Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/16/1966

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)
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

3180 FAIRVIEW PARK DRIVE
SUITE 400
FALLS CHURCH, VA 22042-4583

2b Employer Identification Number (EIN)
52-6112463

2c Plan Sponsor's telephone number
703-739-7000

2d Business code (see instructions)
238100

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.	10/10/2025	JOSEPH SELLERS, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	148965
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	63530
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	66166
b	Retired or separated participants receiving benefits	**6b**	41469
c	Other retired or separated participants entitled to future benefits	**6c**	34540
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	142175
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10200
f	Total. Add lines **6d** and **6e**.	**6f**	152375
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	3792

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

1B 1E

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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	GAC 1022 ASSN 0	82	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	4432

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

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

JOHN HANCOCK MUTUTAL LIFE INSURANCE
200 BERKELEY STREET #1
BOSTON, MA 02116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4432	INVESTMENT MANAGEMENT FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1242119
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	24345		
	(4) Transferred from separate account	7c(4)	21314		
	(5) Other (specify below)	7c(5)	11500		
	▶ ANNUAL ADJUSTMENTS				
	(6)Total additions			7c(6)	57159
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1299278
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	679401		
	(2) Administration charge made by carrier	7e(2)	10342		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	609535		
	▶ ANNUAL ADJUSTMENTS				
	(5) Total deductions			7e(5)	1299278
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

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

1 Coverage Information:

(a) Name of insurance carrier
UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA00204		01/01/2024	12/31/2024

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

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

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

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

UNION LABOR LIFE INSURANCE COMPANY
1625 I STREET NW
WASHINGTON, DC 20006

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1067464	97101	GA 1523		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	33945
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

E Type of plan: **(1)** [X] 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)**	7521585807
	(2) Actuarial value of assets for funding standard account	**1b(2)**	7798704066
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	9109283572
	(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)**	9109283572
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)**	15549675493
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	231777430
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	610233130
	(3) Expected plan disbursements for the plan year	**1d(3)**	626733130

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/02/2025 Date
WILLIAM GITTERMAN, FSA, MAAA	23-08743
Type or print name of actuary	Most recent enrollment number
SEGAL CONSULTING	312-984-8500
Firm name	Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606-1724	
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	7542582304
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		50608	7141310763
(2) For terminated vested participants		34830	2370116771
(3) For active participants:			
(a) Non-vested benefits			923599820
(b) Vested benefits			5114648139
(c) Total active		63530	6038247959
(4) Total		148968	15549675493
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	48.51 %

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
06/30/2024	657608312	0			
06/30/2024	7581138	0			
			Totals ► **3(b)**	665189450	**3(c)** 0
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)** 7581138

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	85.6 %
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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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 ☐ • 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? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ 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**	3.29 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	AF	AF
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.8 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	15889373	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-26028794	-2706865
3	25378400	2639227
4	17246239	1793523

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.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ 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?		☐ Yes ☒ 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?		☐ Yes ☐ 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?		☐ Yes ☐ 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?		☐ Yes ☐ 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**	108960364

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)**	3644610096		685992523
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	57634084
e Total charges. Add lines 9a through 9d			**9e**	852586971
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	1262673582
g Employer contributions. Total from column (b) of line 3			**9g**	665189450
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	1071357008		184865431
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	129059695
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	3173883260		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	6397637456		
(3) FFL credit			**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**	2241788158
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	1389201187
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)**	
(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**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

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).. . . . . [X] 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

PRIVATE ADVISORS HEDGED EQUITY FUND

54-1886751

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

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

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

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

GRAYSTONE CONSULTING

26-4310632

(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?
33 50 70 27 31	NONE	3093880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

(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	1364569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP PLLC

47-0900880

(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	1243284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VICTORY TRIVALENT

4249 EASTON WAY, SUITE 400
COLUMBUS, OH 43219

(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	1041914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOUNDRY PARTNERS MICRO VALUE

323 N WASHINGTON AVE SUITE 360
MINNEAPOLIS, MN 55401

(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	1014621	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELAWARE INTERNATIONAL

23-3061021

(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	939863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

METROPOLITAN WEST ASSET MANAGEMENT

95-3703295

(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	812083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDING LOEVNER LP

27-0684167

(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	793221	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

(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	750280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARISTOTLE LG VALUE

95-4833644

(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	627668	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK

13-3806691

(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	599582	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELAWARE MANAGEMENT BUSINESS TRUST

23-3061021

(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 51	NONE	517998	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EARNEST PARTNERS

58-2386669

(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	496165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELLON CAPITAL MANAGEMENT

25-1442864

(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	461364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAXIMUM TECHNOLOGIES, INC.

52-2254109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	436782	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RICE HALL JAMES

43-1992529

(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	410699	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	387101	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEIX INVESTMENT ADVISORS LLC

26-1483110

(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 50	NONE	382373	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KELLY PRESS

52-0975591

(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?
36	NONE	356521	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOONEY, GREEN, SAINDON ET AL

52-1958229

(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	349862	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARTIN CURRIE EMERGING MARKETS

98-0038240

(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	346854	Yes [ ] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [ ]

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

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

LORI WOOD

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	342686	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	327791	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TEARYN J LOVING

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	299995	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

TIMOTHY MYERS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	243220	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IMS, INC

1455 RESEARCH BLVD, SUITE 315
ROCKVILLE, MD 20850

13-2877483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	236076	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEBRA ELKINS-SANTI

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	224297	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NIS

46-2057809

(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	197132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL LARGE CAP

26-0319356

(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	189096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISTIN BRUCK

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	152312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEIL SULLIVAN

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135883	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TED SLINKARD

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	134395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELLEN ODELL

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	126088	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KATHRYN H INKELLIS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CDW LLC

36-3310735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	113751	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER KAPLAN

95-2036255

(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	112001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JESSICA SMITH

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	111680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEATHER MOONEYHAM

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDDIE GEISLER

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VERSIVO

950 N GLEBE RD
ARLINGTON, VA 22203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 70	NONE	107130	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CORY A TYSON

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106307	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLITMAN & KING LLP

16-1047304

(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	104505	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WEST GROUP PAYMENT CENTER

41-1426973

(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	104505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY ROSS-KENDRICKS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98327	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAW LAW GROUP

32-0465891

(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	94884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TINA SANDERS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADDISON GROUP

33-0860336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	93848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PORTER POWELL

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEVIN R EDDIS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUM SMITH & BROWN

04-3000523

(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	87078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA DUNLEAVY

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LARON HOWARD

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL BRYANT HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	82464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBBIE KEPLINGER

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81716	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DANIEL HAGERMAN

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79231	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WARLENE WILLIAMS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID ROLAND

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79027	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MEGAN N TABRI

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77218	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TONI ALSTON

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76310	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BISMARK AGYEI

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74108	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHERYLRENE LOFTLAND

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRYSTAL WARD

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SARAH YIMAM

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLISON C MERFELD

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71429	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEIDI C SEPPI

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAIDE ABRIAM

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SABRINA DAVIS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68772	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HANNAH PRATT

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67967	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(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	67261	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GLENDA WILSON

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67221	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYAN MALONEY

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOMINIC DESIMONI

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TINA WINSKE

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WAMCO SMA

95-2705767

(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	65687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAOLA BORDA

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZACH MILNES

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65166	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARMINN BOSEMAN

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPRESS EMPLOYMENT PROFESSIONALS

20-8288272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	64547	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHIANTA POINTER

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62639	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YVETTE MUNOZ-CENTENO

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61436	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERNEST TROTMAN

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61436	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JESSICA M BALAZEK

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60844	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEWAN SHEHRAN

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60677	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COURTNEY VIZEK

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60205	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JENNIFER TANNER

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59385	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRANDON GROSS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56081	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPTRUST FINANCIAL ADVISORS, LLC

56-1984030

(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	55000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SARA BEASLEY

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54708	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTINA DOUGHERTY

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SARAH JONES

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53269	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JAMES T RAY

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53155	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OCTAVIA L SAMUELS

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51792	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RYAN ROOP

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46251	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BRONSTER LLP

156 W 56TH ST STE 703
NEW YORK, NY 10019

(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?
	NONE	44812	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAELYN SCOTT

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44722	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHELSEA INKUMSAH

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

QUADIENT

94-2388882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	44133	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CENTERSQUARE

84-3743013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	42219	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RELIANCE STANDARD

36-0883760

(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?
53	NONE	38756	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALLYSON SICO

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35872	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RABIA RAJA

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33851	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELL MARKETING L.P.

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	33744	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

UNITED BUSINESS TECHNOLOGIES

54-1062133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	32721	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABEL NOSER

95-4154420

(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	32500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENESSIS MONTECINO

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28142	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SAVANNAH MEGENS

52-6112463

(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?
	EMPLOYEE	26615	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALISON WRIGHT

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26224	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAUM SIGMAN AUERBACH & NEUMAN, LTD

36-2744057

(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	24611	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CAHIR GERAGHTY

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	23916	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CENTURYLINK

100 CENTURYLINK DRIVE
MONROE, LA 71203

72-0651161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	23898	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YOUTZ & VALDEZ, P.C.

900 GOLD AVE SW
ALBUQUERQUE, NM 87102

(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	22364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHRISTOPHER A LYNCH

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	21963	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE SUPPLY ROOM

289 WARRENTON RD
FREDERICKSBURG, VA 22405

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	21207	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERIZON

23-2259884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	21190	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SOCIAL SECURITY ADMINISTRATION

6401 SECURITY BOULEVARD
BALTIMORE, MD 21235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN ARBITRATION ASSOCIATION

13-0429745

(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	19325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAX MILLER

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	18047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60065

76-0702630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

X1 DISCOVERY, INC.

45-3354149

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	17870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BENEFIT PLAN ADMIN. OF WISCONSIN

39-1400101

(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	16825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVERBANK

20-0716627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON MCSHANE CORPORATION

41-0956550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14989	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RSVP CATERING

88-0229344

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICHOLAS DO

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	13806	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAIRFAX COUNTY

12055 GOVERNMENT CENTER PKWY
FAIRFAX, VA 22035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LIFE STATUS 360 LLC

94-3389460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	12848	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MWM LAW LLC

88-3166568

(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	12023	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEDBETTER, PARISI, SOLLARS LLC

03-0599899

(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	11675	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BLOOMBERG INDUSTRY GROUP

53-0040540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NYUMAH STEWART

52-6112463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	10549	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPONENTIAL CONSULTING, LLC

83-0373090

(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?
70	NONE	10288	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALLSTATE WORKPLACE DIVISION

56-0781901

(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?
23	NONE	9745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

815 16TH ST NW
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BERENT LAW FIRM, PLLC

5600 TENNYSON PKWY STE 310
PLANO, TX 75024

(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	8165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARCHER HOTEL FALLS CHURCH

8296 GLASS ALLEY
FAIRFAX, VA 22031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED PARCEL SERVICE

58-2046334

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JERMAIN DUNNAGAN & OWENS, PC

3000 A ST
ANCHORAGE, AK 99503

(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	6358	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COHEN, WEISS AND SIMON LLP

25-1919594

(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	6072	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AT&T MOBILITY

74-2955068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5794	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARETE ADVISORS LLC

81-3930932

(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	5382	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JK MOVING SERVICES

54-1289302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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: DANIEL V. CINER, MAAA
b EIN: 13-1975125
c Position: ENROLLED ACTUARY
d Address: 1101 NORTH WACKER DRIVE, SUITE 500
CHICAGO, IL 60606
e Telephone: 312-984-8500

Explanation: THE CHANGE WAS MADE DUE TO THE RETIREMENT OF THE PRIOR ACTUARY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

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:	MULTI EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a):	NEWTOWER TRUST COMPANY		
c EIN-PN	20-1641876-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	64964433		
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE SHORT TERM INVEST FUND		
b Name of sponsor of entity listed in (a):	BNY MELLON		
c EIN-PN	13-6154008-003	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	216607920		
a Name of MTIA, CCT, PSA, or 103-12 IE:	EB DV EMERGING MARKETS STOCK INDEX		
b Name of sponsor of entity listed in (a):	BNY MELLON		
c EIN-PN	25-6078093-003	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81630187		
a Name of MTIA, CCT, PSA, or 103-12 IE:	EB DV LARGE CAP GROWTH STOCK INDEX		
b Name of sponsor of entity listed in (a):	BNY MELLON		
c EIN-PN	25-6078093-005	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	364599072		
a Name of MTIA, CCT, PSA, or 103-12 IE:	EB DV LARGE CAP VALUE STOCK INDEX F		
b Name of sponsor of entity listed in (a):	BNY MELLON		
c EIN-PN	25-6078093-189	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	161001302		
a Name of MTIA, CCT, PSA, or 103-12 IE:	LEGAL & GENERAL COLLECTIVE TRUST S&		
b Name of sponsor of entity listed in (a):	RELIANCE TRUST COMPANY OF DELAWARE		
c EIN-PN	35-7085469-004	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	505167151		
a Name of MTIA, CCT, PSA, or 103-12 IE:	LEGAL & GENERAL COLLECTIVE TRUST SP		
b Name of sponsor of entity listed in (a):	RELIANCE TRUST COMPANY OF DELAWARE		
c EIN-PN	35-7085469-005	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1266066992		

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL COLLECTIVE TRUST SP

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY OF DELAWARE

c EIN-PN 35-7085469-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163415872

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL COLLECTIVE TRUST MS

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY OF DELAWARE

c EIN-PN 35-7085469-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 243927580

a Name of MTIA, CCT, PSA, or 103-12 IE: MARTIN CURRIE EMERGING MARKETS CIT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 82-4565709-376	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28558929

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)

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	89014064	86864198
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	73788840	69959992
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	100310840	32452318
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	553046795	562937417
(2) U.S. Government securities	1c(2)	737628687	914569041
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	444221076	753442771
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1530483979	1322528211
(5) Partnership/joint venture interests	1c(5)	1521021340	927789654
(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)	2771989512	3095939438
(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)	242925212	246962814
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	242036144	249535026
(15) Other	1c(15)		639256179

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	8306466489	8902237059
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1060826	319004
i Acquisition indebtedness	1i		
j Other liabilities	1j	762166387	637347763
k Total liabilities (add all amounts in lines 1g through1j)	1k	763227213	637666767
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7543239276	8264570292

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)	667390473	
(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)		667390473
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26655	
(B) U.S. Government securities	2b(1)(B)	27807700	
(C) Corporate debt instruments	2b(1)(C)	31372736	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	26027880	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		85234971
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	29411646	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	27512723	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56924369
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	340872739	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	174276423	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		166596316
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-62264032	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-62264032

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		438456825
(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)		2427143
c Other income	2c		7073
d Total income. Add all **income** amounts in column (b) and enter total	2d		1354773138
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	601248584	
(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)		601248584
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)	6895755	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1451785	
(4) IQPA audit fees	2i(4)	106700	
(5) Investment advisory and investment management fees	2i(5)	14224443	
(6) Bank or trust company trustee/custodial fees	2i(6)	24905	
(7) Actuarial fees	2i(7)	300000	
(8) Legal fees	2i(8)	795558	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	528553	
(11) Other expenses	2i(11)	7865839	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		32193538
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		633442122
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		721331016
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) [X] 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)** [X] 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: CALIBRE CPA GROUP PLLC **(2)** EIN: 47-0900880

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g	X		1645272611
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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555916.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

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** | 186

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 DYNAMIC SYSTEMS INC

b EIN 74-2519426 **c** Dollar amount contributed by employer 17232316

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 POYNTER SHEET METAL INC

b EIN 35-2124366 **c** Dollar amount contributed by employer 12596221

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 EMCOR GROUP, INC

b EIN 11-2125338 **c** Dollar amount contributed by employer 10909159

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 THE WALDINGER CORP

b EIN 42-1230944 **c** Dollar amount contributed by employer 8610098

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 BRIGHT SHEET METAL CO. INC

b EIN 35-1755278 **c** Dollar amount contributed by employer 7334081

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 ACCO ENGINEERED SYSTEMS

b EIN 95-1625123 **c** Dollar amount contributed by employer 6765738

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): _____

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 MCCUSKER-GILL INC

b EIN 04-3111642 **c** Dollar amount contributed by employer 6383252

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 APOLLO SHEET METAL, INC.

b EIN 91-1178943 **c** Dollar amount contributed by employer 6371323

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 P1 CONSTUCTION LLC

b EIN 85-3173871 **c** Dollar amount contributed by employer 5303911

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 HARRIS & HART INC

b EIN 87-0494070 **c** Dollar amount contributed by employer 5128171

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	24
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	63
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	96

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**	1.00
b The corresponding number for the second preceding plan year	**15b**	1.02

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**	17
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**	30940978

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: 57.3 % Private Equity: 3.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.8 %
High-Yield Debt: 1.4 % Real Assets: 10.3 % Cash or Cash Equivalents: 1.6 % Other: 11.2 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[X] 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 [X] 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_____.

SHEET METAL WORKERS' NATIONAL PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

SHEET METAL WORKERS' NATIONAL PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Sheet Metal Workers' National Pension Fund

Opinion

We have audited the accompanying financial statements of the Sheet Metal Workers' National 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Sheet Metal Workers' National Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules presented on pages 33 through 35 are presented for purposes of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) and schedule of reportable transactions on pages 36 through 64 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

Bethesda, MD
October 7, 2025

SHEET METAL WORKERS' NATIONAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value		
Common and privately held stock	$ 1,129,493,375	$ 1,352,714,725
Corporate obligations	689,290,313	376,539,270
United States Government and government agency obligations	621,003,525	441,986,521
Insurance company contracts and pooled separate accounts	249,535,026	242,036,144
Common collective trusts	3,050,639,766	2,755,513,721
Mutual funds	246,962,814	212,470,072
Limited partnerships	927,789,654	886,574,236
Hedge funds	467,947,931	454,795,313
Short-term investments	216,607,920	226,582,722
Securities loaned to third parties		
Short-term investments	-	12,056,252
Common stock	193,034,836	177,769,254
Corporate obligations	64,152,458	67,681,806
United States Government and government agency obligations	293,565,516	283,585,914
Collateral held for securities on loan	562,937,417	553,046,795
Total investments	8,712,960,551	8,043,352,745
Net assets held in 401(h) account	488,293	656,972
Receivables		
Contributions	53,545,188	54,383,531
Employer withdrawal liability - net	18,535,906	20,996,497
Accrued interest and dividends	19,607,640	13,991,561
Receivable for investment securities sold	3,832,542	76,717,528
Due from affiliated organizations	398,651	185,450
Total receivables	95,919,927	166,274,567
Prepaid expenses, deposits and other assets	570,031	543,390
Right-of-use asset - operating lease	8,043,454	8,872,911
Cash		
NBF escrow accounts	9,579,647	7,041,615
Operating cash accounts	76,796,258	81,315,477
Total cash	86,375,905	88,357,092
Total assets	8,904,358,161	8,308,057,677

See accompanying notes to financial statements.

SHEET METAL WORKERS' NATIONAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

DECEMBER 31, 2024 AND 2023

	2024	2023
Liabilities and Net Assets		
Liabilities		
Accounts payable and withholdings	$ 319,004	$ 1,060,826
Settlement of securities purchased	65,760,696	199,683,337
Unprocessed/undistributed contributions	2,121,102	1,591,188
Operating lease liability	8,649,650	9,436,255
Obligations to 401(h) medical account	488,293	656,972
Obligations to refund collateral	562,937,417	553,046,795
Total liabilities	640,276,162	765,475,373
Net assets available for benefits	$ 8,264,081,999	$ 7,542,582,304

See accompanying notes to financial statements.

SHEET METAL WORKERS' NATIONAL PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	$ 545,216,252	$ 797,551,340
Interest and dividend income	142,159,340	123,019,565
	687,375,592	920,570,905
Less: investment income taxes	(643,441)	(476,435)
Less: investment expenses	(14,224,443)	(12,300,402)
Net investment income (loss)	672,507,708	907,794,068
Contributions		
Employer contributions	656,793,939	622,454,773
Liquidated damages	814,373	934,970
Withdrawal liability income	6,369,770	4,893,784
Less: amounts deemed uncollectible	(1,718,930)	(899,510)
Total contributions	662,259,152	627,384,017
Settlement income	7,073	385,423
Total additions	1,334,773,933	1,535,563,508
Deductions		
Benefits		
Pension benefits	589,193,904	568,468,906
Cost of living adjustment benefits	6,567,784	7,436,537
Death benefits	186,896	98,750
Total benefits	595,948,584	576,004,193
Pension Benefit Guaranty Corporation expense	5,222,317	4,760,575
Administrative expenses - net	12,103,337	11,040,377
Total deductions	613,274,238	591,805,145
Net change	721,499,695	943,758,363
Net assets available for benefits		
Beginning of year	7,542,582,304	6,598,823,941
End of year	$ 8,264,081,999	$ 7,542,582,304

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF THE PLAN

The Sheet Metal Workers' National Pension Fund (the Plan) is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, that has been established to provide retirement benefits for Participants who are represented for the purpose of collective bargaining by the International Association of Sheet Metal, Air, Rail and Transportation Workers (SMART). In addition, other classes of Participants who work for a contributing employer, who may not be represented for the purpose of collective bargaining by SMART, may participate under the terms and conditions established by the Board of Trustees (Trustees). The Plan is entirely financed from employer contributions and investment earnings.

A Normal Retirement Pension benefit is calculated considering a Participant's work in Covered Employment. Over the years, the benefit formula was changed in response to funding issues. Prior to 2000, a Participant could earn a maximum of 12 months of Pension Credit in a year and the value for that credit was generally dependent on the final earned contribution rate (valued in increments). For work performed on or after January 2000, the formula was changed to provide a benefit based on a percentage of contributions derived from Contribution Hours reported on the participant's behalf each Plan Year. For benefits earned through December 31, 2013, the percentage is based on a fixed amount and was dependent upon required contribution increases and the Schedule of Benefits selected by the bargaining parties. For Contribution Hours worked on or after January 2014, benefits are based on a percentage of contributions under a Variable Benefit Accrual Rate (VBAR). Under this formula, the percentage adjusts annually and is based upon the average market value investment returns over the previous three years and as certified by the actuary. Details concerning the applicable percentages, and the determinant accrual rate, are provided in the Plan Document.

For Participants that separated from the Plan in 1997 or later in order to qualify for a Normal Retirement Pension (payable at age 65) he/she must earn a minimum of 5 Years of Service. For Participants that separated from the Plan prior to 1997 he/she must earn a minimum of 10 Year of Service or earn a minimum of 10 years of Pension Credit (which includes no less than 5 years of Future Service Credit) is required to qualify for a pension. A Year of Service is defined as a calendar year in which a Participant works a minimum of 870 hours in Covered Employment within a specified timeframe.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

In order to qualify for a Disability Benefit a participant must meet the following conditions:

- Not attained age 55;
- Provide an approval from the U.S. Social Security Administration for Social Security Disability Insurance Benefits;
- Must earn a minimum of 10 years of pension credit, which includes at least 5 years of future service credit, and earn a minimum of 435 hours of work in covered employment within the 24-months of his/her disability onset; and
- Not have worked in non-signatory employment.

If a Participant meets these conditions, the amount of the monthly benefit will be equal to the early retirement pension he or she would have qualified for but for age. (e.g. 55/30 Pension, Special Early Retirement Pension, Standard Early Retirement Pension or Unsubsidized Early Retirement Pension).

