Rates and Base Units

December 31, 2024

<u>Employer</u>	<u>Contribution rate</u>	<u>Base unit measure</u>
Torrini Companies	\$5.08	Hourly
	\$5.14	Hourly
	\$10.13	Hourly
	\$10.23	Hourly
	\$10.38	Hourly
Wasche Com Finishes, Inc.	\$5.08	Hourly
	\$5.23	Hourly
	\$10.13	Hourly
	\$10.38	Hourly

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment A to the 2024 Schedule MB (Form 5500)
Schedule MB, Line 3 – Contributions Made to the Plan

Regular (non-withdrawal liability) contributions are made by participating employers on a regular basis and, for Schedule MB purposes, are assumed to have been made on the 15th of each month as indicated on the Schedule MB.

There were no withdrawal liability contributions received during the 2024 Plan Year.

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment D to 2024 Schedule MB of Form 5500
Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Summarized below are the projected benefit payments (not including administrative expenses) assuming (1) no additional accruals, (2) experience is in line with demographic assumptions, and (3) no new entrants are covered by the Plan. The benefit payments reflect the plan of benefits used for the January 1, 2024 valuation.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,449,184	675,063	18,116,148	20,240,395
2025	2,846,393	1,122,323	17,760,337	21,729,053
2026	4,474,083	1,582,164	17,403,755	23,460,002
2027	5,633,459	2,031,242	16,977,291	24,641,992
2028	6,723,823	2,414,005	16,502,495	25,640,323
2029	7,586,763	2,757,553	16,053,220	26,397,536
2030	8,283,712	3,146,924	15,604,535	27,035,171
2031	8,868,445	3,480,922	15,133,546	27,482,913
2032	9,392,431	3,703,719	14,640,566	27,736,716
2033	9,829,022	3,919,241	14,126,141	27,874,404
2034	10,194,335	4,133,755	13,591,028	27,919,118
2035	10,539,499	4,335,660	13,036,220	27,911,379
2036	10,805,917	4,479,630	12,462,922	27,748,469
2037	11,016,654	4,660,402	11,872,482	27,549,538
2038	11,191,130	4,802,058	11,266,442	27,259,630
2039	11,324,736	4,876,099	10,646,602	26,847,437
2040	11,457,762	5,021,697	10,015,020	26,494,479
2041	11,584,752	5,108,713	9,374,049	26,067,514
2042	11,652,570	5,267,220	8,726,379	25,646,169
2043	11,684,426	5,291,651	8,075,124	25,051,201
2044	11,708,204	5,315,303	7,423,884	24,447,391
2045	11,735,942	5,297,247	6,776,748	23,809,937

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment D to 2024 Schedule MB of Form 5500
Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments
(Continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2046	11,692,005	5,277,795	6,138,300	23,108,100
2047	11,568,847	5,214,204	5,513,517	22,296,568
2048	11,456,494	5,131,849	4,907,565	21,495,908
2049	11,269,496	4,995,856	4,325,687	20,591,039
2050	11,033,962	4,852,755	3,773,087	19,659,804
2051	10,742,598	4,681,422	3,254,694	18,678,714
2052	10,461,941	4,530,273	2,774,910	17,767,124
2053	10,138,566	4,326,627	2,337,283	16,802,476
2054	9,746,469	4,123,174	1,944,227	15,813,870
2055	9,342,715	3,931,931	1,596,847	14,871,493
2056	8,948,688	3,781,817	1,294,862	14,025,367
2057	8,524,700	3,569,487	1,036,669	13,130,856
2058	8,084,623	3,355,181	819,542	12,259,346
2059	7,657,357	3,172,475	639,936	11,469,768
2060	7,211,182	2,953,596	493,769	10,658,547
2061	6,817,026	2,727,167	376,690	9,920,883
2062	6,387,850	2,508,689	284,336	9,180,875
2063	5,962,952	2,298,745	212,546	8,474,243
2064	5,573,378	2,096,773	157,502	7,827,653
2065	5,182,739	1,905,833	115,828	7,204,400
2066	4,801,546	1,725,498	84,624	6,611,668
2067	4,435,398	1,555,639	61,481	6,052,518
2068	4,084,326	1,396,305	44,460	5,525,091
2069	3,749,080	1,247,509	32,024	5,028,613
2070	3,430,578	1,109,194	22,995	4,562,767
2071	3,129,514	981,229	16,467	4,127,210
2072	2,845,529	863,435	11,764	3,720,728
2073	2,578,126	755,583	8,388	3,342,097

District Council 82 Painting Industry Pension Plan
EIN: 90-0585687 - Plan Number 001

Attachment F to 2024 Schedule MB of Form 5500
Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions
and Withdrawal Liability Payments

Summarized below are the projected employer contributions and Withdrawal Liability Payments under the same assumptions stated in the Actuarial Certification for the 2024 Plan Year.