Provided a Participant earns the minimum service requirements he/she will qualify for a monthly pension for his/her lifetime, provided he/she is not working in Disqualifying Employment. In the event of a retiree's death any continuation would be under the terms of the elected option. The earliest a Participant can qualify for a pension is the month following receipt of an application, except in the case of a required mandatory distribution. Under the terms of the Plan, a Participant must commence receipt of benefits the April 1st of the calendar year following attainment of age 70½.

Pension payments are subject to involuntary "cash out" in the event the actuarial present value of the monthly benefit is $1,000 or less. Additionally, the same opportunity exists on a voluntary basis if the actuarial present value of a pension is more than $1,000 and less than $10,000.

Pre-Retirement Death Benefits:

In the event that a Participant qualified for pension and dies prior to retirement, his/her spouse will be eligible for a monthly survivor's benefit. For deaths that occur on or after January 1. 2023, if the Participant worked at least 2,000 hours in Covered Employment in the five calendar years prior to his or her death, the spouse would be entitled to a Pre-Retirement Surviving Spouse Annuity equal to 75% of the amount they would have received under the 75% Joint and Survivor Annuity Option as if the Participant had retired on the day before their death. In the event the death occurs before the Participant attained age 55, the same benefit is calculated as if the Participant was age 55 at the time of his/her death. In the event the Participant dies prior to January 1, 2023, or worked less than 2,000 hours in Covered Employment in the five calendar years prior to his or her death, the spouse would be entitled to a monthly benefit representing the amount payable to the spouse under the 50% Joint and Survivor Annuity Option. This benefit is payable as early as the month following death; however, in the event the

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Participant died prior to attaining age 55, the spousal benefit is actuarially reduced due to early distribution. The spouse is also given the option of delaying payment to the date the Participant would have attained age 55 or 65 to avoid reductions for early retirement pension.

In the event a Participant is not married and dies prior to receiving pension, a one-time lump sum death benefit is payable if the following conditions are met:

- the Participant has attained Vested Status;
- he/she worked 435 Hours of Work in Covered Employment within the 24-month period preceding death; and
- a qualified domestic relations order has not been filed with the Plan assigning a portion of the pension to an alternate payee.

The amount of the lump sum death benefit is equal to the greater of $5,000, or 36 times the monthly Lifetime Pension the Participant would have received had they retired on the day before death. If the death occurs before the Participant attains age 55 the Lifetime Pension is calculated as if he/she had attained age 55.

This brief description of the Plan is provided for general information purposes only. Participants should refer to the Summary Plan Description or Plan Rules for a more complete summary of the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Investments - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Employer Contributions Receivable - Employer contributions receivable are stated at the amount management expects to collect from balances outstanding at year end. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Property and Equipment - Property and equipment is expensed when purchased.

Operating Leases - In the statements of net assets available for benefits, the Plan records a right-of-use asset and lease liability, initially measured at the present value of total lease payments using a risk-free rate that approximates the remaining term of the lease. The Plan considers the likelihood of exercising renewal or termination clauses (if any) in measuring its right-of-use assets and lease liabilities. A single lease cost calculated so that the cost of the lease is allocated over the lease term on straight-line basis. Short-term leases (those with an initial term of twelve months or less and no purchase option) are expensed over their terms, with no corresponding right-of-use asset or lease liability recorded. The Plan does not separate non-lease components (if any) from lease components in determining the lease payments for leases.

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

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of plan assets and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The fair value of certain investments are estimated primarily by investment managers and consultants. Those estimated values may differ from the values that would have been used had readily determinable market values existed, and it is at least reasonably possible that these values may prove, even in the near term, to not represent the actual market value.

Reclassification - Certain amounts previously reported for the year ended December 31, 2023, were reclassified to conform to the 2024 presentation.

NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) issued a favorable determination letter on March 11, 2015 which stated that the Plan and its underlying trust qualify under the applicable provisions of the Internal Revenue Code (IRC) and therefore are exempt from income taxes. The Plan has been amended for various tax law changes since receiving its latest IRS determination letter. However, management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe the Plan is qualified and the related trust is tax-exempt.

NOTE 3. TAX STATUS (CONTINUED)

The Plan accounts for income taxes in accordance with the Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribed a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2024 and 2023, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status.

NOTE 4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has contracted with several affiliated organizations with common participants under administrative service agreements to provide services including, but not limited to, the following: plan administration, accounting, bookkeeping, payroll administration, human resources, mail room, telephone and reception, computer services, contributions collections, field audit, and benefit payment services. The administrative reimbursement for the years ended December 31, 2024 and 2023 was $2,190,541 and $1,891,647, respectively.

The following represents the amount charged to each affiliated organization for the administrative service agreements for the years ended December 31, 2024 and 2023:

	2024	2023
SMART Local Unions and Councils Pension Plan - Canada	$ 146,813	$ 142,553
SMART Local Unions and Councils Pension Plan - USA	391,748	427,743
Sheet Metal Workers' Occupational Health Institute Trust	95,330	76,733
National Energy Management Institute Committee	127,157	104,111
International Training Institute	233,880	191,590
Stabilization Agreement of the Sheet Metal Industry	759,709	600,664
International Association of Sheet Metal, Air, Rail and Transit Workers	3,915	3,139
Sheet Metal Workers' International Scholarship Fund	2,012	2,580
Sheet Metal Workers' International Association Staff Pension Plan	61,607	-
Sheet Metal Workers' Association Accidental Death and Dismemberment Plan	35,493	32,321
SMART National Supplemental Savings Plan	332,877	310,213
Total	$ 2,190,541	$ 1,891,647

NOTE 4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

Total amounts due (to) from the affiliated organizations to the Plan at December 31, 2024 and 2023 were as follows:

	2024	2023
SMART Local Unions and Councils Pension Plan - USA	$ (6,092)	$ (40,392)
Sheet Metal Workers' Occupational Health Institute Trust	20,915	(2,882)
National Energy Management Institute Committee	24,762	507
International Training Institute	44,985	(35,953)
Stabilization Agreement of the Sheet Metal Industry	202,443	68,463
International Association of Sheet Metal, Air, Rail and Transit Workers	16,058	12,338
Sheet Metal Workers' International Scholarship Fund	7,359	6,583
Sheet Metal Workers' International Association Staff Pension Plan	1,542	-
Sheet Metal Workers' Association Accidental Death and Dismemberment Plan	3,255	(13,308)
SMART National Supplemental Savings Plan	49,756	111,978
SMART Local Unions and Councils Pension Plan - Canada	33,668	78,116
Total	$ 398,651	$ 185,450

Additionally, at December 31, 2024 and 2023, the Plan owed $2,121,102 and $1,591,188, respectively, of unprocessed and undistributed contributions collected on behalf of affiliated organizations as follows:

	2024	2023
SMART National Supplemental Savings Plan	$ 202,612	$ 202,094
Sheet Metal Workers' Occupational Health Institute Trust	21,585	32,605
National Energy Management Institute Committee	36,366	51,033
International Training Institute	146,250	205,705
Stabilization Agreement of the Sheet Metal Industry	579,167	543,487
Stabilization Agreement of the Sheet Metal Industry II	519	3,111
Sheet Metal Workers' International Scholarship Fund	2,903	2,419
Reciprocal contributions	1,131,700	550,734
Total	$ 2,121,102	$ 1,591,188

The Plan also pays certain investment and administrative fees to service providers, including Bank of New York Mellon, the investment custodian for the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction restrictions of ERISA.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets and liabilities as of December 31, 2024:

Description	12/31/24 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Common and privately held stock	$ 1,322,528,211	$ 1,320,799,952	$ -	$ 1,728,259
Corporate obligations	753,442,771	-	753,442,771	-
United States Government and government agency obligations	914,569,041	549,885,701	364,683,340	-
Insurance company contracts	103,776	-	103,776	-
Short-term investments	216,607,920	-	216,607,920	-
Collateral held for securities on loan	562,937,417	-	562,937,417	-
	3,770,189,136	$ 1,870,685,653	$ 1,897,775,224	$ 1,728,259
Investments measured at net asset value*	4,942,771,415			
Total assets	8,712,960,551			
Liabilities				
Obligations to refund collateral	(562,937,417)	$ -	$ (562,937,417)	$ -
Total liabilities	(562,937,417)	$ -	$ (562,937,417)	$ -
Total	$ 8,150,023,134			

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets and liabilities as of December 31, 2023:

Description	12/31/23 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Common and privately held stock	$ 1,530,483,979	$ 1,528,852,350	$ -	$ 1,631,629
Corporate obligations	444,221,076	-	444,221,076	-
United States Government and government agency obligations	725,572,435	385,603,509	339,968,926	-
Insurance company contracts	3,959,316	-	3,259,662	699,654
Short-term investments	238,638,974	-	238,638,974	-
Collateral held for securities on loan	553,046,795	-	553,046,795	-
	3,495,922,575	$ 1,914,455,859	$ 1,579,135,433	$ 2,331,283
Investments measured at net asset value*	4,547,430,170			
Total assets	8,043,352,745			
Liabilities				
Obligations to refund collateral	(553,046,795)	$ -	$ (553,046,795)	$ -
Total liabilities	(553,046,795)	$ -	$ (553,046,795)	$ -
Total	$ 7,490,305,950			

*In accordance with Accounting Standards Codification, investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common stock and U.S. Treasury bills: The fair value of the Plan's investments in common stock and U.S. Treasury bills are valued using the quoted prices of identical investments on the active markets they are traded.

Corporate and other government agency obligations: The fair value of the Plan's investments in corporate, foreign and other government agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Insurance company contracts: Valued based on estimated amounts reported by the insurance company that holds the contracts.

Short-term investments: Valued at amortized cost, which approximates fair value.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Collateral held for securities on loan: Consists of cash, letters of credit issued by an entity other than the borrower, and securities. The collateral is marked to market daily based on the value of the underlying inputs.

Privately held stock: Value estimated based on independent audits of the investments and amounts reported by the investment manager or other investment consultants as applicable to the respective investment.

Hedge funds, common collective trusts, mutual funds, and pooled separate accounts: Valued at the fair values reported in the entities' audited financial statements and are based on their net asset value as of the last day of the year.

Limited partnerships: The fair values of limited partnerships are determined from financial statements received by the Plan from the limited partnerships. These financial statements are audited by independent accountants other than the Plan's independent auditors. The entities in which the plan invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values.

The following table summarizes the Plan's investments in certain entities that calculate NAV per share at fair value measurement as of December 31, 2024 and 2023 by investment strategy:

	Fair Value		Unfunded Committements		Redemption Frequency	Redemption Notice Period
	2024	2023	2024	2023		
a. Hedge funds	$ 467,947,931	$ 454,795,313	$ -	$ -	varies	varies
b. Common collective trusts	3,050,639,766	2,755,513,721	-	-	varies	varies
c. Mutual funds	246,962,814	212,470,072	-	-	quarterly	one year
d. Limited partnerships	927,789,654	886,574,236	494,667,000	161,996,000	varies	varies
e. Pooled separate account	249,431,250	238,076,828	-	-	monthly	quarterly
	$ 4,942,771,415	$ 4,547,430,170				

The following summarizes the investment strategy for the Plan's investments in the table presented above which do not report as a direct filing entity (DFE) to the Department of Labor.

a. The Plan's investments in hedge funds consist of the following:

	2024	2023
Corbin ERISA Opportunity Fund	$ 103,815,688	$ 94,555,882
Millenium International, Ltd.	193,705,208	169,305,845
Point 72 International Fund, Ltd.	28,158,457	28,158,457
Private Advisors Hedged Equity Fund	7,004,155	43,220,164
SMART Opportunistic Fund, Ltd.	135,264,423	119,554,965
Total	$ 467,947,931	$ 454,795,313

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Corbin ERISA Opportunity Fund seeks to invest to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments. This investment can be redeemed quarterly with a notice period of 65 days.

Millennium International, Ltd. invests substantially all of its capital in Millennium Offshore Intermediate, L.P. as a limited partner, which in turn invests substantially all of its capital in Millennium Partners, L.P. (MLP). MLP is engaged in the business of trading equities, fixed income products, options, futures and other financial instruments. Redemptions are permitted quarterly with a 180 day written notice.

Point 72 International Fund, Ltd. aims to achieve an attractive return on a risk-adjusted basis, through the purchase and sale of U.S. and non-U.S. securities, options and commodity interests, as well as through research on macroeconomic events and computational techniques and models to predict future prices.

Private Advisors Hedged Equity Fund utilizes a long/short trading strategy. The underlying investments are primarily comprised of equity hedge fund portfolios and are valued based on the NAV as reported by the respective investment manager. Redemptions are permitted quarterly with a 65 day written notice.

SMART Opportunistic Fund, Ltd. invests primarily in offshore investment funds, investment partnerships and pooled investment vehicles. The investment can be redeemed quarterly.

b. The Plan's investments in common collective funds consist of the following:

	2024	2023
EB DV EMERGING MARKETS STOCK INDEX FUND	$ 81,630,187	$ 76,018,676
EB DV LARGE CAP GROWTH STOCK INDEX FUND	364,599,072	224,229,573
EB DV LARGE CAP VALUE STOCK INDEX FUND	161,001,302	113,440,657
MULTI-EMPLOYER PROPERTY TRUST	64,964,433	70,223,443
INTERCONTINENTAL U.S. REAL ESTATE INVESTMENT FUND, LLC	171,308,248	179,651,791
MARTIN CURRIE EMERGING MARKETS CIT	28,558,929	30,455,140
LEGAL & GENERAL COLLECTIVE TRUST S&P 400 FUND	505,167,151	505,774,058
LEGAL & GENERAL COLLECTIVE TRUST SP 500 INDEX	1,266,066,992	1,124,688,575
LEGAL & GENERAL COLLECTIVE TRUST SP 600 INDEX	163,415,872	159,560,083
LEGAL & GENERAL COLLECTIVE TRUST MSCI INDEX	243,927,580	271,471,725
	$ 3,050,639,766	$ 2,755,513,721

The EB DV Investment Funds and the Multi-Employer Property Trust report as DFEs. The EB DV Investment Funds can be redeemed daily while the Multi-Employer Property Trust the other can be redeemed quarterly with a one-year redemption notice.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The Intercontinental U.S. Real Estate Investment Fund, LLC which is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The fund is organized for the objective of enabling its operating subsidiaries to make investments in real estate assets; owning managing, supervising, and disposing of such investments through its subsidiaries. The investment can be redeemed quarterly.

The Martin Currie Emerging Markets CIT seeks long-erm appreciation through investments in equity and related securities of emerging market and development countries and to match the risk and return characteristics of MSCI Emerging Markets Index. This investment can be redeemed daily.

The Legal & General Collective Investment Trust make up the remainder of the category. The investment objective of the MSCI ACWI Ex US Fund is to seek to match the risk and return characteristics of the MSCI ACWI Ex US Index by investing the assets of the portfolio primarily in publicly traded non-U.S. equity securities. The investment objectives of the S&P 400 Fund, S&P 500 Fund and S&P 600 Fund are to seek to match the risk and return characteristics of the S&P 400 Total Return Index, S&P 500 Total Return Index and S&P Small Cap 600 Total Return Index, respectively, by investing the assets of the portfolio primarily in publicly traded U.S. equity securities. These investments can be redeemed daily.

c. The mutual fund category is comprised of three investments. The AFL-CIO Housing Investment Trust is in an entity that invests primarily in commercial real estate developments and acquisitions. The value is based on the appraised values of the underlying real estate. Redemptions are restricted to quarterly with a one-year notification period. The Victory Trivalent International Fund's objective is to provide long-term growth of capital by investing primarily in equity securities of small-capitalization companies in countries represented in the S&P Developed ex-U.S. Small Cap Index. This investment can be redeemed daily. The Blackrock Low Duration Bond Fund invests in floating rate leveraged loans and seeks to generate an attractive spread above LIBOR. This investment can be redeemed daily.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

d. The Plan's investments in limited partnerships consist of the following:

	2024	2023
AEW Core Property, L.P.	$ 134,634,545	$ 135,804,053
AEW Partners, L.P.	227,533	210,847
American Core Realty, L.P.	157,199,242	166,602,462
Ares Energy Opportunities Fund, L.P.	814,465	849,751
Ares EPIC Co-Invest Delaware Feeder, L.P.	3,673,543	3,681,272
Ares PE Extended Value Fund, L.P.	6,086,326	6,567,012
Ares Special Opportunities Fund II, L.P.	4,199,607	2,971,580
Arroyo Energy Investors Fund III, L.P.	5,092,446	3,997,399
Avenue Asia Special Situations Fund V, L.P.	1,897,383	2,114,969
Avista Capital Partners V, L.P.	10,711,501	10,594,012
Balance Point Capital Partners VI, L.P.	423,076	-
BCP Special Opportunities Fund II, L.P.	6,852,791	6,489,177
BCP Special Opportunities Fund III, L.P.	54,674	-
Blackstone Tactical Opportunities Fund III	6,903,950	6,531,627
Bowmark Growth Partners, L.P.	2,614,167	1,721,430
Brookfield Infrastructure Fund IV L.P.	5,516,617	5,106,521
Brookfield Infrastructure Fund V L.P.	1,854,253	1,464,122
Carlyle Credit Opportunities Fund III, L.P.	1,022,436	-
Carlyle Private Equity Access Blocker Fund, L.P.	22,964,303	25,021,161
Castlelake VI, L.P.	6,188,495	3,301,553
CK Opportunities Offshore Fund, L.P.	31,491,974	39,417,466
Corbin Private Credit Manager Fund II, L.P.	30,340,281	21,827,071
Corten Real Estate Fund II, L.P.	22,775,011	15,072,680
Cramer, Rosenthal & McGlynn		
Cerberus Institutional Partners	4,769	4,769
DCM, III L.P.	169,634	169,634
TCW/Cresent Mezzanine Partners	173	173
TL Ventures V, L.P.	28,535	28,535
CVC Capital Partners VIII (A), L.P.	7,577,116	5,394,034
Fortress Lending Fund I (B-I) L.P.	7,642,782	13,771,147
GCM Grosvenor Infrastructure Advantage Fund II, L.P.	12,537,761	-
Genstar Capital Partners IX, L.P.	10,314,366	10,014,042
Genstar Capital Partners X, L.P.	7,832,895	7,071,201
Genstar Capital Partners XI, L.P.	669,360	-
Global Infrastructure Partners IV-B Feeder Fund, L.P.	10,373,826	9,120,115
Goldman Sachs Private Equity Partners X Offshore L.P.	4,543,416	5,783,222
Grosvenor Real Estate Solutions I Feeder Fund, L.P.	29,934,693	21,148,085
GTCR Fund XIII, L.P.	6,359,684	4,081,969
GTCR Fund XIV, L.P.	960,619	-
Hamilton Lane City Line Partners, L.P.	780,128	1,237,565
Hamilton Lane Infrastructure Opportunities Fund, L.P.	10,270,750	9,091,039
Hamilton Lane Secondary Aggregatory I, L.P.	2,597,450	2,853,330
Hamilton Lane Secondary Fund II, L.P.	-	-
Hamilton Lane Secondary Fund V, L.P.	21,116,873	23,244,698
Hamilton Lane Secondary Fund VI-B, L.P.	26,427,847	-
Hamilton Lane Venture Capital Offshore Fund, L.P. 2022	2,531,272	1,155,718
Hamilton Lane Venture Capital Offshore Fund, L.P. 2021	3,589,278	2,691,380
Hamilton Lane Venture Access Offshore Fund I, L.P.	1,094,906	-
Subtotal	630,896,752	576,206,821

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

	2024	2023
Subtotal carried forward	$ 630,896,752	$ 576,206,821
HPS Strategic Investment Partners V, L.P.	3,179,657	1,930,504
Invesco Non-U.S. Partnership	166	166
Invesco U.S. Buyout Fund III, L.P.	11,743	11,743
Kelso Investment Associates X, L.P.	10,447,081	10,669,879
Kelso Investment Associates XI, L.P.	3,575,165	2,537,436
KPS Special Situations Fund V, L.P.	5,665,313	5,207,017
KPS Special Situations Fund VI, L.P.	893,829	-
Labor Impact Feeder Fund, L.P.	48,010,036	46,482,330
Manulife Infrastructure Fund IIII, L.P.	2,029,169	-
McMorgan Infrastructure Fund I, L.P.	41,985,266	41,739,317
MHR Institutional Advisors II, L.P.	312,069	305,237
New State Capital Partners Fund III, L.P.	3,653,245	1,773,800
New View Capital Fund I, L.P.	4,628,236	5,231,649
Oak Hill Capital Partners V, L.P.	9,304,264	8,510,738
Oak Hill Capital Partners VI, L.P.	4,891,006	4,094,313
Oaktree Special Situations Fund II, L.P.	6,057,508	6,513,129
Oaktree Special Situations Fund III, L.P.	2,099,379	2,035,237
OHA Credit Solutions Fund (Offshore), L.P.	12,822,791	19,092,501
Palistar Communications Infrastructure Offshore II, L.P.	4,836,630	3,889,011
Pantheon Access (ERISA), L.P.	26,208,779	29,640,202
Pennybacker Critical Infrastructure Fund, L.P.	2,348,371	-
Platinum Equity Capital Partners V, L.P.	9,360,553	10,063,259
Platinum Equity Capital Partners VI, L.P.	4,048,592	2,317,648
Plexus Fund VI, L.P.	3,542,653	1,677,375
Private Advisors Small Company Buyout Fund V, L.P.	-	10,623,411
Private Advisors Small Company Private Equity Fund VI, L.P.	13,220,706	14,497,915
Private Advisors Small Company Private Equity Fund VII, L.P.	15,975,008	18,782,111
Siguler Guff Distressed Real Estate Opportunities Fund II (E), L.P.	5,365,233	7,169,630
Siguler Guff DREOF II Co Investment Fund (E), L.P.	10,308,128	10,586,768
SK Capital Partners V-B, L.P.	7,156,138	8,585,795
SK Capital Partners VI-B, L.P.	3,065,619	5,723,084
Sterling Group Partners V, L.P	8,995,737	6,722,865
TCV XI (A), L.P.	4,039,930	3,224,231
Thoma Bravo XIV-A, L.P.	8,317,432	7,400,483
Townsquare Real Estate Alpha Fund I-A, L.P.	724,493	1,454,000
TPG Partners VIII, L.P.	8,297,769	8,604,042
Webster Capital II-A, L.P.	1,515,208	3,270,589
Total	$ 927,789,654	$ 886,574,236

AEW Core Property, L.P. is intended to be an open-end, long term investment vehicle which invests in core real estate assets.

AEW Partners, L.P. is in liquidation and the remaining net assets value consists primarily of cash reserves.

American Core Realty, L.P. is an open-end investment fund that primarily invests in core, stable, institutional quality industrial, residential, office and retail properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

Ares Energy Opportunities Fund, L.P. seeks to achieve long-term capital appreciation through equity and equity-related investments providing control or influential minority equity positions and through investments in debt or other securities providing equity-like returns.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Ares EPIC Co-Invest Delaware Feeder, L.P. aims to achieve long-term capital appreciation through debt, equity and equity-related investments in EPIC Midstream Holdings, L.P.

Ares PE Extended Value Fund, L.P. has an investment objective to hold, manage and dispose of investments in or related to its Portfolio Companies.

Ares Special Opportunities Fund II, L.P. seeks to realize capital appreciation and generate current income primarily through a flexible capital strategy in principally illiquid and liquid debt and equity in businesses undergoing stress or transformational change and other opportunistic investments.

Arroyo Energy Investors Fund III, L.P. has an objective of realizing medium and long-term capital appreciation primarily by making investments in the power and midstream energy infrastructure sectors in the Americas.

Avenue Asia Special Situations Fund V, L.P. primarily invests in debt, equity securities or other obligations of Asian companies in financial distress.

Avista Capital Partners V, L.P. makes private equity and equity related investments in growth-oriented companies primarily in the healthcare sector, typically structured as leveraged buyouts.

Balance Point Capital Partners VI, L.P. provides mezzanine and equity financing to small and mid-sized companies located in various states throughout the United States of America, as well as in Canada, and conducting business in various industries.

BCP Special Opportunities Fund II, L.P. is an all-weather, nimble strategy encompassing illiquid and illiquid opportunities. The Fund focuses on private originations and secondary investments in North American and European markets.

BCP Special Opportunities Fund III, L.P. makes credit-oriented investments and utilizes a variety of credit investing strategies as part of its investment program.

Blackstone Tactical Opportunities Fund III was formed to hold underlying interests in and make capital contributions to various Blackstone Tactical Opportunities Funds through certain affiliated Alternative Investment Vehicles.

Bowmark Growth Partners, L.P. focuses on active investment in growth-oriented service companies, primarily through buyout transactions.

Brookfield Infrastructure Fund IV and Fund V, L.P. primarily acquire infrastructure assets in North America, South America, Europe and Asia Pacific, and to hold, maintain, operate, develop or redevelop and dispose of such infrastructure assets. The fund invests in infrastructure assets in the transport, renewable power, utilities, midstream and data sectors.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Carlyle Credit Opportunities Fund III, L.P. has an investment objective to generate attractive risk-adjusted returns over a multi-year period by exploiting asymmetric risk-return opportunities in both the public and private markets across two primary sub-strategies, private credit solutions and market dislocations.

Carlyle Private Equity Access Blocker Fund, L.P. invests in limited partnership interests in private investment funds sponsored by The Carlyle Group as well as short-term investments and engages in other activities as necessary, including short sales and other derivative contracts or instruments.

Castlelake VI, L.P. invests in asset-rich and cash flowing opportunities with the objective of achieving attractive risk-adjusted rates of return while limiting downside investment risk.

CK Opportunities Offshore Fund, L.P.'s objectives are to generate superior risk adjusted returns while emphasizing the preservation of capital.

Corbin Private Credit Manager Fund II, L.P. seeks to achieve attractive risk-adjusted returns through investments on an opportunistic basis in private credit assets and other assets with credit-like characteristics, targeting investments that are expected to have a significant downside protection through underlying asset value and structural protections.

Corten Real Estate Fund II, L.P. invests in equity or debt related real estate assets located in the United States. The underlying investments are generally owned through direct or indirect investments in separate partnerships or limited liability companies.

Cramer, Rosenthal & McGlynn partnerships make venture capital investments, principally by investing in equity or equity-oriented securities of privately held communications and information technology companies.

CVC Capital Partners VIII (A), L.P. invests in a wide range of equity and equity related securities.

Fortress Lending Fund I (B-I), L.P. aims to make attractive risk adjusted debt investments, primarily by originating and acquiring senior secured debt of operating businesses in a wide array of corporate industries.

GCM Grosvenor Infrastructure Advantage Fund II, L.P. invests in infrastructure projects with long-term community and economic benefits. It focuses on building a diverse portfolio of assets across infrastructure sectors including transportation, energy transition, and digital infrastructure.

Genstar Capital Partners IX, X and XI, L.P. seek long-term capital appreciation by acquiring, holding and disposing of primarily equity and equity-related securities in companies principally in Northern America.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Global Infrastructure Partners IV-B Feeder Fund, L.P. invests in infrastructure assets or portfolios of infrastructure assets in the energy, transport, water/waste and digital industries globally, with a primary focus on Organization for Economic Co-operation and Development markets, targeting investments with "Core" and "Core Plus" risk category characteristics.

Goldman Sachs Private Equity Partners X Offshore L.P. invests in pooled investment vehicles, secondary investments and privately negotiated transactions, generally sourced on a co-investment basis with certain other co-investment partnerships.

Grosvenor Real Estate Solutions I Feeder Fund, L.P. has an investment objective of targeting exposure to opportunistic middle market real estate through economically efficient structures.

GTCR Fund XIII and XIV, L.P. invest in securities of companies through management-led industry consolidation efforts primarily in technology, media, telecommunications, healthcare, financial services and technology, and business and consumer services industries.

Hamilton Lane City Line Partners, L.P. seeks to make direct equity investments in companies through the buyout or acquisition of controlling interests.

Hamilton Lane Infrastructure Opportunities Fund, L.P. seeks unique, co-investment and secondary investment opportunities to generate attractive income and total returns.

Hamilton Lane Secondary Aggregatory I, L.P. and Secondary Fund II, L.P. aim to provide significant capital appreciation by delivering attractive risk-adjusted returns through a unique approach and competitive positioning.

Hamilton Lane Secondary Fund V and VI-B, L.P. seek to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions.

Hamilton Lane Venture Capital Offshore Fund L.P. – Series 2022 and 2021 aim to develop a portfolio of venture capital and growth capital related fund investments and co-investments and to achieve substantial capital appreciation through those investments.

Hamilton Lane Venture Access Offshore Fund I, L.P. was formed to invest in other pooled investment vehicles that make private equity and equity-related investments.

HPS Strategic Investment Partners V, L.P. seeks to generate current income as well as long-term capital appreciation through high-yielding fixed and floating rate debt and debt-like instruments.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Invesco Non-U.S. Partnership invests in other collective investment funds investing in alternative assets, including primarily investments focusing on non-U.S. buyouts, expansion capital, turnaround, mezzanine and distressed investment partnerships.

Invesco U.S. Buyout Fund III, L.P. invests in other collective investment funds investing in alternative assets, including primarily investments focusing on small, mid-size and large domestic buyout transactions.

Kelso Investment Associates X and XI, L.P. primarily invest in middle-market company acquisitions and leveraged buyouts, including joint ventures, buy-ins and minority investments.

KPS Special Situations Fund V and VI, L.P. invest in companies which manufacture goods or provide services, are in need of a financial and/or operational turnaround and may have a unionized workforce.

Labor Impact Feeder Fund, L.P. seeks to originate and execute infrastructure projects that leverage the inclusion of union labor as a contributing factor to enabling attractive risk-adjusted returns. The goal of the strategy is to find attractive infrastructure investment opportunities that can be unlocked through close cooperation across labor, government and private capital.

Manulife Infrastructure Fund IIII, L.P. seeks to provide institutional investors with long term exposure to U.S. infrastructure assets with attractive current yield and low volatility.

McMorgan Infrastructure Fund I, L.P. invests in large-scale infrastructure "Alpha Assets," which are generally defined as large scale, capital-intensive assets with enterprise value in excess of $2 billion to bring strategic and competitive advantages through a substantial pool of institutional equity capital and an experienced asset originator and manager.

MHR Institutional Advisors II, L.P. pursues investment returns by identifying, acquiring and actively managing investments in inefficient market sectors including, primarily, distressed securities and post-reorganization securities.

New State Capital Partners Fund III, L.P. targets investments in market-leading companies the business services, industrials and consumer sectors.

New View Capital Fund I, L.P. makes venture capital investments, principally by investing in and holding securities of companies.

Oak Hill Capital Partners V and VI, L.P. were organized for the purpose of developing a diversified portfolio of middle-market investments across the following sectors: (i) Consumer, Retail & Distribution; (ii) Industrials; (iii)Media & Communications; and (iv)Services in the North American market.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Oaktree Special Situations Fund II and Fund III, L.P. aim to achieve private equity returns while taking less than commensurate risk by obtaining control or significant influence of primary middle-market companies. The Fund invests primarily in publicly traded or privately placed debt securities and other obligations such as bank loans and participations, equity securities and options and warrants.

OHA Credit Solutions Fund (Offshore), L.P. invests substantially all of its assets OHA Credit Solutions ICAV (the Master Fund), which seeks to generate attractive risk-adjusted returns through current income through investments in debt instruments and other securities and/or obligations of North American and European issuers.

Palistar Communications Infrastructure Offshore II, L.P. invests in mission-critical communications infrastructure which underpins the global telecommunications, media and technology industry. The Fund seeks to provide innovative financial and strategic solutions to complex problems for leading communications infrastructure players through direct and indirect asset ownership.

Pantheon Access (ERISA), L.P. on its own behalf or on behalf of each Investor Series, carries on the business of an investor investing directly or indirectly in, and managing, liquidating, or otherwise disposing of a diversified portfolio of private equity investment partnerships.

Pennybacker Critical Infrastructure Fund, L.P. was formed to make, hold, own, convey, exchange, transfer or otherwise dispose of primarily value-added and privately negotiated equity and structured equity investments in the lower-to-middle market infrastructure sector.

Platinum Equity Capital Partners V, L.P. and VI, L.P. make private investments in equity, equity-oriented or debt securities which offer equity-like returns of underperforming companies to generate capital appreciation for their partners.

Plexus Fund VI, L.P. invest in a portfolio of lower middle-market companies seeking late stage financing throughout the United States.

Private Advisors Small Company Buyout Fund V, L.P. and Private Advisors Small Company Private Equity Funds VI and VII, L.P. utilize a long/short trading strategy and invest primarily in lower-middle market buyout, growth and distressed private equity funds to generate income and returns for its investors.

Siguler Guff Distressed Real Estate Opportunities Fund II (E), L.P. (DREOF II) invests in pooled investment vehicles managed by investment managers and direct investments, typically involving direct or indirect equity interests in commercial properties, including interest in commercial mortgages and commercial mortgage-backed securities, as well as debt and equity securities of real estate operating companies and real estate investment trusts.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Siguler Guff DREOF II Co-Investment Fund (E), L.P. seeks to assemble a portfolio of joint ventures, separate accounts, club deals or other forms of direct investment sourced through manager relationship or Siguler Guff Distressed Real Estate Opportunities Fund, LP and DREOF II. These investments will focus on various types of real estate property interests, including equity interests in commercial property, commercial mortgages, commercial mortgage-backed securities, bank loans and the debt and equity securities of real estate operating companies or real estate investment trust in the U.S. and Europe.

SK Capital Partners V-B and VI-B, L.P. seeks to build strong and growing businesses that create substantial long-term value, specialty materials, chemicals and pharmaceuticals sectors.

Sterling Group Partners V, L.P. targets the buyout or acquisition of controlling interests in basic manufacturing, distribution and industrial service companies, primarily targeting corporate carve-outs and family businesses.

TCV XI (A), L.P. seeks to invest in technology companies in the software-as-a-service, education technology, remote collaboration, fitness, media, entertainment, touchless commerce and digital banking sectors.

Thoma Bravo XIV-A, L.P. aims to use a consolidation or buy and build investment strategy with an emphasis on software and technology enabled services sectors.

Townsquare Real Estate Alpha Fund I-A, L.P. invests substantially all of its assets through a master-feeder structure in Townsend Real Estate Alpha Fund I, L.P. (the Master Fund). The Master Fund invests in real estate private equity funds for income and capital appreciation.

TPG Partners VIII, L.P. aims to invest in companies through acquisitions and restructurings.

Webster Capital II-A, L.P. seeks to generate current income and capital appreciation by lending to or investing directly in privately held companies.

e. The pooled separate account category consists of one investment which reports as a DFE and can be redeemed monthly.

NOTE 6. PENSION BENEFITS

The Plan participates in SMART Local Unions and Councils Pension Plan (LUC), a multiemployer defined benefit retirement plan, which covers employees of the Sheet Metal Workers' National Pension Fund. The risks of participating in this multiemployer plan are different from a single-employer plan in the following aspects:

a. Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

NOTE 6. PENSION BENEFITS (CONTINUED)

b. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

c. If the Plan chooses to stop participating in its multiemployer plan, it may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan's participation in LUC for the annual periods ended December 31, 2024 and 2023 is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employee Identification Number (EIN) and the three-digit plan number, if applicable. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 for LUC's year-end is as of December 31, 2024 and 2023, respectively. The zone status is based on information that the Plan received from LUC and is certified by the LUC's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/ Implemented	Contributions of the Plan		Surcharge Imposed
		2024	2023		2024	2023	
SMART Local Unions and Councils' Pension Plan	52-6117151 333	Green	Green	N/A	$ 900,169	$ 781,556	N/A

The Plan was listed in SMART Local Unions and Councils Pension Plan's 2023 Form 5500 as providing more than 5% of the total contributions for the plan's year-end.

NOTE 7. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable to the Plan's provision to the services 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. Benefits under the Plan are accumulated based on credited services which consist of the sum of past credited service and future credited services as defined in the Plan document.

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

NOTE 7. ACTUARIAL INFORMATION (CONTINUED)

The most recent actuarial valuations of the Plan were made as of December 31, 2024 and 2023. Information shown in the reports included the following:

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants or beneficiaries currently receiving payments	$ 5,340,363,599	$ 5,062,792,816
Other vested benefits	3,739,220,434	3,626,596,092
	9,079,584,033	8,689,388,908
Non-vested benefits	432,337,467	419,894,664
Total actuarial present value of accumulated plan benefits	9,511,921,500	9,109,283,572
Net assets available for benefits	8,264,081,999	7,542,582,304
Excess of actuarial present value of accumulated plan benefits over net assets available for benefits	$ 1,247,839,501	$ 1,566,701,268

As reported by the actuary, the changes in the present value of accumulated plan benefits during the years ended December 31, 2024 and 2023 were as follows:

	2024	2023
Actuarial present value of accumulated plan benefits at beginning of year	$ 9,109,283,572	$ 8,824,196,100
Change during the period attributed to		
Benefits paid	(595,948,584)	(576,004,193)
Interest	638,819,923	618,874,065
Benefits accumulated, experience gains or loss	105,683,444	199,592,961
Change in actuarial assumptions	252,982,342	17,246,239
Plan amendments	1,100,803	25,378,400
Actuarial present value of accumulated plan benefits at end of year	$ 9,511,921,500	$ 9,109,283,572

Since benefit accruals are tied directly to contribution rates, the contribution rate increases are treated as plan amendments.

NOTE 7. ACTUARIAL INFORMATION (CONTINUED)

Some of the more significant actuarial assumptions and methods used in estimating the present value of accumulated plan benefits were:

Mortality Rate - Healthy: Pri-2012 Blue Collar Healthy Retiree Mortality Tables (sex-distinct), projected generationally using Scale MP-2021. Disabled: Pri-2012 Disabled Retiree Mortality Tables (sex-distinct), projected generationally using Scale MP-2021.

Rates of Retirement - Ages 55 to 70. Terminated vested participants are assumed to retire at the earliest possible retirement age.

Investment Rate of Return – 7.00% for 2024 and 7.25% for 2023.

Cost Method - Unit credit cost method.

Percent Married - 80%.

Administrative Expense - $17,500,000 and $16,500,000 at December 31, 2024 and 2023, respectively.

The above 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. Through December 31, 2024, the Plan's actuary has determined the Plan has met the minimum funding requirements of ERISA.

The Plan is certified in the Green Zone.

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

NOTE 8. PRIORITIES UPON TERMINATION

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC). The PBGC provides financial assistance to plans to help them avoid insolvency.

Should a plan become insolvent, the PBGC guarantees certain benefits to participants; however, the benefits guaranteed are generally only a portion of the normal pension. In addition, no benefit increases as a result of plan amendments in effect for less than five years are guaranteed.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan was amended to include a medical-benefit component, in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries, in accordance with IRC Section 401(h). A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component (401(h) account). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in this Plan's financial statements. Employer contributions to the 401(h) account are determined periodically and are at the discretion of the Plan Sponsor. A certain portion of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

The following is a reconciliation of net assets available for pension benefits per the financial statements to the Form 5500:

	December 31,	
	2024	2023
Net assets available for benefits per the financial statements	$ 8,264,081,999	$ 7,542,582,304
Net assets held in 401(h) account included as assets in Form 5500	488,293	656,972
Net assets available for benefits per the Form 5500	$ 8,264,570,292	$ 7,543,239,276

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits.

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500:

	2024	2023
Additions per financial statements	$ 1,334,773,933	$ 1,535,563,508
Add: investment expenses	14,224,443	12,300,402
Add: income taxes	643,441	476,435
Add: 401(h) contributions	5,131,321	3,976,924
Income per the Form 5500	$ 1,354,773,138	$ 1,552,317,269

Deductions per financial statements	$ 613,274,238	$ 591,805,145
Add: investment expenses	14,224,443	12,300,402
Add: income taxes	643,441	476,435
Add: 401(h) benefits	5,300,000	4,304,320
Expenses per the Form 5500	$ 633,442,122	$ 608,886,302

NOTE 10. WITHDRAWAL LIABILITY

The Plan assesses withdrawal liability to employers who have withdrawn from the Plan in accordance with plan provisions and related regulations. Amounts assessed as withdrawal liability contributions are recorded as receivable when collection of the assessment appears reasonably certain. Once the receivable is recorded, a portion of each payment received reduces the receivable and a portion is recorded as interest income on withdrawal liability contributions if applicable. Additionally, the amounts included in the allowance for credit losses includes reductions in the principal amount of the withdrawal liability owed, such as a reduction in the provisional withdrawal liability assessment once the withdrawal liability assessment is finalized. The Plan's legal counsel reviews annually the payment status of each employer for the purpose of determining an allowance for credit losses.

At December 31, 2024 and 2023, withdrawal liability contributions of $27,113,878 and $27,847,252, respectively, was recorded as receivable. An allowance for credit losses of $8,577,972 and $6,850,755, respectively, has been recorded as of December 31, 2024 and 2023.

NOTE 11. LITIGATION

The Plan is involved in legal proceedings and claims of various types. In the opinion of the Plan's management, the amount of ultimate liability with respect to these actions will not materially affect the financial status of the Plan.

NOTE 12. SECURITIES LENDING ACTIVITIES

The Trustees of the Plan have entered into an agreement with the Plan's custodial bank as of January 1, 1998, which authorizes the bank to lend securities held in the Plan's accounts to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities.

Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at their own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, will credit the Plan's accounts with cash equal to the fair value of the loaned securities.

Effective March 1, 2015, the split in income derived from the securities lending activities is 80% and 20% between the Plan and the custodial bank. "Interest and dividend income" reported in the accompanying statements of changes in net assets available for benefits include $2,728,963 and $2,444,576 earned by the Plan during the years ended December 31, 2024 and 2023, respectively, in connection with the securities lending program.

NOTE 12. SECURITIES LENDING ACTIVITIES (CONTINUED)

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank requires it to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

At December 31, 2024 and 2023, the fair value of securities loaned was $550,752,810 and $541,093,226, respectively, while the cash collateral held was $562,937,417 and $553,046,795, respectively.

The Plan has segregated securities on loan to third parties from other investments on the statements of net assets available for benefits and has also reported the cash collateral held for securities on loan, and a corresponding liability to return the collateral.

NOTE 13. OPERATING LEASE

In February of 2020, the Plan entered into an operating lease agreement for office space in Falls Church, Virginia. The lease is for a period of 154 months and includes a 9.5 month rent abatement period as well as a tenant improvement allowance. The agreement terminates on November 30, 2033.

Operating lease expense totaled $977,421 and $977,373 for the years ended December 31, 2024 and 2023, respectively. The portion of operating lease expense allocated to and reimbursed by affiliated organizations was $387,803 and $412,040 for the years ended December 31, 2024 and 2023, respectively. As a result, the net operating lease expense incurred by the Plan was $589,618 and $565,333 for the years ended December 31, 2024 and 2023, respectively. The Plan had no variable or short-term lease expense during the years ended December 31, 2024 and 2023 and does not have any finance leases.

Supplemental qualitative information related to operating leases is as follows:

	Year Ended December 31, 2024
Cash paid for amounts included in the measurement of lease liability - operating cash flows	$ 934,570
Right-of-use asset obtained in exchange for lease obligations	-
Weighted-average remaining lease term (in years)	8.92
Weighted-average discount rate	1.63%

NOTE 13. OPERATING LEASE (CONTINUED)

The following is a summary by year of future minimum rental payments required under the operating lease that has a remaining noncancellable lease term in excess of one year at December 31, 2024 :

Year ending December 31,		
2025	$	955,644
2026		977,232
2027		999,335
2028		1,021,727
2029		1,044,614
Thereafter		4,322,981
Undiscounted future cash flows		9,321,533
Less: discount to present value		(671,883)
Total lease liability	$	8,649,650

NOTE 14. RISKS AND UNCERTAINTIES

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

Plan contributions are made, and 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 the 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 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 7, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal retirement

- **Age Requirement:** None
- **Service Requirement:** Five years of participation in the Plan
- **Amount:** Described below:
  - **For service on and after January 1, 2014:**
    - ❖ Participant's Benefit Rate multiplied by the participant's Contribution Hours for the Plan Year multiplied by the Applicable Percentage for the Plan Year.
    - ❖ Benefit Rate is the portion of the participant's contribution rate that is subject to benefit accruals. For Participants working under a Collective Bargaining Agreement that qualifies for a 55/30 (or 60/30) Pension, the Benefit Rate is the total Contribution Rate less the 55/30 (or 60/30) Rate (30% of the Contribution Rate for periods after December 1, 2007).

- Contribution Hours are the hours for which contributions are required to be made for the participant's work in Covered Employment.
- Applicable Percentage is based on the average of the Plan's rate of market value investment return for each of the three most recent Plan Years reported in the Actuarial Valuation and Review as of January 1 of the immediately preceding Plan Year and is defined in the following table:
- **For accruals between January 1, 2014 and December 31, 2023:**

Applicable Percentage	Average of Market Value Investment Return Percentages for 3 Most Recent Plan Years
1.25%	10.0% or higher
1.00%	8.5% or higher but less than 10.0%
0.75%	6.5% or higher but less than 8.5%
0.50%	Greater than 0% but less than 6.5%
0.00%	0% or less

- **For accruals on and after January 1, 2024:**

Applicable Percentage	Average of Market Value Investment Return Percentages for 3 Most Recent Plan Years
1.25%	9.5% or higher
1.00%	8.0% or higher but less than 9.5%
0.75%	6.0% or higher but less than 8.0%
0.50%	Less than 6.0%

- The above formula applies unless otherwise stated in a Funding Improvement Plan Option.
- The Applicable Percentage for the 2024 Plan Year is 0.50%.

– **For service and on and after adoption of Rehabilitation Plan Schedule and before January 1, 2014:**

- Default Schedule/Persons for Whom Contribution were Not Required to be Made ("Persons for Whom"): 1% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours for the Plan Year.
- First Alternative Schedule: Same as accrual for service on and after December 1, 2007 and before adoption of Rehabilitation Plan Schedule.

- Second Alternative Schedule: 1% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours for the Plan Year.
- Formerly Alternative Schedule and Agreement Did Not Include Required Contribution Rate Increases - No Increase Consequences ("NIC"): 1% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours for the Plan Year.

– **For service and on and after December 1, 2007 and before adoption of Rehabilitation Plan Schedule:**

- Employers that have not made required contribution rate increases: Same as accrual for service after August 31, 2003.
- Employers that have made required contribution rate increases: 1.5% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours for the Plan Year (up to 1,200 hours), plus 0.7% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours (over 1,200 hours). The 1.5% multiplier is applied to the first 1,200 hours at the highest Benefit Rate in effect during the Plan Year.