Plan Year	Employer Contributions	Withdrawal Liability	Total
2024	14,220,392	-	14,220,392
2025	14,220,392	-	14,220,392
2026	14,220,392	-	14,220,392
2027	14,220,392	-	14,220,392
2028	14,220,392	-	14,220,392
2029	14,220,392	-	14,220,392
2030	14,220,392	-	14,220,392
2031	14,220,392	-	14,220,392
2032	14,220,392	-	14,220,392
2033	14,220,392	-	14,220,392

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>	Annual Return/Report of Employee Benefit Plan <small>This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</small> ▶ Complete all entries in accordance with the instructions to the Form 5500.	<small>OMB Nos. 1510 - 0110 1510 - 0089</small> 2024 <small>This Form is Open to Public Inspection</small>
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information											
1a Name of plan DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">1b Three-digit plan number (PN) ▶</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>10/01/1969</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>90-0585687</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>952-854-0795</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>238300</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	10/01/1969	2b Employer Identification Number (EIN)	90-0585687	2c Plan Sponsor's telephone number	952-854-0795	2d Business code (see instructions)	238300
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	10/01/1969										
2b Employer Identification Number (EIN)	90-0585687										
2c Plan Sponsor's telephone number	952-854-0795										
2d Business code (see instructions)	238300										
2a Plan sponsor's name (employer, if for a single-employer plan) <small>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)</small> TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY P WILSON-MCSHANE CORPORATION 3001 METRO DRIVE, SUITE 500 BLOOMINGTON MN 55425-1617											

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	<i>Jeff Stark</i>	10/13/2025	JEFF STARK
	<small>Signature of plan administrator</small>	<small>Date</small>	<small>Enter name of individual signing as plan administrator</small>
SIGN HERE	<i>Clark B. Anderson</i>	10/13/2025	CLARK ANDERSON
	<small>Signature of employer/plan sponsor</small>	<small>Date</small>	<small>Enter name of individual signing as employer or plan sponsor</small>
SIGN HERE			
	<small>Signature of DFE</small>	<small>Date</small>	<small>Enter name of individual signing as DFE</small>

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)
	Chevy Chase TR CO ASB Lab EQ IDX	18,618,224						
	Baird CORE Plus Bond INST		16,410,780			16,259,972	16,410,780	150,808
	Neuberger Berman Strategic Multi-Sector Fixed Income Trust Class V CIT		15,396,758			14,744,027	15,396,758	652,731
	SIT Large CAP DIV Growth CIF CL A		19,203,263			18,959,565	19,203,263	243,698

* Not applicable for purchases or sales of marketable securities.

** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
Chevy Chase TR CO ASB Lab EQ IDX	5		25,634,972		
US Treasury Notes TIPS 3.875% NTS	9		22,667,503		
US Treasury Notes TIPS 3.875% NTS		23		19,769,959	96,020
Chevy Chase TR CO ASB Lab EQ IDX		2		15,050,000	1,789,473
SIT Large CAP DIV Growth CIF CL A		2		21,203,263	30,008

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year 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>DISTRICT COUNCIL 82 PAINTING INDUSTRY 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>BOT OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION FUND</u>	D Employer Identification Number (EIN) <u>90-0585687</u>

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


1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	<u>292387110</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>312896549</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>319185876</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>319185876</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	<u>629765379</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	<u>21996839</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	<u>20240395</u>
(3) Expected plan disbursements for the plan year.....	1d(3)	<u>20695395</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	<u>Emily Lucini, FSA</u> 	<u>9/24/2025</u>
	Signature of actuary	Date
	<u>EMILY LUCINI, FSA</u>	<u>23-08740</u>
	Type or print name of actuary	Most recent enrollment number
	<u>THE MCKEOGH COMPANY</u>	<u>484-530-0692</u>
	Firm name	Telephone number (including area code)
	<u>1001 CONSHOCKEN STATE ROAD, SUITE 1-407, WEST CONSHOCKEN, PA 19428</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

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

**Schedule MB (Form 5500) 2024
v. 240311**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	292387110
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	847	265961688
(2) For terminated vested participants	422	107156986
(3) For active participants:		
(a) Non-vested benefits		997969
(b) Vested benefits		255648736
(c) Total active	939	256646705
(4) Total	2208	629765379
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.43%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	14258454				
			Totals ▶	3(b)	3(c)
				14258454	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	98.0%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.50 % 7.50%
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.5%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	455000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1539632	162252
1	2008638	211677

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	8169738

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	100299671	14723837
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1717018
e Total charges. Add lines 9a through 9d.....	9e		24610593
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		29101699
g Employer contributions. Total from column (b) of line 3.....	9g		14258454
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	64908645	9705016
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		3438729
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	37591142	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	269755767	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		56503898
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		31893305
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No