– **For service and on and after August 31, 2003 and before December 1, 2007:**

- 0.8571% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours (up to 1,400 hours), plus 0.3% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours (over 1,400 hours). For participants in 55/30 Locals, 80% of the total contribution rate is subject to benefit accruals. The 0.8571% multiplier is applied to the first 1,400 hours at the highest Benefit Rate in effect during the Plan Year.
- <u>Supplemental accruals:</u>

  Locals are required to increase their contribution rates subject to benefit accruals by 10% annually for eligibility. Participants of Locals that make the required increases earn a supplemental accrual that brings the total accrual to twice the normal rate in the year following the increase.

– **For service and on and after December 31, 1999 and before September 1, 2003:**

- 1.7142% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours (up to 1,400 hours), plus 0.6% of the amount determined by multiplying the participant's Benefit Rate by the participant's Contribution Hours (over 1,400 hours). The 1.7142% multiplier is applied to the first 1,400 hours at the highest Benefit Rate in effect during the Plan Year.

– – **For service before January 1, 2000:**

- Benefit accrued according to the rules of the Plan in effect on December 31, 1999

– **Past service:**

- $10.00 for each year of Past Service Credit, if any, up to 10 years

- **Post-Normal Retirement Age Adjustment:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than NRA, and 1.5% for each month greater than age 70.

Early retirement

- The following applies to all participants with an effective date of pension on or after February 1, 2014 retiring under an early retirement provision (Standard Early Retirement, Special Early Retirement, Age 62 Pension, 55/30 Pension, and 60/30 Pension).
- Previously, the provisions described for benefits accrued before January 1, 2014 were in effect. Participant may be eligible for different early retirement provisions for pre-2014 and post-2013 accrued benefits. Portions of the post-2013 accrued benefits may also be subject different early retirement provisions depending on the classification of employment of the participant's Contribution Hours.

Standard Early Retirement

- **Age Requirement:** 55
- **Service Requirement:** Fulfill any one of the following:
  - 10 years of Pension Credits, including at least five years of Future Service Credit, or
  - 10 years of Vesting Service, or
  - 15 years of Pension Credits, including at least 12 months of Future Service Credit
- **Amount:** Normal Retirement benefit reduced as described below.
  - **For benefits accrued on and after January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.

    ❖ Default Option — Actuarially from age 65 (Unsubsidized Early Retirement Pension)
    ❖ First Alternative Option — 6% per year from age 65
    ❖ Second Alternative Option — Actuarially from age 65 (Unsubsidized Early Retirement Pension)
  - **For benefits accrued before January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.

    ❖ Default Schedule/Persons for Whom — Actuarially from age 65 (Unsubsidized Early Retirement Pension)

- First Alternative Schedule — 6% per year from age 65
- Second Alternative Schedule — Actuarially from age 65 (Unsubsidized Early Retirement Pension)
- NIC — Actuarially from age 65 (Unsubsidized Early Retirement Pension)

Special Early Retirement

- **Age Requirement:** 55
- **Service Requirement:** Fulfill any one of the following:
  - 10 years of Pension Credits, including at least five years of Future Service Credit, or
  - 10 years of Vesting Service, or
  - 15 years of Pension Credits, including at least 12 months of Future Service Credit
- **Active Service Requirement:** Complete at least 3,500 hours of work in covered employment during the five consecutive calendar years immediately preceding retirement
- **Amount:** Normal Retirement benefit reduced as described below.
  - **For benefits accrued on and after January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.
    - Default Option — Unavailable
    - First Alternative Option — 6% per year from age 62
    - Second Alternative Option — Unavailable
  - **For benefits accrued before January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.
    - Default Schedule/Persons for Whom — Unavailable
    - First Alternative Schedule — 6% per year from age 62
    - Second Alternative Schedule — Unavailable
    - NIC — Unavailable

Age 62 Pension

- **Age Requirement:** 62
- **Service Requirement:** Same as Special Early Retirement
- **Active Service Requirement:** Same as Special Early Retirement
- **Amount:** Described below.
  - **For benefits accrued on and after January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.

    - Default Option — Unavailable
    - First Alternative Option — Unavailable
    - Second Alternative Option — Normal Retirement Benefit amount
  - **For benefits accrued before January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.

    - Default Schedule/Persons for Whom — Unavailable
    - First Alternative Schedule — Unavailable
    - Second Alternative Schedule — Normal Retirement Benefit amount
    - NIC — Normal Retirement Benefit amount

55/30 Pension

- **Age Requirement:** 55
- **Service Requirement:** 30 years of Future Service Credit with at least 60 months of the last 120 months of Future Service Credit subject to a 55/30 Rate
- **Active Service Requirement:** Complete at least 3,500 hours of work in covered employment at 55/30 Rate during the five consecutive calendar years immediately preceding retirement
- **Amount:** Described below.
  - **For benefits accrued on and after January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.

    - Default Option — Unavailable
    - First Alternative Option — Normal Retirement Benefit amount
    - Second Alternative Option — Unavailable
  - **For benefits accrued before January 1, 2014:**

    Amount based on the participant's Home Local Schedule (Rehabilitation Plan Schedule) when the Plan was in critical status.

    - Default Schedule/Persons for Whom — Unavailable
    - First Alternative Schedule — Normal Retirement Benefit amount
    - Second Alternative Schedule — Unavailable
    - NIC — Unavailable

60/30 Pension

- **Age Requirement:** 60
- **Service Requirement:** Same as 55/30 Pension
- **Active Service Requirement:** Same as 55/30 Pension
- **Amount:** Described below.
  - **For benefits accrued on and after January 1, 2014:**

    Reductions based on the participant's Funding Improvement Plan Option, which depends upon the Schedule or Rehabilitation Plan provision which applied to the classification of employment when the Plan was in critical status.

    - Default Option — Unavailable
    - First Alternative Option — Unavailable
    - Second Alternative Option — Normal Retirement Benefit amount
  - **For benefits accrued before January 1, 2014:**

    Amount based on the participant's Home Local Schedule (Rehabilitation Plan Schedule) when the Plan was in critical status.

    - Default Schedule/Persons for Whom — Unavailable
    - First Alternative Schedule — Unavailable
    - Second Alternative Schedule — Normal Retirement Benefit amount
    - NIC — Unavailable

Full Disability

- **Age Requirement:** Under age 55
- **Service Requirement:** 10 years of Credited Service, including at least five years of Future Service Credit
- **Active Service Requirement:** Worked at least 435 hours in the 24-month period immediately preceding application date of disablement
- **Other Requirement:** Approved for disability benefit with the Social Security Administration or Railroad Retirement Board
- **Amount:** Early Retirement benefit amount, payable beginning in the seventh month of disability
- **Charge for Coverage:** None
- The Disability Benefit is not payable for participants categorized as Persons for Whom when the Plan was in critical status unless all eligibility conditions had been satisfied before January 1, 2010.

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 65

Spouse’s pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Has attained Vested Status
- **Amount:** 50% of the monthly benefit the participant would have received had he/she terminated employment on his/her date of death and survived to his/her Early Retirement Date (or any later date elected by the spouse), retired and elected to receive benefits in the Normal Form of payment.

- **When Paid:** Immediately if participant's death occurred after attainment of his/her earliest retirement age, otherwise month in which the participant would have attained his/her earliest retirement age. If surviving spouse elects to receive payments before the month in which participant would have attained his/her earliest retirement age, the monthly benefit will be the actuarial equivalent of the amount described above.

Or

- **Age Requirement:** None
- **Service Requirement:** Has attained Vested Status, 2,000 or more hours in the last five years prior to death, and died on or after January 1, 2023
- **Amount:** 75% of the monthly benefit the participant would have received if they retired and elected the 75% Joint and Survivor Benefit. If the participant dies prior to age 55, the monthly benefit will be calculated as though the Participant had attained age 55 at the time of death, had satisfied the eligibility requirements to receive a pension at age 55, and retired with a 75% Joint and Survivor Form of payment on the day before his or her death.
- **When Paid:** Immediately

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Eligibility:** Date of death after December 31, 2022; has attained Vested Status; no portion of the benefit assigned to an Alternative Payee under a QDRO; and worked at least 435 hours within 24-month period preceding death
- **Amount**: Greater of $5,000 or 36 times the monthly Lifetime Pension that the Participant accrued at the time of death, including any early retirement reductions. If the participant dies prior to age 55, the monthly Lifetime Pension will be calculated as though the Participant had attained at age 55 at the time of death and otherwise satisfied the requirements for a Lifetime Pension.

Post-retirement death benefit

- 50% Joint and Survivor: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless the participant and spouse reject this form. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, the spouse predeceases the employee, and the employee retired on March 1, 1999 or later, the employee's benefit amount will subsequently be increased to the unreduced amount payable ("pop-up" feature) had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee, or in any other available optional form elected by the employee in an actuarially equivalent amount.

The “pop-up” feature is only applicable to pre-2014 benefits if the participant’s Home Local Schedule/Rehabilitation Plan Schedule as of December 31, 2013 was the First Alternative Schedule or Second Alternative Schedule. It is only applicable to post-2013 benefits attributable to Contribution Hours worked under a collective bargaining agreement satisfying the required contribution rate increases under the Rehabilitation Plan First Alternative Schedule/Funding Improvement Plan First Alternative Option or Rehabilitation Plan Second Alternative Schedule/Funding Improvement Plan Second Alternative Option.

- 60-Month Certain: If the member has completed at least 15 years of Pension Credits before retirement and died within 5 years after retirement (if married, and taking joint and survivor pension, the spouse also died prior to receiving an amount equal to 60 times the amount of the pension the participant had been entitled), the pension benefit will continue to be paid to the participant’s designated beneficiary until a total of 60 months payments had been made.

  The 60-month certain is only applicable to pre-2014 benefits if the participant’s Home Local Schedule/Rehabilitation Plan Schedule as of December 31, 2013 was the First Alternative Schedule or Second Alternative Schedule. It is only applicable to post-2013 benefits attributable to Contribution Hours worked under a collective bargaining agreement satisfying the required contribution rate increases under the Rehabilitation Plan First Alternative Schedule/Funding Improvement Plan First Alternative Option or Rehabilitation Plan Second Alternative Schedule/Funding Improvement Plan Second Alternative Option.

Forms of benefits

The normal forms of payment are:

- Single life annuity for single participants, and
- 50% joint and survivor annuity with a “pop-up” feature for married participants (if applicable)

The available optional forms of payment are:

- Single life annuity with 60-month certain (if applicable)
- 50% joint and survivor annuity with a “pop-up” feature and 60-month certain (if applicable)
- 75% joint and survivor annuity with a “pop-up” feature (if applicable)
- 100% joint and survivor annuity with and without a “pop-up” feature (if applicable)

The ”pop-up” feature and 60-month certain are only applicable to pre-2014 benefits if the participant’s Home Local Schedule/Rehabilitation Plan Schedule as of December 31, 2013 was the First Alternative Schedule or Second Alternative Schedule. They are only applicable to post-2013 benefits attributable to Contribution Hours worked under a collective bargaining agreement satisfying the required contribution rate increases under the Rehabilitation Plan First Alternative Schedule/Funding Improvement Plan First Alternative Option or Rehabilitation Plan Second Alternative Schedule/Funding Improvement Plan Second Alternative Option.

Participation

After completion of 870 hours during a calendar year.

Past service credit

Service granted on the basis of days worked or amount earned in covered employment in calendar years prior to a participant's Contribution Date. For employers with a Contribution Date on or after January 1, 2000, the employer's initial contribution rate must be at least $0.50 per hour.

Future service credit

Service granted on the basis of hours of work in a calendar year after a Participant's Contribution Date in accordance with the following schedule:

Months of Future Service Credit	Hours of Work in Covered Employment During Calendar Year
0	Less than 100
1	100 - 199
2	200 - 299
3	300 - 399
4	400 - 499
5	500 - 599
6	600 - 699
7	700 - 799
8	800 - 899
9	900 - 999
10	1,000 - 1,099
11	1,100 - 1,199
12	1,200 & Over

Pension credit

Sum of the Past Service Credit and Future Service Credit (excluding service lost under the Plan's break in service rules).

Vesting credit

870 or more hours of work within a Plan year earns one year of Vesting Service.

Contribution rate

Varies from $0.05 to $19.88 per hour as of the valuation date. The average rate is $5.42 per hour as of December 31, 2023. 2.5% of certain employer contributions are allocated to 401(h) Medical Accounts but are subject to pension benefit accruals.

Required contribution rate increases

Contribution rate increases required under different Plan Options are described below.

- First Alternative Option: 2.0% for 2025 and 2026.
- Second Alternative Option: 1.0% for 2025 and 2026.

Cost of Living Adjustment (COLA)

- **Eligibility:** Pensioners and beneficiaries whose benefits are based on contribution rates that were increased by the Required Pension Fund Increase and who separated and retired from Covered Employment on or after January 1, 1991 and before December 1, 2001. No payment is made after January 1, 2008 unless the annual supplement had been in effect 60 months before that date (i.e., the benefit must have been payable on the participant's Allocation Date for 2002 – October 31, 2002).
- **Amount:** An annual supplement equal to 2% of the participant's total monthly payments for the 12 months immediately preceding the Allocation Date, multiplied by the number of whole years preceding the Allocation Date that the participant or beneficiary has received benefits, up to a maximum of 15 years. If the participant had elected a level income option, the 2% factor is applied to the benefit prior to the adjustment for the form of payment.
  - Effective July 1, 1995, no NPF COLA Benefit is payable with respect to any benefits accrued after June 30, 1995.

A participant who was retired and received an annual supplemental increase under the NPF COLA Benefit for the 2002 Allocation Date will continue to receive the benefit, but it will not exceed the supplement that was paid for the 2002 Allocation Date (i.e., it remains fixed at that amount).

Changes in plan provisions

The following plan changes are first reflected in this valuation:

- Effective January 1, 2024, for deaths occurring on or after January 1, 2023, the amount of Spouse's Pre-Retirement Death Benefit was increased for vested participants who worked 2,000 or more hours in the last five years prior to death. The amount increased to 75% of the monthly benefit the participant would have received if they retired and elected the 75% Joint and Survivor Benefit. If the participant dies prior to age 55, the monthly benefit will be calculated as though the Participant had attained age 55 at the time of death, had satisfied the eligibility requirements to receive a pension at age 55, and retired with a 75% Joint and Survivor Form of payment on the day before his or her death.
- Effective January 1, 2024, for deaths occurring on or after December 31, 2022, the amount of Pre-Retirement Lump Sum Death Benefit was increased for those who were vested and worked at least 435 hours within 24-month period preceding death and had no portion of their benefit assigned to an Alternative Payee under a QDRO. The amount was increased to the greater of $5,000 or 36 times the monthly Lifetime Pension that the Participant accrued at the time of death, including any early retirement reductions. If the participant dies prior to age 55, the monthly Lifetime Pension will be calculated as though the Participant had attained at age 55 at the time of death and otherwise satisfied the requirements for a Lifetime Pension.
- Variable Benefit Accrual Rate (VBAR) formula revised for prospective benefit accruals effective January 1, 2024:

3-Year Average of Market Value Investment Return (Old Formula)	Applicable Percentage of Contributions (Old Formula)	3-Year Average of Market Value Investment Return (New Formula)	Applicable Percentage of Contributions (New Formula)
10.0% or higher	1.25%	**9.5%** or higher	1.25%
8.5% or higher but less than **10.0%**	1.00%	**8.0%** or higher but less than **9.5%**	1.00%
6.5% or higher but less than **8.5%**	0.75%	**6.0%** or higher but less than **8.0%**	0.75%
Higher than **0%** but less than **6.5%**	0.50%	Less than **6.0%**	0.50%
0% or less	0.00%	---	

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Short-Term Investments						
	BNY MELLON CASH RESERVE	Cash	N/A	N/A	1,372,620	$ 1,372,620	$ 1,372,620
	EB TEMPORARY INVESTMENT FUND	Cash	N/A	N/A	215,235,300	215,235,300	215,235,300
	Total Short-Term Investments					216,607,920	216,607,920
	U.S. Government and Government Agency Obligations						
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	4.00%	325,000	304,979	297,066
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	3.00%	1,950,000	1,697,262	1,653,815
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	2.50%	2,050,000	1,718,957	1,668,188
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	2.00%	2,900,000	2,329,629	2,253,880
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	5.50%	3,200,000	3,203,750	3,156,768
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	4.50%	4,225,000	4,072,174	3,972,176
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	5.00%	5,150,000	5,067,791	4,968,617
	COMMIT TO PUR FNMA SF MTG	Government Bond	1/1/2055	3.50%	8,950,000	8,093,421	7,912,427
	COMMIT TO PUR GNMA II JUMBOS	Government Bond	1/20/2055	5.50%	2,875,000	2,885,377	2,850,505
	COMMIT TO PUR GNMA II JUMBOS	Government Bond	1/20/2055	4.50%	4,100,000	3,955,471	3,876,099
	COMMIT TO PUR GNMA II JUMBOS	Government Bond	1/20/2055	4.00%	5,150,000	4,845,225	4,741,502
	COMMIT TO PUR GNMA II JUMBOS	Government Bond	1/20/2055	2.50%	5,775,000	4,903,470	4,819,411
	COMMIT TO PUR GNMA II JUMBOS	Government Bond	1/20/2055	5.00%	5,975,000	5,900,083	5,799,156
	FHLMC POOL #C0-1649	Government Bond	10/1/2033	5.50%	24,155	24,254	24,346
	FHLMC POOL #G0-6499	Government Bond	3/1/2041	4.00%	143,946	144,666	135,944
	FHLMC POOL #G0-7786	Government Bond	8/1/2044	4.00%	56,597	59,703	53,244
	FHLMC POOL #G0-7848	Government Bond	4/1/2044	3.50%	277,202	288,290	252,739
	FHLMC POOL #G0-8710	Government Bond	6/1/2046	3.00%	67,310	68,961	58,435
	FHLMC POOL #G0-8711	Government Bond	6/1/2046	3.50%	87,975	92,508	79,031
	FHLMC POOL #G0-8715	Government Bond	8/1/2046	3.00%	278,108	288,962	241,353
	FHLMC POOL #G0-8722	Government Bond	8/1/2046	3.50%	53,377	56,392	48,148
	FHLMC POOL #G0-8732	Government Bond	11/1/2046	3.00%	127,533	131,907	110,637
	FHLMC POOL #G0-8741	Government Bond	1/1/2047	3.00%	1,173,974	1,158,144	1,018,446
	FHLMC POOL #G0-8742	Government Bond	12/1/2046	3.50%	387,842	393,781	348,531
	FHLMC POOL #G0-8784	Government Bond	9/1/2047	3.50%	2,960,831	3,002,296	2,662,557
	FHLMC POOL #G0-8792	Government Bond	12/1/2047	3.50%	37,440	38,482	33,636
	FHLMC POOL #G0-8800	Government Bond	1/1/2048	3.50%	79,226	78,477	71,173
	FHLMC POOL #G0-8816	Government Bond	5/1/2048	3.50%	79,517	78,166	71,434
	FHLMC POOL #G0-8833	Government Bond	6/1/2048	5.00%	29,756	31,432	29,338
	FHLMC POOL #G0-8842	Government Bond	9/1/2048	4.00%	916,218	939,274	850,113
	FHLMC POOL #G0-8843	Government Bond	9/1/2048	4.50%	70,587	72,950	67,407
	FHLMC POOL #G0-8849	Government Bond	10/1/2048	5.00%	48,805	51,068	48,072
	FHLMC POOL #G1-8684	Government Bond	3/1/2033	3.00%	417,929	414,471	398,006
	FHLMC POOL #G6-0080	Government Bond	6/1/2045	3.50%	262,190	270,732	236,931
	FHLMC POOL #G6-0278	Government Bond	10/1/2045	4.00%	219,029	235,525	205,774
	FHLMC POOL #G6-0985	Government Bond	5/1/2047	3.00%	249,578	221,461	216,868
	FHLMC POOL #G6-7706	Government Bond	12/1/2047	3.50%	547,461	578,344	493,366
	FHLMC POOL #G6-7707	Government Bond	1/1/2048	3.50%	457,112	464,094	412,096
	FHLMC POOL #G6-7708	Government Bond	3/1/2048	3.50%	515,399	515,481	463,245
	FHLMC POOL #G6-7711	Government Bond	3/1/2048	4.00%	227,090	232,022	211,450
	FHLMC POOL #G6-7713	Government Bond	6/1/2048	4.00%	97,403	99,184	90,542
	FHLMC POOL #G6-7714	Government Bond	7/1/2048	4.00%	188,172	189,385	175,199
	FHLMC POOL #Q0-5261	Government Bond	12/1/2041	3.50%	117,789	120,983	107,451
	FHLMC POOL #Q5-2319	Government Bond	11/1/2047	3.50%	44,178	44,003	39,688
	FHLMC POOL #QD-2129	Government Bond	11/1/2051	2.00%	1,162,637	951,364	905,846
	FHLMC POOL #QD-5748	Government Bond	2/1/2052	2.00%	850,731	746,284	664,293
	FHLMC POOL #QE-0312	Government Bond	4/1/2052	2.00%	453,151	399,056	352,710
	FHLMC POOL #RA-7921	Government Bond	9/1/2052	4.00%	1,760,756	1,615,219	1,612,466
	FHLMC POOL #RB-5090	Government Bond	11/1/2040	2.00%	180,292	182,743	150,486
	FHLMC POOL #RB-5135	Government Bond	10/1/2041	2.00%	393,699	329,230	327,163
	FHLMC POOL #SB-8085	Government Bond	12/1/2035	2.50%	407,115	430,142	372,604
	FHLMC POOL #SC-0096	Government Bond	10/1/2040	3.00%	1,444,203	1,288,951	1,306,570
	FHLMC POOL #SC-0458	Government Bond	10/1/2043	3.50%	1,480,622	1,354,538	1,340,052
	FHLMC POOL #SD-2535	Government Bond	4/1/2052	2.50%	2,463,379	2,117,351	2,037,879
	FHLMC POOL #SD-3016	Government Bond	6/1/2052	3.00%	1,204,256	1,043,281	1,030,145
	FHLMC POOL #SD-4879	Government Bond	11/1/2048	3.50%	2,174,879	1,937,342	1,960,131
	FHLMC POOL #SD-5146	Government Bond	8/1/2048	3.00%	1,024,776	919,416	902,643
	FHLMC POOL #SD-5323	Government Bond	1/1/2054	4.00%	4,589,687	4,326,933	4,197,865
	FHLMC POOL #SD-6016	Government Bond	11/1/2050	2.50%	1,574,033	1,399,906	1,314,727
	FHLMC POOL #SD-8001	Government Bond	7/1/2049	3.50%	1,010,687	1,037,978	904,939
	FHLMC POOL #SD-8006	Government Bond	8/1/2049	4.00%	702,919	729,129	650,741
	FHLMC POOL #SD-8016	Government Bond	10/1/2049	3.00%	2,870,745	2,933,704	2,474,152
	FHLMC POOL #SD-8090	Government Bond	8/1/2050	2.00%	1,868,694	1,926,803	1,467,074
	FHLMC POOL #SD-8121	Government Bond	12/1/2050	2.00%	1,241,515	1,284,778	974,105
	FHLMC POOL #SD-8129	Government Bond	1/1/2051	2.50%	1,331,146	1,404,983	1,094,335
	FHLMC POOL #SD-8156	Government Bond	6/1/2051	2.50%	7,410,917	7,668,273	6,083,251
	FHLMC POOL #SD-8175	Government Bond	9/1/2051	3.50%	1,227,600	1,310,082	1,093,166

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	FHLMC POOL #SD-8178	Government Bond	11/1/2051	2.50%	3,066,547	$ 3,041,550	$ 2,500,279
	FHLMC POOL #SD-8194	Government Bond	1/1/2052	2.50%	1,179,857	1,098,235	964,368
	FHLMC POOL #SD-8199	Government Bond	3/1/2052	2.00%	1,852,146	1,505,903	1,444,433
	FHLMC POOL #SD-8204	Government Bond	4/1/2052	2.00%	1,843,914	1,478,670	1,436,372
	FHLMC POOL #SD-8205	Government Bond	4/1/2052	2.50%	1,127,658	1,030,794	921,331
	FHLMC POOL #SD-8206	Government Bond	4/1/2052	3.00%	13,493,013	12,230,942	11,474,189
	FHLMC POOL #SD-8211	Government Bond	5/1/2052	2.00%	2,899,811	2,369,123	2,258,025
	FHLMC POOL #SD-8212	Government Bond	5/1/2052	2.50%	1,239,416	1,142,563	1,010,793
	FHLMC POOL #SD-8214	Government Bond	5/1/2052	3.50%	7,175,322	6,778,654	6,355,972
	FHLMC POOL #SD-8220	Government Bond	6/1/2052	3.00%	2,758,628	2,458,950	2,343,647
	FHLMC POOL #SD-8257	Government Bond	10/1/2052	4.50%	1,724,351	1,698,217	1,624,632
	FHLMC POOL #SD-8264	Government Bond	10/1/2052	3.50%	1,668,346	1,469,839	1,476,320
	FHLMC POOL #SD-8265	Government Bond	10/1/2052	4.00%	2,053,979	1,923,519	1,880,561
	FHLMC POOL #SD-8266	Government Bond	10/1/2052	4.50%	2,299,928	2,240,094	2,165,612
	FHLMC POOL #SD-8468	Government Bond	9/1/2054	5.00%	4,917,018	4,768,739	4,745,905
	FHLMC POOL #ZA-5103	Government Bond	12/1/2047	3.50%	84,903	89,798	76,171
	FHLMC POOL #ZT-0029	Government Bond	5/1/2047	3.00%	207,981	185,038	180,474
	FHLMC POOL #ZT-0536	Government Bond	3/1/2048	3.50%	2,175,524	1,947,825	1,952,729
	FHLMC POOL #ZT-2427	Government Bond	10/1/2046	2.50%	1,596,453	1,339,025	1,331,458
	FHLMC MULTICLASS MTG 150 A2	Government Bond	9/25/2032	3.71%	440,000	402,033	406,217
	FHLMC MULTICLASS MTG 165 A2	Government Bond	9/25/2034	4.49%	250,000	246,655	240,818
	FHLMC MULTICLASS MTG 3743 PB	Government Bond	10/15/2040	4.50%	379,071	427,225	377,312
	FHLMC MULTICLASS MTG 4048 CE	Government Bond	5/15/2042	4.00%	595,000	643,065	544,996
	FHLMC MULTICLASS MTG 4248 FL	Government Bond	5/15/2041	4.97%	36,922	36,980	36,532
	FHLMC MULTICLASS MTG 4639 HZ	Government Bond	4/15/2053	3.25%	737,908	679,805	565,895
	FHLMC MULTICLASS MTG 4818 CA	Government Bond	4/15/2048	3.00%	55,007	52,437	47,738
	FHLMC MULTICLASS MTG 4846 PA	Government Bond	6/15/2047	4.00%	2,369	2,381	2,356
	FHLMC MULTICLASS MTG 4879 BC	Government Bond	4/15/2049	3.00%	74,132	73,704	64,628
	FNMA POOL #0745572	Government Bond	6/1/2036	5.00%	7,476	6,990	7,427
	FNMA POOL #0745729	Government Bond	8/1/2036	6.00%	10,668	10,621	11,064
	FNMA POOL #0844006	Government Bond	11/1/2035	6.00%	37,575	37,082	38,502
	FNMA POOL #0844776	Government Bond	12/1/2035	6.00%	24,354	24,894	24,481
	FNMA POOL #0886661	Government Bond	8/1/2036	6.00%	1,326	1,353	1,352
	FNMA POOL #0888030	Government Bond	12/1/2036	5.50%	30,055	28,914	30,371
	FNMA POOL #0899215	Government Bond	10/1/2036	6.00%	20,376	20,795	21,136
	FNMA POOL #0933032	Government Bond	10/1/2037	6.00%	5,768	5,743	5,690
	FNMA POOL #0AB4311	Government Bond	1/1/2042	4.00%	79,748	83,512	74,950
	FNMA POOL #0AS9830	Government Bond	6/1/2047	4.00%	44,608	46,961	41,366
	FNMA POOL #0AS9972	Government Bond	7/1/2047	4.00%	40,617	42,791	37,665
	FNMA POOL #0AT5914	Government Bond	6/1/2043	3.50%	255,144	256,081	231,107
	FNMA POOL #0AU3742	Government Bond	8/1/2043	3.50%	1,052,932	972,258	958,095
	FNMA POOL #0BF0200	Government Bond	11/1/2051	3.50%	2,265,506	2,047,451	2,026,880
	FNMA POOL #0BF0209	Government Bond	2/1/2042	3.50%	1,702,845	1,627,814	1,549,214
	FNMA POOL #0BF0214	Government Bond	2/1/2052	3.50%	106,330	95,216	95,658
	FNMA POOL #0BM1257	Government Bond	4/1/2037	2.50%	1,094,812	983,359	984,630
	FNMA POOL #0BM3260	Government Bond	1/1/2048	3.50%	275,215	287,514	246,912
	FNMA POOL #0BM3677	Government Bond	8/1/2045	4.00%	1,387,609	1,300,883	1,308,779
	FNMA POOL #0BQ1163	Government Bond	8/1/2050	2.00%	1,735,080	1,453,265	1,361,708
	FNMA POOL #0BQ7056	Government Bond	1/1/2052	2.00%	1,988,477	1,563,440	1,548,884
	FNMA POOL #0BU7089	Government Bond	12/1/2051	2.00%	1,149,649	1,017,349	898,485
	FNMA POOL #0BV4119	Government Bond	3/1/2052	2.50%	2,173,844	1,848,447	1,772,922
	FNMA POOL #0BV4170	Government Bond	3/1/2052	2.50%	4,291,710	3,599,588	3,522,807
	FNMA POOL #0BV8463	Government Bond	4/1/2052	2.50%	1,789,342	1,537,996	1,467,261
	FNMA POOL #0BV8464	Government Bond	4/1/2052	3.00%	535,589	458,661	455,283
	FNMA POOL #0BV8477	Government Bond	5/1/2052	3.00%	1,014,667	964,568	867,966
	FNMA POOL #0BV8515	Government Bond	5/1/2052	3.00%	1,159,702	1,069,146	986,281
	FNMA POOL #0BW9886	Government Bond	10/1/2052	4.50%	1,161,530	1,103,816	1,093,534
	FNMA POOL #0CA0386	Government Bond	9/1/2047	4.00%	1,427,563	1,357,523	1,326,349
	FNMA POOL #0CA0996	Government Bond	1/1/2048	3.50%	169,691	168,100	152,089
	FNMA POOL #0CA1710	Government Bond	5/1/2048	4.50%	158,455	164,769	150,868
	FNMA POOL #0CA1711	Government Bond	5/1/2048	4.50%	22,775	23,519	21,675
	FNMA POOL #0CA2208	Government Bond	8/1/2048	4.50%	103,689	107,624	98,450
	FNMA POOL #0CA3633	Government Bond	6/1/2049	3.50%	454,293	483,965	407,556
	FNMA POOL #0CB2430	Government Bond	12/1/2051	3.00%	1,796,846	1,563,537	1,528,056
	FNMA POOL #0CB2766	Government Bond	2/1/2052	2.00%	778,354	687,658	611,553
	FNMA POOL #0CB2802	Government Bond	2/1/2052	2.00%	1,174,577	960,584	925,790
	FNMA POOL #0CB3582	Government Bond	5/1/2052	3.00%	1,407,170	1,200,712	1,204,158
	FNMA POOL #0CB4157	Government Bond	7/1/2052	4.00%	2,378,732	2,250,039	2,175,659
	FNMA POOL #0CB5675	Government Bond	2/1/2053	4.50%	1,904,077	1,794,295	1,793,984
	FNMA POOL #0CB9153	Government Bond	9/1/2054	6.00%	6,863,091	6,992,578	6,980,450
	FNMA POOL #0FM1647	Government Bond	7/1/2038	4.00%	231,560	220,995	221,478
	FNMA POOL #0FM1993	Government Bond	3/1/2049	5.00%	1,531,612	1,507,441	1,506,708
	FNMA POOL #0FM2985	Government Bond	12/1/2044	4.00%	2,098,025	1,955,100	1,969,709
	FNMA POOL #0FM3664	Government Bond	3/1/2049	4.00%	516,435	551,295	478,612

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
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(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	FNMA POOL #0FM9441	Government Bond	4/1/2051	2.00%	2,858,602	$ 2,354,773	$ 2,241,687
	FNMA POOL #0FP0098	Government Bond	5/1/2046	3.00%	1,609,779	1,421,475	1,418,730
	FNMA POOL #0FS4701	Government Bond	4/1/2053	4.50%	1,637,624	1,567,257	1,543,018
	FNMA POOL #0FS5449	Government Bond	10/1/2047	3.00%	911,137	814,898	792,507
	FNMA POOL #0FS5814	Government Bond	12/1/2047	3.00%	2,299,405	2,011,260	1,993,124
	FNMA POOL #0FS7252	Government Bond	11/1/2053	5.00%	1,772,125	1,731,255	1,713,060
	FNMA POOL #0FS7393	Government Bond	4/1/2054	5.00%	1,282,558	1,256,907	1,276,274
	FNMA POOL #0FS7577	Government Bond	1/1/2054	2.50%	1,236,450	982,784	1,013,691
	FNMA POOL #0FS7712	Government Bond	5/1/2048	3.50%	1,422,313	1,295,638	1,295,542
	FNMA POOL #0FS7883	Government Bond	7/1/2050	3.00%	2,338,215	2,002,584	2,025,362
	FNMA POOL #0FS7907	Government Bond	5/1/2044	6.00%	1,167,807	1,203,754	1,200,611
	FNMA POOL #0FS7910	Government Bond	11/1/2043	4.50%	2,069,669	2,000,303	1,985,102
	FNMA POOL #0FS8139	Government Bond	4/1/2047	2.00%	2,292,112	1,908,047	1,824,040
	FNMA POOL #0FS8201	Government Bond	2/1/2049	6.00%	1,355,902	1,401,876	1,406,234
	FNMA POOL #0FS8274	Government Bond	4/1/2052	2.00%	3,239,432	2,677,340	2,524,165
	FNMA POOL #0FS8864	Government Bond	2/1/2053	4.00%	2,457,493	2,344,986	2,249,908
	FNMA POOL #0FS9259	Government Bond	4/1/2038	2.50%	2,258,635	2,078,650	2,023,827
	FNMA POOL #0FS9735	Government Bond	4/1/2044	6.00%	1,019,265	1,044,269	1,032,240
	FNMA POOL #0MA1527	Government Bond	8/1/2033	3.00%	185,205	183,874	174,059
	FNMA POOL #0MA1608	Government Bond	10/1/2033	3.50%	149,248	154,122	142,583
	FNMA POOL #0MA1772	Government Bond	2/1/2034	3.50%	33,403	34,541	31,862
	FNMA POOL #0MA2670	Government Bond	7/1/2046	3.00%	326,671	322,537	283,322
	FNMA POOL #0MA2896	Government Bond	2/1/2047	3.50%	41,576	42,967	37,301
	FNMA POOL #0MA2995	Government Bond	4/1/2047	4.00%	81,902	86,330	75,942
	FNMA POOL #0MA3444	Government Bond	8/1/2048	4.50%	632,659	657,067	603,481
	FNMA POOL #0MA3521	Government Bond	11/1/2048	4.00%	884,016	907,598	818,378
	FNMA POOL #0MA3537	Government Bond	12/1/2048	4.50%	46,387	48,169	44,228
	FNMA POOL #0MA3610	Government Bond	2/1/2034	3.50%	542,710	553,334	517,045
	FNMA POOL #0MA3744	Government Bond	7/1/2049	3.00%	1,594,643	1,607,725	1,372,062
	FNMA POOL #0MA3872	Government Bond	11/1/2049	3.50%	1,900,328	1,963,757	1,704,804
	FNMA POOL #0MA3897	Government Bond	1/1/2035	3.00%	378,332	398,668	355,318
	FNMA POOL #0MA3936	Government Bond	1/1/2049	2.50%	1,398,769	1,406,966	1,151,690
	FNMA POOL #0MA3957	Government Bond	3/1/2035	3.50%	688,826	729,187	654,502
	FNMA POOL #0MA3997	Government Bond	4/1/2050	3.00%	160,766	162,775	134,095
	FNMA POOL #0MA4152	Government Bond	10/1/2040	2.00%	667,112	688,845	557,792
	FNMA POOL #0MA4158	Government Bond	10/1/2050	2.00%	582,449	480,065	457,117
	FNMA POOL #0MA4159	Government Bond	10/1/2050	2.50%	5,452,813	5,739,090	4,465,963
	FNMA POOL #0MA4176	Government Bond	11/1/2040	2.00%	656,579	677,199	548,105
	FNMA POOL #0MA4211	Government Bond	11/1/2050	3.00%	2,684,700	2,847,461	2,306,157
	FNMA POOL #0MA4307	Government Bond	4/1/2051	3.00%	1,668,175	1,773,478	1,429,859
	FNMA POOL #0MA4357	Government Bond	5/1/2051	3.00%	9,215,517	9,683,493	7,878,899
	FNMA POOL #0MA4378	Government Bond	7/1/2051	2.00%	7,959,292	8,118,480	6,231,569
	FNMA POOL #0MA4379	Government Bond	7/1/2051	2.50%	7,344,520	7,646,338	6,030,218
	FNMA POOL #0MA4414	Government Bond	8/1/2051	2.50%	5,719,471	5,944,455	4,705,523
	FNMA POOL #0MA4466	Government Bond	11/1/2051	2.50%	3,952,846	4,088,725	3,238,488
	FNMA POOL #0MA4493	Government Bond	11/1/2051	2.50%	2,975,254	3,037,085	2,432,121
	FNMA POOL #0MA4547	Government Bond	1/1/2051	2.00%	2,764,318	2,146,882	2,156,527
	FNMA POOL #0MA4563	Government Bond	3/1/2052	2.50%	1,336,704	1,202,616	1,090,563
	FNMA POOL #0MA4570	Government Bond	2/1/2042	2.00%	1,115,267	914,164	923,564
	FNMA POOL #0MA4587	Government Bond	3/1/2042	2.50%	2,388,466	2,035,117	2,032,155
	FNMA POOL #0MA4598	Government Bond	4/1/2052	2.50%	934,500	779,724	762,496
	FNMA POOL #0MA4599	Government Bond	4/1/2052	3.00%	2,608,867	2,207,142	2,218,502
	FNMA POOL #0MA4624	Government Bond	5/1/2052	3.00%	12,252,184	10,812,553	10,410,313
	FNMA POOL #0MA4632	Government Bond	5/1/2042	3.00%	1,524,724	1,354,622	1,338,784
	FNMA POOL #0MA4733	Government Bond	8/1/2052	4.50%	2,402,396	2,331,811	2,263,393
	FNMA POOL #0MA4769	Government Bond	8/1/2052	2.00%	581,385	443,125	453,289
	FNMA POOL #0MA4782	Government Bond	9/1/2052	3.50%	4,028,663	3,575,438	3,566,092
	FNMA POOL #0MA4805	Government Bond	10/1/2052	4.50%	2,049,505	1,958,878	1,931,146
	FNMA POOL #0MA4840	Government Bond	12/1/2052	4.50%	3,185,313	3,041,476	3,000,087
	FNMA POOL #0MA4933	Government Bond	1/1/2053	3.50%	2,969,720	2,634,234	2,627,311
	FNMA POOL #0MA4979	Government Bond	3/1/2053	5.50%	3,819,302	3,748,137	3,770,873
	FNMA POOL #0MA5038	Government Bond	5/1/2053	5.00%	1,551,798	1,511,615	1,499,797
	FNMA POOL #0MA5070	Government Bond	6/1/2053	4.50%	2,762,847	2,650,607	2,600,033
	FNMA POOL #0MA5106	Government Bond	7/1/2053	5.00%	4,574,377	4,401,945	4,416,287
	FNMA POOL #0MA5107	Government Bond	7/1/2053	5.50%	3,005,380	3,001,506	2,967,152
	FNMA GTD REMIC P/T 05-122 SG	Government Bond	11/25/2035	2.13%	33,782	5,405	556
	FNMA GTD REMIC P/T 07-68 SC	Government Bond	7/25/2037	2.23%	38,022	4,799	3,757
	FNMA GTD REMIC P/T 10-136 CY	Government Bond	12/25/2040	4.00%	346,167	389,925	331,587
	FNMA GTD REMIC P/T 16-48 UF	Government Bond	8/25/2046	4.87%	87,961	87,940	86,951
	FNMA GTD REMIC P/T 18-57 QA	Government Bond	5/25/2046	3.50%	12,200	12,226	12,124
	FNMA GTD REMIC P/T 19-52 PA	Government Bond	9/25/2049	3.00%	17,803	17,978	15,340
	FNMA GTD REMIC P/T 19-M1 A2	Government Bond	9/25/2028	3.54%	513,499	500,160	494,109
	FNMA GTD REMIC P/T 23-39 AI	Government Bond	7/25/2052	2.00%	7,117,930	916,990	915,437
	FNMA GTD REMIC STRIP 426 C39	Government Bond	9/25/2051	2.00%	1,424,822	185,227	186,025

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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	FNMA GTD REMIC STRIP 426 C43	Government Bond	7/25/2050	2.00%	1,232,741	$ 156,404	$ 159,665
	FNMA GTD REMIC STRIP 426 C44	Government Bond	3/25/2052	2.00%	3,030,516	390,179	393,906
	FNMA GTD REMIC STRIP 426 C45	Government Bond	7/25/2051	2.00%	3,584,056	456,967	455,964
	GNMA POOL #0782810	Government Bond	11/15/2039	4.50%	140,292	143,492	136,278
	GNMA POOL #0782818	Government Bond	11/15/2039	4.50%	153,834	157,691	149,435
	GNMA POOL #0784571	Government Bond	6/15/2048	3.50%	1,863,058	1,783,465	1,711,573
	GNMA GTD REMIC P/T 08-51 GS	Government Bond	6/16/2038	1.81%	254,851	31,140	21,109
	GNMA GTD REMIC P/T 19-1 KD	Government Bond	1/20/2049	3.50%	475,000	419,392	415,981
	GNMA GTD REMIC P/T 19-119 JE	Government Bond	9/20/2049	3.00%	40,682	41,038	35,331
	GNMA GTD REMIC P/T 19-71 PT	Government Bond	6/20/2049	3.00%	8,471	8,497	7,475
	GNMA GTD REMIC P/T 23-134 F	Government Bond	8/20/2053	5.37%	121,403	120,947	120,975
	GNMA GTD REMIC P/T 24-148 NT	Government Bond	4/20/2049	5.75%	814,757	848,111	817,079
	GNMA GTD REMIC P/T 24-183 WA	Government Bond	6/20/2052	5.16%	2,063,227	2,074,832	2,015,318
	GNMA GTD REMIC P/T 24-97 FW	Government Bond	6/20/2054	5.52%	969,774	966,744	970,773
	GNMA II POOL #0787248	Government Bond	6/20/2052	4.00%	1,697,814	1,634,411	1,563,228
	GNMA II POOL #0787449	Government Bond	6/20/2074	4.62%	1,186,383	1,174,929	1,130,350
	GNMA II POOL #0787516	Government Bond	12/20/2051	4.50%	2,088,006	2,012,968	1,997,303
	GNMA II POOL #0787568	Government Bond	4/20/2048	3.50%	2,063,065	1,961,523	1,861,833
	GNMA II POOL #0MA3597	Government Bond	4/20/2046	3.50%	1,003,172	926,450	907,690
	GNMA II POOL #0MA3873	Government Bond	8/20/2046	3.00%	206,413	205,575	181,584
	GNMA II POOL #0MA4126	Government Bond	11/20/2046	3.00%	151,749	152,934	133,392
	GNMA II POOL #0MA4382	Government Bond	4/20/2047	3.50%	239,199	246,258	216,305
	GNMA II POOL #0MA4451	Government Bond	5/20/2047	3.50%	37,184	38,453	33,625
	GNMA II POOL #0MA4454	Government Bond	5/20/2047	5.00%	30,561	32,834	30,160
	GNMA II POOL #0MA4512	Government Bond	6/20/2047	4.50%	254,600	267,967	244,630
	GNMA II POOL #0MA4586	Government Bond	7/20/2047	3.50%	97,264	96,580	87,955
	GNMA II POOL #0MA4719	Government Bond	9/20/2047	3.50%	129,689	134,340	116,849
	GNMA II POOL #0MA4836	Government Bond	11/20/2047	3.00%	157,518	153,457	138,258
	GNMA II POOL #0MA4837	Government Bond	11/20/2047	3.50%	273,872	277,232	247,657
	GNMA II POOL #0MA4838	Government Bond	11/20/2047	4.00%	58,247	61,166	54,370
	GNMA II POOL #0MA4901	Government Bond	12/20/2047	4.00%	17,793	18,209	16,607
	GNMA II POOL #0MA4962	Government Bond	1/20/2048	3.50%	49,327	49,523	44,598
	GNMA II POOL #0MA4963	Government Bond	1/20/2048	4.00%	43,386	44,870	40,456
	GNMA II POOL #0MA5078	Government Bond	3/20/2048	4.00%	75,061	76,803	70,063
	GNMA II POOL #0MA5466	Government Bond	9/20/2048	4.00%	48,740	50,054	45,431
	GNMA II POOL #0MA5467	Government Bond	9/20/2048	4.50%	38,278	39,618	36,695
	GNMA II POOL #0MA5528	Government Bond	10/20/2048	4.00%	87,641	89,965	81,451
	GNMA II POOL #0MA5597	Government Bond	11/20/2048	5.00%	53,954	56,339	52,999
	GNMA II POOL #0MA6209	Government Bond	10/20/2049	3.00%	94,740	95,377	80,727
	GNMA II POOL #0MA8201	Government Bond	8/20/2052	4.50%	2,306,256	2,198,240	2,185,408
	GNMA II POOL #0MA9303	Government Bond	11/20/2053	4.50%	12,585,898	12,223,070	11,906,386
	GNMA II POOL #0MA9305	Government Bond	11/20/2053	5.50%	10,557,780	10,626,653	10,475,851
	GNMA II POOL #0MA9361	Government Bond	12/20/2053	5.00%	11,504,288	11,340,711	11,179,292
	U S TREASURY BOND	Government Bond	2/15/2045	2.50%	298,000	223,616	207,006
	U S TREASURY BOND	Government Bond	8/15/2041	1.75%	325,000	226,992	210,704
	U S TREASURY BOND	Government Bond	8/15/2054	4.25%	3,307,000	3,083,221	3,025,376
	U S TREASURY BOND	Government Bond	5/15/2054	4.63%	9,784,000	10,455,214	9,522,572
	U S TREASURY BOND	Government Bond	11/15/2048	3.38%	16,702,000	13,842,510	13,063,469
	U S TREASURY BOND	Government Bond	2/15/2043	3.88%	26,268,000	24,194,044	23,201,999
	U S TREASURY NOTE	Government Bond	5/15/2027	4.50%	99,000	100,586	42,699
	U S TREASURY NOTE	Government Bond	11/30/2026	4.25%	89,000	89,067	69,321
	U S TREASURY NOTE	Government Bond	2/28/2026	0.50%	172,200	166,893	110,295
	U S TREASURY NOTE	Government Bond	5/15/2032	2.88%	2,015,000	1,832,090	1,809,651
	U S TREASURY NOTE	Government Bond	12/15/2027	4.00%	2,330,000	2,323,644	2,284,373
	U S TREASURY NOTE	Government Bond	7/31/2028	1.00%	3,431,000	3,181,561	3,033,167
	U S TREASURY NOTE	Government Bond	1/31/2026	2.63%	3,500,000	3,598,133	3,260,275
	U S TREASURY NOTE	Government Bond	9/30/2031	3.63%	5,000,000	4,896,104	4,689,939
	U S TREASURY NOTE	Government Bond	11/15/2033	4.50%	5,271,000	5,379,341	5,247,966
	U S TREASURY NOTE	Government Bond	3/31/2029	2.38%	7,909,000	7,329,240	7,298,188
	U S TREASURY NOTE	Government Bond	8/31/2026	0.75%	8,411,000	7,681,937	7,942,507
	U S TREASURY NOTE	Government Bond	1/15/2026	3.88%	13,164,000	13,045,006	13,119,901
	U S TREASURY NOTE	Government Bond	1/31/2027	1.50%	15,241,000	14,402,118	14,412,347
	U S TREASURY NOTE	Government Bond	11/15/2034	4.25%	16,699,000	16,516,485	16,100,824
	U S TREASURY NOTE	Government Bond	12/31/2027	3.88%	17,631,000	17,490,350	17,426,480
	U S TREASURY NOTE	Government Bond	8/15/2034	3.88%	20,084,000	20,001,811	18,995,046
	U S TREASURY NOTE	Government Bond	12/31/2026	4.25%	19,000,000	18,986,600	19,000,000
	U S TREASURY NOTE	Government Bond	3/31/2031	4.13%	23,594,000	23,501,157	23,157,983
	U S TREASURY NOTE	Government Bond	12/31/2029	4.38%	50,510,000	50,439,941	49,088,097
	Total U.S. Government and Government Agency Obligations					652,376,106	621,003,525

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Corporate Obligations						
	1211 AVENUE OF THE 1211 B 144A	Corporate Obligation	8/10/2035	4.09%	950,000	$ 909,773	$ 936,083
	ABBVIE INC	Corporate Obligation	11/21/2029	3.20%	5,835,000	6,081,273	5,414,472
	ACADEMIC LOAN FUNDI 1A A2 144A	Corporate Obligation	12/27/2044	5.57%	119,795	110,998	118,189
	ACADEMY LTD 144A	Corporate Obligation	11/15/2027	6.00%	555,000	545,770	552,025
	ACCENTURE CAPITAL INC	Corporate Obligation	10/4/2034	4.50%	815,000	814,900	774,592
	ACRISURE LLC / ACRISURE F 144A	Corporate Obligation	11/6/2030	7.50%	255,000	258,188	262,563
	AECOM	Corporate Obligation	3/15/2027	5.13%	1,750,000	1,725,775	1,733,148
	AEP TRANSMISSION CO LLC	Corporate Obligation	4/1/2034	5.15%	376,000	375,752	361,888
	AERCAP IRELAND CAPITAL DAC / A	Corporate Obligation	10/29/2026	2.45%	115,000	109,899	110,085
	AERCAP IRELAND CAPITAL DAC / A	Corporate Obligation	10/29/2028	3.00%	290,000	247,080	268,465
	AERCAP IRELAND CAPITAL DAC / A	Corporate Obligation	1/30/2032	3.30%	630,000	559,608	549,051
	AGCO CORP	Corporate Obligation	3/21/2034	5.80%	730,000	737,224	733,906
	AGL CLO 12 LTD 12A A1 144A	Corporate Obligation	7/20/2034	5.71%	575,000	575,000	576,246
	AGREE LP	Corporate Obligation	6/15/2033	2.60%	315,000	254,142	253,288
	AGREE LP	Corporate Obligation	6/15/2034	5.63%	350,000	345,895	351,110
	AIR LEASE CORP	Corporate Obligation	10/1/2028	4.63%	300,000	283,767	294,894
	AIR LEASE CORP	Corporate Obligation	12/1/2030	3.13%	505,000	455,167	447,435
	AIR LEASE CORP	Corporate Obligation	1/15/2026	2.88%	655,000	664,697	641,055
	AIRCASTLE LTD 144A	Corporate Obligation	8/11/2025	5.25%	2,000,000	1,983,220	2,000,660
	ALCOA NEDERLAND HOLDING B 144A	Corporate Obligation	3/15/2031	7.13%	15,000	15,262	6,876
	ALCON FINANCE CORP 144A	Corporate Obligation	5/27/2030	2.60%	195,000	170,093	172,257
	ALCON FINANCE CORP 144A	Corporate Obligation	9/23/2029	3.00%	335,000	330,243	307,131
	ALEXANDRIA REAL ESTATE EQUITIE	Corporate Obligation	7/1/2030	4.70%	604,000	586,436	588,966
	ALIGNED DATA CENTER 1A A2 144A	Corporate Obligation	8/15/2046	1.94%	534,000	487,025	507,615
	ALLEGHENY LUDLUM LLC	Corporate Obligation	12/15/2025	6.95%	213,000	226,607	214,566
	ALLEGIANT TRAVEL CO 144A	Corporate Obligation	8/15/2027	7.25%	600,000	587,823	598,876
	ALLEGRO CLO XIII LTD 1A B 144A	Corporate Obligation	7/20/2034	6.25%	475,000	456,670	475,804
	ALLIANT HOLDINGS INTERMED 144A	Corporate Obligation	10/15/2027	6.75%	390,000	383,175	386,775
	ALLISON TRANSMISSION INC 144A	Corporate Obligation	10/1/2027	4.75%	2,535,000	2,448,172	2,455,908
	ALTERNATIVE LOAN TRUS 22CB 3A1	Corporate Obligation	12/25/2033	6.00%	275,219	276,079	280,412
	ALTICE FRANCE SA 144A	Corporate Obligation	2/1/2027	8.13%	780,000	729,015	632,385
	AMCOR FINANCE USA INC	Corporate Obligation	4/28/2026	3.63%	200,000	205,818	196,630
	AMENTUM HOLDINGS INC 144A	Corporate Obligation	8/1/2032	7.25%	1,550,000	1,591,656	1,561,734
	AMERICAN AIRLINES 2015-2 CLASS	Corporate Obligation	3/22/2029	3.60%	1,194,626	1,157,294	1,153,746
	AMERICAN AIRLINES 2016-1 CLASS	Corporate Obligation	7/15/2029	3.58%	242,189	226,856	232,863
	AMERICAN ASSETS TRUST LP	Corporate Obligation	10/1/2034	6.15%	10,000	9,967	9,954
	AMERICAN ASSETS TRUST LP	Corporate Obligation	2/1/2031	3.38%	265,000	235,264	230,563
	AMERICAN AXLE & MANUFACTURING	Corporate Obligation	7/1/2028	6.88%	565,000	561,681	560,604
	AMERICAN HOMES 4 RENT LP	Corporate Obligation	2/15/2028	4.25%	420,000	413,444	410,021
	AMERICAN HOMES 4 RENT LP	Corporate Obligation	7/15/2031	2.38%	525,000	433,293	439,105
	AMERICAN HOMES 4 RENT LP	Corporate Obligation	4/15/2032	3.63%	655,000	573,767	585,970
	AMERICAN HOMES 4 RENT LP	Corporate Obligation	2/1/2034	5.50%	700,000	698,026	697,067
	AMERICAN TOWER CORP	Corporate Obligation	7/15/2033	5.55%	314,000	312,901	313,847
	AMGEN INC	Corporate Obligation	2/22/2052	4.20%	85,000	64,779	65,736
	AMGEN INC	Corporate Obligation	3/2/2043	5.60%	215,000	213,798	209,784
	AMGEN INC	Corporate Obligation	8/18/2029	4.05%	760,000	736,586	731,667
	AMGEN INC	Corporate Obligation	3/2/2030	5.25%	6,675,000	6,810,279	6,738,546
	AMKOR TECHNOLOGY INC 144A	Corporate Obligation	9/15/2027	6.63%	2,000,000	2,008,212	1,999,360
	AMUR EQUIPMENT FINA 2A A2 144A	Corporate Obligation	7/21/2031	5.19%	730,000	729,899	735,993
	ANGI GROUP LLC 144A	Corporate Obligation	8/15/2028	3.88%	154,000	145,121	135,278
	AON CORP / AON GLOBAL HOLDINGS	Corporate Obligation	2/28/2052	3.90%	220,000	222,783	161,731
	AON CORP / AON GLOBAL HOLDINGS	Corporate Obligation	8/23/2031	2.05%	675,000	574,621	558,144
	AON NORTH AMERICA INC	Corporate Obligation	3/1/2034	5.45%	600,000	603,673	599,274
	APACHE CORP	Corporate Obligation	1/15/2030	4.25%	1,080,000	992,847	1,015,837
	APACHE CORP	Corporate Obligation	9/1/2040	5.10%	1,735,000	1,472,798	1,511,723
	APH SOMERSET INVESTOR 2 L 144A	Corporate Obligation	11/1/2029	7.88%	419,000	422,938	424,665
	APIDOS CLO XII 12A ARR 144A	Corporate Obligation	4/15/2031	5.38%	972,143	972,143	973,385
	APIDOS CLO XXV 25A A1R3 144A	Corporate Obligation	1/20/2037	5.47%	790,000	790,000	790,095
	APOLLO COMMERCIAL REAL ES 144A	Corporate Obligation	6/15/2029	4.63%	130,000	115,375	112,709
	APPALACHIAN POWER CO	Corporate Obligation	6/1/2045	4.45%	270,000	268,048	218,322
	APPALACHIAN POWER CO	Corporate Obligation	6/1/2027	3.30%	735,000	700,286	710,429
	ARCOSA INC 144A	Corporate Obligation	8/15/2032	6.88%	237,000	237,000	240,816
	ARES XXVII CLO LTD 2A AR3 144A	Corporate Obligation	10/28/2034	5.45%	1,500,000	1,500,000	1,504,643
	ARIZONA PUBLIC SERVICE CO	Corporate Obligation	5/15/2050	3.35%	150,000	93,509	101,480
	ARIZONA PUBLIC SERVICE CO	Corporate Obligation	12/15/2032	6.35%	135,000	146,852	142,591
	ARSENAL AIC PARENT LLC 144A	Corporate Obligation	10/1/2031	11.50%	710,000	799,638	794,313
	ASBURY AUTOMOTIVE GROUP I 144A	Corporate Obligation	2/15/2032	5.00%	185,000	171,972	162,320
	ASBURY AUTOMOTIVE GROUP INC	Corporate Obligation	3/1/2028	4.50%	2,300,000	2,177,407	2,204,550
	ASCENT RESOURCES UTICA HO 144A	Corporate Obligation	11/1/2027	9.00%	130,000	161,850	157,156
	ASCENT RESOURCES UTICA HO 144A	Corporate Obligation	10/15/2032	6.63%	238,000	238,113	232,421
	ASHTON WOODS USA LLC / AS 144A	Corporate Obligation	1/15/2028	6.63%	366,000	353,272	366,403
	AT&T INC	Corporate Obligation	6/1/2051	3.65%	860,000	629,193	608,054

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	ATHENAHEALTH GROUP INC 144A	Corporate Obligation	2/15/2030	6.50%	325,000	$ 298,594	$ 308,864
	ATLASSIAN CORP	Corporate Obligation	5/15/2034	5.50%	650,000	652,166	653,562
	ATS CORP 144A	Corporate Obligation	12/15/2028	4.13%	2,575,000	2,351,325	2,386,793
	AUTONATION INC	Corporate Obligation	8/1/2031	2.40%	630,000	505,564	520,090
	AVOLON HOLDINGS FUNDING L 144A	Corporate Obligation	2/21/2028	2.75%	140,000	115,840	129,763
	AVOLON HOLDINGS FUNDING L 144A	Corporate Obligation	2/15/2025	2.88%	170,000	169,908	169,442
	AVOLON HOLDINGS FUNDING L 144A	Corporate Obligation	11/18/2027	2.53%	313,000	291,725	290,210
	AXALTA COATING SYSTEMS LL 144A	Corporate Obligation	6/15/2027	4.75%	1,000,000	980,224	980,210
	AXALTA COATING SYSTEMS LL 144A	Corporate Obligation	2/15/2029	3.38%	2,200,000	1,966,910	1,996,940
	BACARDI LTD 144A	Corporate Obligation	5/15/2025	4.45%	205,000	227,673	204,633
	BALDWIN INSURANCE GROUP H 144A	Corporate Obligation	5/15/2031	7.13%	785,000	794,943	801,179
	BALTIMORE GAS AND ELECTRIC CO	Corporate Obligation	6/1/2053	5.40%	330,000	329,838	314,761
	BAMLL COMMERCIAL M PARK A 144A	Corporate Obligation	8/10/2038	4.09%	275,000	284,286	262,705
	BANK 2019-BNK24 BN24 AS	Corporate Obligation	11/15/2062	3.28%	535,000	487,059	481,323
	BANK 2020-BNK28 BN28 A4	Corporate Obligation	3/15/2063	1.84%	500,000	411,563	418,740
	BANK 2022-BNK42 BNK42 A5	Corporate Obligation	6/15/2055	4.49%	584,000	598,486	553,585
	BANK 2022-BNK43 BNK43 A4	Corporate Obligation	8/15/2055	4.13%	350,000	326,348	326,512
	BANK 2023-BNK46 BNK46 A4	Corporate Obligation	8/15/2056	5.75%	280,000	294,219	288,308
	BANK OF AMERICA CORP	Corporate Obligation	2/13/2031	2.50%	75,000	63,883	65,938
	BANK OF AMERICA CORP	Corporate Obligation	3/11/2027	1.66%	240,000	241,160	231,254
	BANK OF AMERICA CORP	Corporate Obligation	6/14/2029	2.09%	265,000	262,088	240,456
	BANK OF AMERICA CORP	Corporate Obligation	10/20/2032	2.57%	330,000	271,806	278,642
	BANK OF AMERICA CORP	Corporate Obligation	2/4/2028	2.55%	558,000	503,285	532,064
	BANK OF AMERICA CORP	Corporate Obligation	12/20/2028	3.42%	575,000	554,829	551,080
	BANK OF AMERICA CORP	Corporate Obligation	10/21/2027	3.25%	654,000	693,250	616,310
	BANK OF AMERICA CORP	Corporate Obligation	3/5/2029	3.97%	705,000	682,579	683,702
	BANK OF AMERICA CORP	Corporate Obligation	7/22/2027	1.73%	745,000	727,263	710,290
	BANK OF AMERICA CORP	Corporate Obligation	10/25/2035	5.52%	830,000	830,000	810,288
	BANK OF AMERICA CORP	Corporate Obligation	9/15/2029	5.82%	890,000	918,314	912,134
	BANK OF AMERICA CORP	Corporate Obligation	7/21/2032	2.30%	1,230,000	978,504	1,026,115
	BANK OF AMERICA CORP	Corporate Obligation	7/22/2033	5.02%	4,725,000	4,616,523	4,632,485
	BANK OF NEW YORK MELLON CORP/T	Corporate Obligation	10/25/2033	5.83%	240,000	240,000	248,587
	BANK OF NEW YORK MELLON CORP/T	Corporate Obligation	6/13/2033	4.29%	790,000	770,869	746,092
	BANK OF NEW YORK MELLON CORP/T	Corporate Obligation	11/20/2035	5.23%	850,000	850,000	845,546
	BANK OF NOVA SCOTIA/THE	Corporate Obligation	11/10/2032	4.74%	610,000	610,000	590,950
	BAPTIST HEALTH SOUTH FLORIDA I	Corporate Obligation	11/15/2041	4.34%	270,000	270,000	228,326
	BARINGS CLO LTD 2 3A A1RR 144A	Corporate Obligation	1/20/2036	5.49%	1,200,000	1,200,000	1,198,620
	BARINGS CLO LTD 20 4A A1R 144A	Corporate Obligation	10/15/2030	5.45%	1,040,371	1,040,371	1,041,742
	BAT CAPITAL CORP	Corporate Obligation	8/15/2027	3.56%	7,000	7,800	6,772
	BAT CAPITAL CORP	Corporate Obligation	3/16/2052	5.65%	80,000	79,385	73,349
	BAT CAPITAL CORP	Corporate Obligation	3/25/2031	2.73%	500,000	384,200	431,710
	BATH & BODY WORKS INC	Corporate Obligation	7/1/2036	6.75%	381,702	375,932	374,156
	BATH & BODY WORKS INC	Corporate Obligation	2/1/2028	5.25%	1,928,000	1,901,154	1,898,212
	BAY AREA CA TOLL AUTH TOLL BR	Corporate Obligation	4/1/2049	6.26%	830,000	902,290	877,227
	BAYER US FINANCE II LLC 144A	Corporate Obligation	12/15/2025	4.25%	175,000	198,279	173,822
	BAYER US FINANCE II LLC 144A	Corporate Obligation	6/25/2048	4.88%	290,000	310,805	226,252
	BAYER US FINANCE II LLC 144A	Corporate Obligation	6/25/2038	4.63%	580,000	560,223	483,233
	BAYER US FINANCE II LLC 144A	Corporate Obligation	12/15/2028	4.38%	550,000	561,331	528,875
	BAYVIEW MSR OPPORTUN 4 A8 144A	Corporate Obligation	10/25/2051	2.50%	2,050,364	1,728,393	1,791,998
	BBCMS MORTGAGE TRUST 2 5C29 A3	Corporate Obligation	9/15/2057	5.21%	1,240,000	1,277,155	1,244,005
	BBCMS MORTGAGE TRUST 2 5C29 AS	Corporate Obligation	9/15/2057	5.63%	1,105,000	1,136,139	1,109,995
	BBCMS MORTGAGE TRUST 20 C16 A5	Corporate Obligation	6/15/2055	4.60%	275,000	266,396	264,283
	BBCMS MORTGAGE TRUST 20 C19 A5	Corporate Obligation	4/15/2056	5.45%	560,000	561,816	566,810
	BBCMS MORTGAGE TRUST 20 C21 A5	Corporate Obligation	9/15/2056	6.00%	200,000	212,203	210,472
	BBCMS MORTGAGE TRUST 20 C30 A5	Corporate Obligation	11/15/2057	0.01%	785,000	808,518	802,325
	BENCHMARK 2021-B28 MORT B28 A5	Corporate Obligation	8/15/2054	2.22%	1,081,000	903,641	897,641
	BERRY GLOBAL INC	Corporate Obligation	1/15/2027	1.65%	13,000	11,268	12,170
	BERRY GLOBAL INC	Corporate Obligation	4/15/2028	5.50%	300,000	297,288	302,943
	BERRY GLOBAL INC	Corporate Obligation	1/15/2026	1.57%	488,000	482,774	470,935
	BERRY GLOBAL INC 144A	Corporate Obligation	1/15/2034	5.65%	330,000	329,056	331,119
	BERRY GLOBAL INC 144A	Corporate Obligation	2/15/2026	4.50%	700,000	678,580	689,206
	BERRY PLASTICS 10/23 AA TL	Corporate Obligation	7/1/2029	0.00%	169,070	169,493	169,217
	BHP BILLITON FINANCE USA LTD	Corporate Obligation	9/8/2030	5.25%	810,000	824,529	822,839
	BLACKROCK FUNDING INC	Corporate Obligation	1/8/2055	5.35%	405,000	396,018	387,362
	BLACKROCK FUNDING INC	Corporate Obligation	3/14/2054	5.25%	600,000	594,807	567,714
	BLACKSTONE HOLDINGS FINAN 144A	Corporate Obligation	3/30/2031	1.60%	885,000	681,087	712,062
	BMO 2024-5C3 MORTGAGE T 5C3 AS	Corporate Obligation	2/15/2057	6.29%	950,000	979,242	976,410
	BOEING CO/THE	Corporate Obligation	3/1/2029	3.20%	447,000	408,191	411,723
	BOEING CO/THE	Corporate Obligation	5/1/2050	5.81%	460,000	427,505	426,995
	BOOST NEWCO BORROWER LLC 144A	Corporate Obligation	1/15/2031	7.50%	725,000	757,897	760,061
	BP CAPITAL MARKETS AMERICA INC	Corporate Obligation	11/6/2028	4.23%	340,000	330,463	332,840
	BP CAPITAL MARKETS AMERICA INC	Corporate Obligation	2/13/2033	4.81%	920,000	909,884	887,818
	BRAVO RESIDENTIAL NQM7 A1 144A	Corporate Obligation	9/25/2063	7.13%	1,216,284	1,232,248	1,234,675
	BREAD FINANCIAL HOLDINGS 144A	Corporate Obligation	3/15/2029	9.75%	420,000	436,532	441,987
	BRIDGECREST LENDING AUTO S 4 B	Corporate Obligation	8/15/2030	4.77%	630,000	629,940	628,961

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	BROADCOM INC	Corporate Obligation	2/15/2032	4.55%	920,000	$ 916,898	$ 889,401
	BROADCOM INC	Corporate Obligation	11/15/2032	4.30%	3,750,000	3,438,413	3,537,638
	BROOKFIELD FINANCE INC	Corporate Obligation	1/15/2035	5.68%	380,000	394,801	382,915
	BROOKFIELD FINANCE INC	Corporate Obligation	3/4/2054	5.97%	565,000	576,531	571,876
	BROOKFIELD FINANCE INC	Corporate Obligation	1/5/2034	6.35%	750,000	794,868	790,688
	BROOKFIELD PROPERTY REIT 144A	Corporate Obligation	5/15/2026	5.75%	109,000	100,410	101,982
	BROOKLYN UNION GAS CO/THE 144A	Corporate Obligation	9/15/2033	6.39%	800,000	826,560	835,816
	BRUNDAGE-BONE CONCRETE PU 144A	Corporate Obligation	2/1/2026	6.00%	822,000	761,126	821,334
	BRUNSWICK CORP/DE	Corporate Obligation	8/18/2031	2.40%	3,000,000	2,387,445	2,458,050
	BUILDERS FIRSTSOURCE INC 144A	Corporate Obligation	2/1/2032	4.25%	435,000	406,725	384,153
	BURGER KING/RESTAURANT 6/24 TL	Corporate Obligation	9/20/2030	0.00%	112,245	112,245	111,567
	BURLINGTON NORTHERN SANTA FE L	Corporate Obligation	3/15/2055	5.50%	705,000	743,821	694,700
	BWAY 2013-1515 MO 1515 A1 144A	Corporate Obligation	3/10/2033	2.81%	5,807	5,859	5,785
	BWX TECHNOLOGIES INC 144A	Corporate Obligation	6/30/2028	4.13%	2,200,000	2,032,934	2,059,794
	BX COMMERCIAL MORT VLT5 B 144A	Corporate Obligation	11/13/2046	5.99%	500,000	509,473	500,170
	BX TRUST 2019-OC11 OC11 A 144A	Corporate Obligation	12/9/2041	3.20%	285,000	251,679	257,372
	BX TRUST 2019-OC11 OC11 C 144A	Corporate Obligation	12/9/2041	3.86%	645,000	589,999	587,653
	BX TRUST 2021-LBA LBA CV 144A	Corporate Obligation	2/15/2036	5.77%	585,199	563,437	581,542
	CABLE ONE INC	Corporate Obligation	3/15/2028	5.00%	1,112,000	870,591	911,612
	CAESARS ENTERTAINMENT INC 144A	Corporate Obligation	7/1/2027	8.13%	498,000	506,317	502,939
	CAL FUNDING IV LTD 1A A 144A	Corporate Obligation	9/25/2045	2.22%	507,309	471,025	470,458
	CALIFORNIA RESOURCES CORP 144A	Corporate Obligation	6/15/2029	8.25%	772,000	779,334	782,847
	CALIFORNIA ST	Corporate Obligation	4/1/2034	7.50%	325,000	395,402	370,780
	CALIFORNIA ST	Corporate Obligation	4/1/2038	4.60%	400,000	390,728	372,264
	CALIFORNIA ST	Corporate Obligation	11/1/2039	7.35%	540,000	631,221	617,490
	CALIFORNIA ST	Corporate Obligation	4/1/2039	4.99%	735,000	717,332	686,446
	CALIFORNIA ST	Corporate Obligation	3/1/2038	5.13%	740,000	748,485	724,223
	CALIFORNIA ST	Corporate Obligation	10/1/2041	5.88%	705,000	720,604	728,871
	CALIFORNIA ST	Corporate Obligation	10/1/2039	7.30%	1,360,000	1,582,802	1,548,510
	CALIFORNIA ST	Corporate Obligation	4/1/2039	7.55%	1,425,000	1,736,452	1,684,393
	CALIFORNIA ST HLTH FACS FING A	Corporate Obligation	8/15/2051	3.00%	170,000	127,696	135,883
	CALIFORNIA ST UNIV REVENUE	Corporate Obligation	11/1/2052	2.94%	75,000	51,655	49,960
	CAMELOT RETURN MERGER SUB 144A	Corporate Obligation	8/1/2028	8.75%	550,000	549,313	527,038
	CANADIAN NATURAL RESOURCE 144A	Corporate Obligation	12/15/2029	5.00%	635,000	635,540	628,434
	CAPITAL ONE FINANCIAL CORP	Corporate Obligation	11/2/2032	2.62%	525,000	422,541	434,779
	CAPITAL ONE FINANCIAL CORP	Corporate Obligation	2/1/2035	6.05%	505,000	514,416	513,237
	CAPITAL ONE FINANCIAL CORP	Corporate Obligation	10/30/2031	7.62%	486,000	542,609	536,704
	CAPITAL ONE FINANCIAL CORP	Corporate Obligation	5/10/2033	5.27%	1,500,000	1,464,525	1,460,985
	CAPITAL ONE FINANCIAL CORP	Corporate Obligation	1/31/2028	3.80%	2,050,000	2,218,675	1,978,373
	CARDINAL HEALTH INC	Corporate Obligation	11/15/2034	5.35%	1,460,000	1,455,897	1,429,398
	CARMAX AUTO OWNER TRUST 2 2 A3	Corporate Obligation	1/16/2029	5.50%	1,170,000	1,169,959	1,188,650
	CARMAX AUTO OWNER TRUST 2 A2A	Corporate Obligation	5/17/2027	5.65%	1,122,847	1,122,801	1,128,428
	CARNIVAL CORP 144A	Corporate Obligation	6/1/2030	10.50%	1,210,000	1,281,951	1,293,405
	CARVANA CO 144A	Corporate Obligation	6/1/2030	9.00%	1,502,125	1,633,653	1,649,258
	CASTLELAKE AVIATION FINAN 144A	Corporate Obligation	4/15/2027	5.00%	150,000	141,785	150,749
	CBRE SERVICES INC	Corporate Obligation	4/1/2031	2.50%	1,370,000	1,159,611	1,166,761
	CCO HOLDINGS LLC / CCO HO 144A	Corporate Obligation	3/1/2030	4.75%	435,000	388,238	397,229
	CCP_OIS. R USD-SOFR-COMPOUND 1	Corporate Obligation	12/20/2053	4.46%	1,211,000	-	89,181
	CD 2016-CD1 MORTGAGE TR CD1 A3	Corporate Obligation	8/10/2049	2.46%	378,700	347,102	365,256
	CDW LLC / CDW FINANCE CORP	Corporate Obligation	12/1/2028	3.28%	1,100,000	1,033,978	1,023,286
	CENTENE CORP	Corporate Obligation	10/15/2030	3.00%	383,000	354,866	330,571
	CENTENE CORP	Corporate Obligation	8/1/2031	2.63%	405,000	312,190	333,809
	CENTENE CORP	Corporate Obligation	2/15/2030	3.38%	790,000	702,721	703,637
	CENTERPOINT ENERGY HOUSTON ELE	Corporate Obligation	4/1/2033	4.95%	675,000	669,539	659,738
	CENTERPOINT ENERGY RESOURCES C	Corporate Obligation	3/1/2033	5.40%	410,000	409,898	405,093
	CENTEX HOME EQUITY LOAN B AF5	Corporate Obligation	3/25/2034	5.41%	84,155	82,682	82,976
	CENTRAL GARDEN & PET CO	Corporate Obligation	10/15/2030	4.13%	1,450,000	1,294,510	1,302,753
	CENTURY COMMUNITIES INC	Corporate Obligation	6/1/2027	6.75%	385,000	387,775	385,223
	CENTURY PLAZA TOWER CPT A 144A	Corporate Obligation	11/13/2039	2.87%	205,000	211,146	179,619
	CHARLES SCHWAB CORP/THE	Corporate Obligation	5/19/2034	5.85%	900,000	921,877	927,252
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	4/1/2038	5.38%	20,000	21,343	17,796
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	4/1/2048	5.75%	100,000	130,885	85,563
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	6/1/2052	3.90%	367,000	230,388	235,992
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	3/1/2050	4.80%	325,000	326,159	244,647
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	2/15/2028	3.75%	280,000	254,061	266,680
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	7/23/2025	4.91%	346,000	347,103	345,595
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	2/1/2032	2.30%	500,000	403,618	396,035
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	1/15/2029	2.25%	500,000	424,665	440,910
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	4/1/2051	3.70%	893,000	560,286	558,688
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	2/1/2034	6.65%	617,000	638,595	635,504
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	6/1/2034	6.55%	875,000	884,310	895,283
	CHARTER COMMUNICATIONS OPERATI	Corporate Obligation	10/23/2045	6.48%	1,725,000	1,674,995	1,631,419
	CHASE AUTO OWNER TRU 4A C 144A	Corporate Obligation	7/25/2030	5.46%	530,000	529,884	529,014
	CHASE FUNDING TRUST SERI 2 1M1	Corporate Obligation	2/26/2035	5.70%	1,253,293	1,185,929	1,193,423

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	CHASE MORTGAGE FIN SH2 M2 144A	Corporate Obligation	12/25/2045	3.75%	879,256	$ 797,100	$ 793,229
	CHEMOURS CO/THE 144A	Corporate Obligation	1/15/2033	8.00%	351,000	350,460	342,948
	CHESAPEAKE FUNDING 1A A1 144A	Corporate Obligation	5/15/2036	5.52%	973,607	973,605	984,122
	CHICAGO IL MET WTR RECLAMATION	Corporate Obligation	12/1/2038	5.72%	715,000	771,357	717,867
	CHICAGO IL O'HARE INTERNATIONA	Corporate Obligation	1/1/2040	6.40%	85,000	93,498	89,350
	CHICAGO IL TRANSIT AUTH SALES	Corporate Obligation	12/1/2040	6.20%	815,000	848,464	837,013
	CHUBB INA HOLDINGS LLC	Corporate Obligation	3/15/2034	5.00%	1,000,000	1,000,410	988,440
	CHURCHILL DOWNS INC 144A	Corporate Obligation	5/1/2031	6.75%	155,000	152,481	156,676
	CIFC FUNDING 2016- 1A AR3 144A	Corporate Obligation	10/21/2031	5.29%	1,100,000	1,100,000	1,099,780
	CIFC FUNDING 2022-II 3A A 144A	Corporate Obligation	4/21/2035	5.70%	700,000	678,160	701,683
	CIGNA GROUP/THE	Corporate Obligation	3/15/2051	3.40%	226,000	229,910	147,655
	CIM TRUST 2020-IN INV1 A2 144A	Corporate Obligation	4/25/2050	2.50%	1,194,042	955,280	972,894
	CIM TRUST 2023-R2 R2 A1 144A	Corporate Obligation	8/25/2064	5.50%	1,987,546	1,970,418	1,979,277
	CIT EDUCATION LOAN TR 1 A 144A	Corporate Obligation	3/25/2042	5.08%	59,101	53,327	58,161
	CITGO PETROLEUM CORP 144A	Corporate Obligation	6/15/2025	7.00%	375,000	375,000	375,413
	CITIGROUP COMMERCI 420K A 144A	Corporate Obligation	11/10/2042	2.46%	1,350,000	1,105,447	1,145,543
	CITIGROUP INC	Corporate Obligation	11/5/2030	2.98%	60,000	54,314	54,133
	CITIGROUP INC	Corporate Obligation	5/25/2034	6.17%	600,000	608,772	611,736
	CITIGROUP INC	Corporate Obligation	1/25/2033	3.06%	1,350,000	1,167,979	1,159,974
	CITIGROUP INC	Corporate Obligation	7/24/2028	3.67%	2,500,000	2,675,210	2,421,575
	CITIGROUP INC	Corporate Obligation	1/28/2027	1.12%	6,100,000	5,794,372	5,857,952
	CITIGROUP MORTGAGE L NCM2 2CB1	Corporate Obligation	8/25/2034	5.50%	964,810	926,217	942,262
	CITIZENS BANK NA/PROVIDENCE RI	Corporate Obligation	8/9/2028	4.58%	500,000	477,055	495,390
	CIVITAS RESOURCES INC 144A	Corporate Obligation	7/1/2028	8.38%	613,000	622,859	636,643
	CLEAN HARBORS INC 144A	Corporate Obligation	7/15/2029	5.13%	1,100,000	1,056,608	1,055,703
	CLECO SECURITIZATION I LLC	Corporate Obligation	9/1/2044	4.65%	1,380,000	1,389,198	1,296,220
	CLI FUNDING VIII LLC 1A A 144A	Corporate Obligation	2/18/2046	1.64%	1,822,553	1,657,018	1,646,185
	CLOROX CO/THE	Corporate Obligation	5/1/2032	4.60%	157,000	156,184	152,724
	CLOUD SOFTWARE GROUP INC 144A	Corporate Obligation	3/31/2029	6.50%	1,192,000	1,090,759	1,169,996
	COCA-COLA CO/THE	Corporate Obligation	5/13/2054	5.30%	580,000	582,830	560,431
	COLLEGE AVE STUDENT B A1A 144A	Corporate Obligation	8/25/2054	5.69%	658,757	658,556	665,193
	COLORADO ST BRIDGE ENTERPRISE	Corporate Obligation	12/1/2040	6.08%	545,000	586,220	569,253
	COLT 2023-4 MORTGAGE 4 A1 144A	Corporate Obligation	10/25/2068	7.16%	1,137,935	1,156,767	1,154,674
	COMCAST CORP	Corporate Obligation	11/1/2049	4.00%	870,000	703,529	658,947
	COMCAST CORP	Corporate Obligation	10/15/2030	4.25%	837,000	1,031,706	804,327
	COMCAST CORP	Corporate Obligation	2/15/2031	1.50%	3,984,000	3,701,507	3,233,784
	COMCAST CORP	Corporate Obligation	4/1/2030	3.40%	4,300,000	4,578,078	3,997,495
	COMM 2013-300P MO 300P A1 144A	Corporate Obligation	8/10/2030	4.35%	260,000	290,834	251,222
	COMM 2015-CCRE27 MORTG CR27 A3	Corporate Obligation	10/10/2048	3.35%	645,656	688,128	640,077
	COMM 2016-787S MOR 787S A 144A	Corporate Obligation	2/10/2036	3.55%	858,000	810,006	834,233
	COMM 2020-CX MORTGAG CX A 144A	Corporate Obligation	11/10/2046	2.17%	1,500,000	1,217,930	1,231,890
	COMMONSPIRIT HEALTH	Corporate Obligation	10/1/2030	2.78%	225,000	230,632	199,139
	COMPASS MINERALS INTERNAT 144A	Corporate Obligation	12/1/2027	6.75%	2,275,000	2,211,448	2,240,648
	CONNECTICUT AVENU R03 1M2 144A	Corporate Obligation	12/25/2041	6.00%	1,400,000	1,412,250	1,414,392
	CRESCENT ENERGY FINANCE L 144A	Corporate Obligation	4/1/2032	7.63%	150,000	150,375	149,228
	CRESCENT ENERGY FINANCE L 144A	Corporate Obligation	1/15/2033	7.38%	375,000	375,000	364,178
	CROSSROADS ASSET TRU A A2 144A	Corporate Obligation	8/20/2030	5.90%	1,037,242	1,037,181	1,049,865
	CROWN AMERICAS LLC / CROWN AME	Corporate Obligation	2/1/2026	4.75%	2,100,000	2,091,121	2,074,443
	CSC HOLDINGS LLC 144A	Corporate Obligation	5/15/2028	11.25%	1,045,000	1,005,154	1,031,321
	CUBESMART LP	Corporate Obligation	2/15/2030	3.00%	175,000	147,634	157,554
	CVS HEALTH CORP	Corporate Obligation	3/25/2048	5.05%	910,000	971,536	750,486
	CVS HEALTH CORP	Corporate Obligation	8/21/2027	1.30%	5,014,000	4,629,035	4,543,783
	CYRUSONE DATA CENTE 1A A2 144A	Corporate Obligation	3/22/2049	4.76%	1,250,000	1,176,288	1,204,175
	DALLAS CNTY TX HOSP DIST	Corporate Obligation	8/15/2044	5.62%	200,000	200,740	196,786
	DALLAS TX AREA RAPID TRANSIT S	Corporate Obligation	12/1/2048	2.61%	65,000	44,155	43,133
	DALLAS TX AREA RAPID TRANSIT S	Corporate Obligation	12/1/2044	6.00%	135,000	144,635	137,182
	DALLAS-FORT WORTH TX INTERNATI	Corporate Obligation	11/1/2040	3.09%	640,000	529,672	491,622
	DAVITA INC 144A	Corporate Obligation	6/1/2030	4.63%	175,000	162,750	160,883
	DC OFFICE TRUST 201 MTC A 144A	Corporate Obligation	9/15/2045	2.97%	220,000	226,584	191,547
	DELUXE CORP 144A	Corporate Obligation	9/15/2029	8.13%	405,000	412,088	410,678
	DICK'S SPORTING GOODS INC	Corporate Obligation	1/15/2052	4.10%	800,000	568,106	585,856
	DICK'S SPORTING GOODS INC	Corporate Obligation	1/15/2032	3.15%	1,400,000	1,182,549	1,227,296
	DIRECTV FINANCING LLC / D 144A	Corporate Obligation	8/15/2027	5.88%	3,015,000	2,888,199	2,937,515
	DISCOVERY COMMUNICATIONS LLC	Corporate Obligation	5/15/2030	3.63%	2,263,000	2,029,899	2,012,893
	DIST OF COLUMBIA WTR & SWR AUT	Corporate Obligation	10/1/2044	5.52%	100,000	103,466	96,978
	DOLP TRUST 2021-NYC NYC A 144A	Corporate Obligation	5/10/2041	2.96%	1,320,000	1,112,925	1,129,986
	DOMINO'S PIZZA MA 1A A2II 144A	Corporate Obligation	10/25/2045	4.47%	1,321,688	1,278,991	1,316,440
	DREAM FINDERS HOMES INC 144A	Corporate Obligation	8/15/2028	8.25%	765,000	785,801	797,054
	DRYDEN 72 CLO LTD 72A ARR 144A	Corporate Obligation	5/15/2032	5.62%	1,020,589	1,020,589	1,021,505
	DTE ELECTRIC CO	Corporate Obligation	4/1/2033	5.20%	560,000	566,503	559,608
	DUKE ENERGY CAROLINAS LLC	Corporate Obligation	3/15/2052	3.55%	45,000	44,859	31,732
	DUKE ENERGY CAROLINAS LLC	Corporate Obligation	1/15/2053	5.35%	140,000	144,865	133,337
	DUKE ENERGY CAROLINAS LLC	Corporate Obligation	12/15/2041	4.25%	350,000	387,324	297,014
	DUKE ENERGY CAROLINAS LLC	Corporate Obligation	1/15/2033	4.95%	780,000	776,171	767,107

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	DUKE ENERGY CAROLINAS NC STORM	Corporate Obligation	7/1/2043	2.62%	50,000	$ 39,918	$ 38,172
	DUKE ENERGY INDIANA LLC	Corporate Obligation	4/1/2050	2.75%	1,030,000	649,491	622,985
	DUKE ENERGY PROGRESS NC STORM	Corporate Obligation	7/1/2043	2.80%	300,000	226,557	221,610
	DUKE ENERGY PROGRESS SC STORM	Corporate Obligation	3/1/2046	5.40%	300,000	307,428	299,235
	DUKE UNIVERSITY HEALTH SYSTEM	Corporate Obligation	6/1/2042	3.16%	500,000	410,495	381,230
	ELEVANCE HEALTH INC	Corporate Obligation	2/15/2053	5.13%	685,000	653,040	610,636
	ELP COMMERCIAL MORT ELP C 144A	Corporate Obligation	11/15/2038	5.74%	574,331	549,563	573,614
	EMERGENT BIOSOLUTIONS INC 144A	Corporate Obligation	8/15/2028	3.88%	400,000	297,500	327,160
	ENACT HOLDINGS INC	Corporate Obligation	5/28/2029	6.25%	2,080,000	2,128,600	2,118,355
	ENBRIDGE INC	Corporate Obligation	3/8/2033	5.70%	60,000	60,785	60,653
	ENBRIDGE INC	Corporate Obligation	4/5/2054	5.95%	750,000	761,761	743,760
	ENCORE CAPITAL GROUP INC 144A	Corporate Obligation	4/1/2029	9.25%	1,131,000	1,194,097	1,196,602
	ENERGY TRANSFER LP	Corporate Obligation	6/15/2048	6.00%	200,000	194,578	193,448
	ENERGY TRANSFER LP	Corporate Obligation	2/15/2033	5.75%	860,000	875,752	871,791
	ENOVA INTERNATIONAL INC 144A	Corporate Obligation	8/1/2029	9.13%	399,000	398,300	414,980
	ENTERPRISE FLEET FIN 2 A2 144A	Corporate Obligation	12/20/2026	5.74%	875,000	874,943	882,385
	ENTERPRISE PRODUCTS OPERATING	Corporate Obligation	2/15/2025	3.75%	84,000	89,208	60,527
	ESSENT GROUP LTD	Corporate Obligation	7/1/2029	6.25%	455,000	453,326	464,887
	ESSEX PORTFOLIO LP	Corporate Obligation	6/15/2031	2.55%	565,000	464,470	480,092
	EVERGY KANSAS CENTRAL INC	Corporate Obligation	3/15/2053	5.70%	595,000	591,525	584,570
	EVERGY MISSOURI WEST INC 144A	Corporate Obligation	6/1/2034	5.65%	80,000	79,927	80,943
	EVERSOURCE ENERGY	Corporate Obligation	4/1/2029	4.25%	300,000	297,915	288,376
	EVERSOURCE ENERGY	Corporate Obligation	8/15/2030	1.65%	725,000	588,262	603,497
	EXETER AUTOMOBILE RECEIVA 3A B	Corporate Obligation	9/15/2028	5.57%	1,165,000	1,164,826	1,175,578
	EXETER AUTOMOBILE RECEIVA 5A B	Corporate Obligation	4/16/2029	4.48%	1,285,000	1,284,957	1,277,508
	EXTENDED STAY AMERI ESH C 144A	Corporate Obligation	7/15/2038	6.12%	572,514	573,285	573,230
	EXTRA SPACE STORAGE LP	Corporate Obligation	10/15/2031	2.40%	166,000	134,957	137,934
	EXTRA SPACE STORAGE LP	Corporate Obligation	4/1/2029	3.90%	185,000	171,861	176,927
	FARMERS EXCHANGE CAPITAL 144A	Corporate Obligation	11/1/2053	7.00%	600,000	600,000	576,252
	FARMERS INSURANCE EXCHANG 144A	Corporate Obligation	10/15/2064	7.00%	105,000	105,000	108,252
	FEDERAL NATL MTG ASSN	Corporate Obligation	1/15/2030	7.13%	455,000	628,699	509,682
	FERTITTA ENTERTAINMENT LL 144A	Corporate Obligation	1/15/2030	6.75%	875,000	769,033	807,205
	FHF ISSUER TRUST 20 3A A2 144A	Corporate Obligation	11/15/2030	4.94%	1,280,000	1,279,501	1,277,120
	FIRST FRANKLIN MORTGAG FF5 A3C	Corporate Obligation	8/25/2034	5.43%	86,920	80,419	78,451
	FIRST HORIZON BANK	Corporate Obligation	5/1/2030	5.75%	400,000	403,138	398,004
	FIRST QUANTUM MINERALS LT 144A	Corporate Obligation	10/15/2027	6.88%	390,000	383,175	388,155
	FIRST QUANTUM MINERALS LT 144A	Corporate Obligation	3/1/2029	9.38%	1,890,000	1,990,725	2,009,921
	FIRSTCASH INC 144A	Corporate Obligation	1/1/2030	5.63%	803,000	756,678	773,626
	FIRSTCASH INC 144A	Corporate Obligation	3/1/2032	6.88%	1,540,000	1,532,300	1,546,283
	FIRSTENERGY CORP	Corporate Obligation	3/1/2025	2.05%	129,000	124,350	128,151
	FISERV INC	Corporate Obligation	7/1/2029	3.50%	5,450,000	5,453,533	5,113,027
	FLORIDA POWER & LIGHT CO	Corporate Obligation	3/1/2049	3.99%	280,000	346,354	219,246
	FLORIDA ST BRD OF ADMIN FIN CO	Corporate Obligation	7/1/2034	5.53%	760,000	762,150	767,615
	FMG RESOURCES AUGUST 2006 144A	Corporate Obligation	9/15/2027	4.50%	2,050,000	1,968,214	1,982,166
	FORD MOTOR CO	Corporate Obligation	11/1/2046	7.40%	1,100,000	1,186,017	1,164,636
	FORD MOTOR CREDIT CO LLC	Corporate Obligation	3/6/2026	6.95%	1,515,000	1,533,940	1,541,755
	FORESTAR GROUP INC 144A	Corporate Obligation	3/1/2028	5.00%	665,000	615,664	642,370
	FOUNDATION BUILDING MATER 144A	Corporate Obligation	3/1/2029	6.00%	850,000	757,797	744,872
	FREDDIE MAC STAC DNA1 M1A 144A	Corporate Obligation	1/25/2042	5.35%	645,623	635,888	645,855
	FREEDOM MORTGAGE CORP 144A	Corporate Obligation	10/1/2028	12.00%	382,800	394,601	413,182
	FREEDOM MORTGAGE CORP 144A	Corporate Obligation	5/1/2026	7.63%	805,000	785,652	806,892
	FREEDOM MORTGAGE HOLDINGS 144A	Corporate Obligation	2/1/2029	9.25%	538,000	540,700	555,184
	FREEPORT-MCMORAN INC	Corporate Obligation	11/14/2034	5.40%	700,000	687,972	692,244
	FREMF 2016-K53 MORT K53 B 144A	Corporate Obligation	3/25/2049	4.02%	1,010,000	995,402	997,193
	FRESENIUS MEDICAL CARE US 144A	Corporate Obligation	12/1/2026	1.88%	230,000	228,942	216,304
	FRONTIER COMMUNICATIONS H 144A	Corporate Obligation	10/15/2027	5.88%	794,000	741,943	791,483
	GCAT 2021-NQM6 TR NQM6 A1 144A	Corporate Obligation	8/25/2066	1.86%	1,137,003	966,453	1,013,116
	GCAT 2023-INV1 TR INV1 A1 144A	Corporate Obligation	8/25/2053	6.00%	1,466,223	1,430,026	1,462,895
	GENERAL ELECTRIC CO	Corporate Obligation	8/15/2036	5.27%	248,000	202,120	233,122
	GENERAL MOTORS CO	Corporate Obligation	10/1/2027	4.20%	20,000	20,334	19,618
	GENERAL MOTORS CO	Corporate Obligation	10/15/2032	5.60%	3,951,637	3,838,850	3,965,586
	GENERAL MOTORS FINANCIAL CO IN	Corporate Obligation	1/5/2028	3.85%	30,000	29,931	28,966
	GENERAL MOTORS FINANCIAL CO IN	Corporate Obligation	1/7/2034	6.10%	955,000	974,777	969,287
	GENERAL MOTORS FINANCIAL CO IN	Corporate Obligation	4/9/2025	4.35%	1,865,000	1,825,808	1,861,438
	GENPACT LUXEMBOURG SARL/GENPAC	Corporate Obligation	6/4/2029	6.00%	335,000	333,888	342,387
	GGAM FINANCE LTD 144A	Corporate Obligation	2/15/2027	8.00%	158,200	162,316	157,848
	GLOBAL MORTGAGE SECU A A1 144A	Corporate Obligation	4/25/2032	5.00%	640,749	617,922	630,362
	GLOBAL NET LEASE INC / GL 144A	Corporate Obligation	12/15/2027	3.75%	176,000	162,806	160,119
	GLOBAL PARTNERS LP / GLP 144A	Corporate Obligation	1/15/2032	8.25%	75,000	76,252	77,110
	GLOBAL PAYMENTS INC	Corporate Obligation	8/15/2029	5.30%	345,000	344,979	345,624
	GLOBAL PAYMENTS INC	Corporate Obligation	8/15/2029	3.20%	935,000	844,681	856,909
	GLP CAPITAL LP / GLP FINANCING	Corporate Obligation	4/15/2026	5.38%	110,000	111,805	109,998
	GLP CAPITAL LP / GLP FINANCING	Corporate Obligation	1/15/2031	4.00%	401,000	341,583	367,079

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

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	GLP CAPITAL LP / GLP FINANCING	Corporate Obligation	9/15/2034	5.63%	475,000	$ 477,047	$ 467,357
	GLS AUTO RECEIVABLE 2A A3 144A	Corporate Obligation	1/18/2028	5.64%	715,000	714,777	721,485
	GLS AUTO RECEIVABLES 4A B 144A	Corporate Obligation	4/16/2029	4.89%	760,000	757,892	758,275
	GM FINANCIAL CONSUMER AUT 2 A3	Corporate Obligation	3/16/2029	5.10%	1,225,000	1,224,600	1,237,115
	GM FINANCIAL CONSUMER AUTO 4 C	Corporate Obligation	3/16/2028	1.37%	835,000	776,256	810,685
	GOEASY LTD 144A	Corporate Obligation	7/1/2029	7.63%	765,000	793,125	781,708
	GOEASY LTD 144A	Corporate Obligation	12/1/2028	9.25%	745,000	799,956	794,006
	GOLDENTREE LOAN MA 7A ARR 144A	Corporate Obligation	4/20/2034	5.39%	1,500,000	1,500,000	1,501,380
	GOLDMAN SACHS GROUP INC/THE	Corporate Obligation	7/21/2032	2.38%	90,000	71,640	75,104
	GOLDMAN SACHS GROUP INC/THE	Corporate Obligation	10/21/2027	1.95%	245,000	233,438	232,444
	GOLDMAN SACHS GROUP INC/THE	Corporate Obligation	9/10/2027	1.54%	595,000	578,622	562,674
	GOLDMAN SACHS GROUP INC/THE	Corporate Obligation	1/27/2032	1.99%	900,000	737,972	743,229
	GOLDMAN SACHS GROUP INC/THE	Corporate Obligation	4/25/2035	5.85%	805,000	815,503	820,617
	GOLDMAN SACHS GROUP INC/THE	Corporate Obligation	3/9/2027	1.43%	6,450,000	6,308,416	6,191,871
	GOODYEAR TIRE & RUBBER CO/THE	Corporate Obligation	3/15/2027	4.88%	3,000,000	2,899,998	2,898,270
	GRAHAM HOLDINGS CO 144A	Corporate Obligation	6/1/2026	5.75%	810,000	803,925	806,606
	GRAHAM PACKAGING CO INC 144A	Corporate Obligation	8/15/2028	7.13%	75,000	67,787	73,908
	GRAY MEDIA INC 144A	Corporate Obligation	7/15/2029	10.50%	455,000	466,944	454,982
	GRIFFON CORP	Corporate Obligation	3/1/2028	5.75%	2,500,000	2,439,913	2,451,350
	GROUP 1 AUTOMOTIVE INC 144A	Corporate Obligation	8/15/2028	4.00%	2,100,000	1,930,643	1,966,041
	GS MORTGAGE SECURI STAR A 144A	Corporate Obligation	12/15/2036	5.38%	663,000	635,030	661,091
	GS MORTGAGE SECURITIES GC45 A5	Corporate Obligation	2/13/2053	2.91%	485,000	436,197	435,045
	GS MORTGAGE-BACK RPL1 A1A 144A	Corporate Obligation	10/25/2057	3.75%	213,552	210,566	207,519
	GS MORTGAGE-BACKE INV1 A6 144A	Corporate Obligation	12/25/2051	2.50%	2,607,795	2,241,921	2,276,683
	GS MORTGAGE-BACKE PJ10 A8 144A	Corporate Obligation	3/25/2052	2.50%	2,393,911	2,025,915	2,077,220
	GS MORTGAGE-BACKED PJ1 A2 144A	Corporate Obligation	6/25/2051	2.50%	1,026,599	997,085	823,127
	GSAA HOME EQUITY TRUST 20 6 M1	Corporate Obligation	6/25/2035	5.07%	42,087	41,798	41,840
	H&E EQUIPMENT SERVICES IN 144A	Corporate Obligation	12/15/2028	3.88%	2,740,000	2,492,240	2,504,196
	HA SUSTAINABLE INFRASTRUC 144A	Corporate Obligation	7/1/2034	6.38%	470,000	466,546	457,376
	HARBORVIEW MORTGAGE LOA 9 2A1A	Corporate Obligation	6/20/2035	5.09%	814,143	732,729	761,240
	HCA INC	Corporate Obligation	9/1/2026	5.38%	50,000	50,225	50,149
	HCA INC	Corporate Obligation	6/15/2026	5.25%	100,000	113,628	100,248
	HCA INC	Corporate Obligation	7/15/2031	2.38%	125,000	123,626	103,820
	HCA INC	Corporate Obligation	4/1/2031	5.45%	6,000,000	6,127,920	5,988,780
	HEALTHCARE REALTY HOLDINGS LP	Corporate Obligation	1/15/2028	3.63%	30,000	26,906	28,488
	HEALTHCARE REALTY HOLDINGS LP	Corporate Obligation	2/15/2030	3.10%	335,000	291,756	300,776
	HEALTHCARE REALTY HOLDINGS LP	Corporate Obligation	3/15/2031	2.00%	469,000	372,306	383,544
	HECLA MINING CO	Corporate Obligation	2/15/2028	7.25%	245,000	244,611	246,544
	HEWLETT PACKARD ENTERPRISE CO	Corporate Obligation	10/15/2034	5.00%	695,000	689,024	668,465
	HIGHTOWER HOLDING LLC 144A	Corporate Obligation	4/15/2029	6.75%	274,000	246,726	272,808
	HILCORP ENERGY I LP / HIL 144A	Corporate Obligation	2/15/2035	7.25%	442,000	442,000	415,537
	HILCORP ENERGY I LP / HIL 144A	Corporate Obligation	11/1/2033	8.38%	1,737,000	1,828,638	1,773,112
	HILT COMMERCIAL MOR ORL A 144A	Corporate Obligation	5/15/2037	5.85%	889,000	886,778	889,276
	HOLOGIC INC 144A	Corporate Obligation	2/15/2029	3.25%	1,350,000	1,205,376	1,220,859
	HOST HOTELS & RESORTS LP	Corporate Obligation	12/15/2031	2.90%	1,000,000	837,595	851,370
	HOWARD HUGHES CORP/THE 144A	Corporate Obligation	8/1/2028	5.38%	1,660,000	1,544,953	1,612,524
	HOWDEN UK REFINANCE PLC / 144A	Corporate Obligation	2/15/2032	8.13%	1,590,000	1,591,301	1,623,835
	HPEFS EQUIPMENT TRUS 1A B 144A	Corporate Obligation	5/20/2031	5.18%	710,000	713,550	713,834
	HSBC HOLDINGS PLC	Corporate Obligation	9/22/2028	2.01%	25,000	20,862	23,054
	HSBC HOLDINGS PLC	Corporate Obligation	8/17/2029	2.21%	40,000	39,686	35,940
	HSBC HOLDINGS PLC	Corporate Obligation	6/9/2028	4.76%	200,000	193,782	198,618
	HSBC HOLDINGS PLC	Corporate Obligation	8/18/2031	2.36%	250,000	182,558	212,948
	HSBC HOLDINGS PLC	Corporate Obligation	5/17/2032	5.73%	1,045,000	1,089,169	1,057,195
	HUDSON PACIFIC PROPERTIES LP	Corporate Obligation	4/1/2029	4.65%	146,300	131,057	108,948
	HUDSON PACIFIC PROPERTIES LP	Corporate Obligation	11/1/2027	3.95%	270,000	243,060	234,336
	HUDSON YARDS 2019- 30HY A 144A	Corporate Obligation	7/10/2039	3.23%	215,000	221,433	195,340
	HUDSON YARDS 2019- 55HY A 144A	Corporate Obligation	12/10/2041	2.94%	220,000	226,100	195,723
	HUMANA INC	Corporate Obligation	10/1/2044	4.95%	20,000	22,777	17,006
	HUNTINGTON NATIONAL BANK/THE	Corporate Obligation	1/10/2030	5.65%	800,000	805,531	814,312
	ILIAD HOLDING SASU 144A	Corporate Obligation	4/15/2031	8.50%	770,000	782,513	818,633
	ILLINOIS ST TOLL HIGHWAY AUTH	Corporate Obligation	1/1/2034	6.18%	185,000	200,333	192,604
	INEOS QUATTRO FINANCE 2 P 144A	Corporate Obligation	3/15/2029	9.63%	76,700	82,788	77,171
	INTERCONTINENTAL EXCHANGE INC	Corporate Obligation	9/15/2032	1.85%	350,000	311,792	277,212
	INTERCONTINENTAL EXCHANGE INC	Corporate Obligation	6/15/2031	5.25%	815,000	814,226	822,423
	INTERNATIONAL FLAVORS & F 144A	Corporate Obligation	11/15/2040	3.27%	45,000	32,118	32,138
	INTERNATIONAL FLAVORS & F 144A	Corporate Obligation	11/1/2030	2.30%	1,018,000	782,398	864,654
	INTERSTATE POWER AND LIGHT CO	Corporate Obligation	9/30/2034	4.95%	600,000	598,752	577,104
	INVITATION HOMES OPERATING PAR	Corporate Obligation	8/15/2031	2.00%	465,000	365,431	377,375
	IQVIA INC	Corporate Obligation	2/1/2029	6.25%	800,000	798,864	827,152
	J.P. MORGAN CHASE C OSB A 144A	Corporate Obligation	6/5/2039	3.40%	210,000	216,299	191,457
	J.P. MORGAN MORTG INV5 A3 144A	Corporate Obligation	12/25/2051	3.00%	701,680	619,232	632,094
	J.P. MORGAN MORTGAG 14 A3 144A	Corporate Obligation	5/25/2052	2.50%	936,567	931,738	750,378
	J.P. MORGAN MORTGAG 15 A4 144A	Corporate Obligation	6/25/2052	2.50%	873,282	856,226	760,611

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	J.P. MORGAN MORTGAGE 1 A2 144A	Corporate Obligation	7/25/2052	3.00%	1,395,048	$ 1,154,481	$ 1,161,963
	J.P. MORGAN MORTGAGE 1 A3 144A	Corporate Obligation	7/25/2052	2.50%	990,567	960,540	791,166
	JBS USA HOLDING LUX SARL/ JBS	Corporate Obligation	12/1/2052	6.50%	160,000	157,962	162,755
	JBS USA HOLDING LUX SARL/ JBS	Corporate Obligation	3/15/2034	6.75%	325,000	324,571	344,013
	JBS USA HOLDING LUX SARL/ JBS	Corporate Obligation	5/15/2032	3.00%	855,000	697,455	711,195
	JDE PEET'S NV 144A	Corporate Obligation	9/24/2031	2.25%	725,000	571,539	587,729
	JEFFERIES FINANCE LLC / J 144A	Corporate Obligation	10/15/2031	6.63%	260,000	260,000	259,589
	JEFFERIES FINANCE LLC / J 144A	Corporate Obligation	8/15/2028	5.00%	870,000	810,088	816,095
	JERSEY CITY NJ MUNI UTILITIES	Corporate Obligation	5/15/2027	5.47%	165,000	183,266	166,888
	JGWPT XXX LLC 3A A 144A	Corporate Obligation	1/17/2073	4.08%	91,151	91,077	84,514
	JGWPT XXXII LLC 2A A 144A	Corporate Obligation	1/17/2073	3.61%	118,506	118,429	104,671
	JP MORGAN MORTGAGE 13 A3 144A	Corporate Obligation	4/25/2052	2.50%	748,414	654,044	598,208
	JP MORGAN MORTGAGE ACQ CH1 MV8	Corporate Obligation	11/25/2036	5.93%	1,700,000	1,697,875	1,774,171
	JP MORGAN MORTGAGE T 1 B2 144A	Corporate Obligation	5/25/2046	3.79%	628,943	587,865	584,061
	JP MORGAN MORTGAGE T 3 A2 144A	Corporate Obligation	8/25/2052	3.00%	1,643,510	1,378,358	1,368,419
	JP MORGAN MORTGAGE T 3 A3 144A	Corporate Obligation	5/25/2054	3.00%	1,733,964	1,463,950	1,447,461
	JP MORGAN MORTGAGE T 8 A6 144A	Corporate Obligation	12/25/2051	2.50%	898,255	778,113	822,774
	JP MORGAN MORTGAGE TRU S3 1A96	Corporate Obligation	8/25/2037	6.00%	117,917	116,468	52,799
	JPMBB COMMERCIAL MORTGA C31 A3	Corporate Obligation	8/15/2048	3.80%	298,967	291,214	296,244
	JPMORGAN CHASE & CO	Corporate Obligation	6/1/2029	2.07%	100,000	87,002	90,893
	JPMORGAN CHASE & CO	Corporate Obligation	2/24/2028	2.95%	145,000	145,000	139,505
	JPMORGAN CHASE & CO	Corporate Obligation	11/19/2026	1.05%	145,000	139,467	140,327
	JPMORGAN CHASE & CO	Corporate Obligation	10/15/2030	2.74%	185,000	163,999	166,644
	JPMORGAN CHASE & CO	Corporate Obligation	7/15/2025	3.90%	200,000	214,202	199,290
	JPMORGAN CHASE & CO	Corporate Obligation	4/22/2027	1.58%	345,000	345,000	331,155
	JPMORGAN CHASE & CO	Corporate Obligation	2/4/2027	1.04%	445,000	412,511	427,547
	JPMORGAN CHASE & CO	Corporate Obligation	2/4/2032	1.95%	1,225,000	971,841	1,015,574
	JPMORGAN CHASE & CO	Corporate Obligation	4/22/2035	5.77%	2,105,000	2,175,351	2,153,794
	JPMORGAN CHASE & CO	Corporate Obligation	5/1/2028	3.54%	3,905,000	4,125,637	3,794,059
	KAISER ALUMINUM CORP 144A	Corporate Obligation	6/1/2031	4.50%	181,000	162,554	160,526
	KB HOME	Corporate Obligation	6/15/2027	6.88%	2,103,000	2,139,449	2,147,521
	KIMCO REALTY OP LLC	Corporate Obligation	4/1/2032	3.20%	525,000	467,371	460,898
	KNIFE RIVER CORP 144A	Corporate Obligation	5/1/2031	7.75%	926,000	960,945	964,633
	KRONOS ACQUISITION HOLDIN 144A	Corporate Obligation	6/30/2032	10.75%	395,000	389,818	363,436
	KRONOS ACQUISITION HOLDIN 144A	Corporate Obligation	6/30/2031	8.25%	393,000	393,000	374,352
	L3HARRIS TECHNOLOGIES INC	Corporate Obligation	6/1/2031	5.25%	835,000	839,547	836,411
	L3HARRIS TECHNOLOGIES INC	Corporate Obligation	7/31/2033	5.40%	5,100,000	5,160,829	5,089,137
	LAMAR MEDIA CORP	Corporate Obligation	1/15/2029	4.88%	1,000,000	959,550	960,690
	LAMAR MEDIA CORP	Corporate Obligation	2/15/2028	3.75%	2,600,000	2,424,191	2,438,254
	LCM 37 LTD 37A A1R 144A	Corporate Obligation	4/15/2034	5.36%	1,250,000	1,250,000	1,244,863
	LCPR SENIOR SECURED FINAN 144A	Corporate Obligation	10/15/2027	6.75%	445,000	424,077	391,846
	LEVEL 3 FINANCING INC 144A	Corporate Obligation	5/15/2030	10.50%	710,000	777,425	773,190
	LEVEL 3 FINANCING INC 144A	Corporate Obligation	12/15/2030	10.75%	708,000	783,645	790,149
	LGI HOMES INC 144A	Corporate Obligation	12/15/2028	8.75%	370,000	390,924	388,197
	LIGHTNING POWER LLC 144A	Corporate Obligation	8/15/2032	7.25%	1,545,000	1,581,675	1,588,492
	LIVE NATION ENTERTAINMENT 144A	Corporate Obligation	3/15/2026	5.63%	469,000	464,514	468,203
	LLOYDS BANKING GROUP PLC	Corporate Obligation	6/5/2030	5.72%	475,000	475,000	483,180
	LOS ANGELES CA CMNTY CLG DIST	Corporate Obligation	8/1/2042	6.60%	10,000	11,451	10,807
	LOS ANGELES CA DEPT WTR & PWR	Corporate Obligation	7/1/2045	6.57%	110,000	122,747	119,233
	LOS ANGELES CA WSTWTR SYS REVE	Corporate Obligation	6/1/2039	5.71%	500,000	545,725	507,410
	LOS ANGELES CNTY CA PUBLIC WKS	Corporate Obligation	8/1/2040	7.62%	310,000	369,745	361,063
	LOUISIANA LOCAL GOVERNM ELL A4	Corporate Obligation	8/1/2039	4.48%	145,000	137,530	135,040
	LPL HOLDINGS INC	Corporate Obligation	11/17/2028	6.75%	805,000	864,031	845,749
	LSF11 A5 HOLDCO LLC 144A	Corporate Obligation	10/15/2029	6.63%	96,000	83,025	91,803
	LXP INDUSTRIAL TRUST	Corporate Obligation	10/1/2031	2.38%	455,000	347,124	370,001
	M&T BANK CORP	Corporate Obligation	1/16/2036	5.39%	835,000	835,000	809,624
	MACQUARIE AIRFINANCE HOLD 144A	Corporate Obligation	3/30/2029	8.13%	313,000	315,024	331,016
	MACQUARIE AIRFINANCE HOLD 144A	Corporate Obligation	3/26/2031	6.50%	415,000	441,253	428,517
	MACQUARIE AIRFINANCE HOLD 144A	Corporate Obligation	5/1/2028	8.38%	713,000	741,151	747,160
	MACY'S RETAIL HOLDINGS LLC	Corporate Obligation	1/15/2042	5.13%	180,000	147,842	135,014
	MADISON PARK FUNDI 29A AR 144A	Corporate Obligation	10/18/2030	5.47%	953,475	953,475	954,814
	MANHATTAN WEST 2020 1MW A 144A	Corporate Obligation	9/10/2039	2.13%	1,000,000	889,844	918,460
	MANITOWOC CO INC/THE 144A	Corporate Obligation	10/1/2031	9.25%	701,000	707,300	718,588
	MARSH & MCLENNAN COS INC	Corporate Obligation	11/15/2030	2.25%	240,000	198,989	207,187
	MARSH & MCLENNAN COS INC	Corporate Obligation	12/15/2031	2.38%	620,000	539,140	520,025
	MARSH & MCLENNAN COS INC	Corporate Obligation	3/15/2029	4.38%	3,924,000	4,208,833	3,855,055
	MASSACHUSETTS ST SCH BLDG AUTH	Corporate Obligation	10/15/2040	3.40%	20,000	16,185	16,191
	MASTER CREDIT CARD T 1A A 144A	Corporate Obligation	6/21/2027	4.70%	1,240,000	1,240,388	1,241,823
	MASTERBRAND INC 144A	Corporate Obligation	7/15/2032	7.00%	585,000	585,000	589,031
	MASTERCARD INC	Corporate Obligation	1/15/2032	4.35%	530,000	529,364	512,484
	MASTERCARD INC	Corporate Obligation	1/15/2035	4.55%	560,000	565,062	535,153
	MASTR ALTERNATIVE LOAN T 5 6A1	Corporate Obligation	8/25/2033	6.00%	62,601	61,603	62,965
	MERRILL LYNCH MORTGAGE I A2 1A	Corporate Obligation	7/25/2034	7.27%	43,763	36,925	42,080
	MERRILL LYNCH MORTGAGE INV D A	Corporate Obligation	8/25/2028	5.05%	139,837	138,280	131,822

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	META PLATFORMS INC	Corporate Obligation	8/15/2031	4.55%	675,000	$ 674,447	$ 663,971
	MF1 2021-FL7 LTD FL7 A 144A	Corporate Obligation	10/16/2036	5.49%	426,359	420,021	425,608
	MILEAGE PLUS HOLDINGS LLC 144A	Corporate Obligation	6/20/2027	6.50%	653,500	657,327	657,617
	MILL CITY MORTGAGE L 2 M2 144A	Corporate Obligation	7/25/2059	3.25%	727,702	695,865	698,317
	MINERAL RESOURCES LTD 144A	Corporate Obligation	5/1/2027	8.13%	1,209,000	1,218,214	1,213,812
	MORGAN STANLEY	Corporate Obligation	4/20/2029	5.16%	575,000	570,653	576,570
	MORGAN STANLEY	Corporate Obligation	9/16/2036	2.48%	765,000	601,693	622,335
	MORGAN STANLEY	Corporate Obligation	1/18/2035	5.47%	1,550,000	1,567,590	1,541,491
	MORGAN STANLEY RE NQM1 A1 144A	Corporate Obligation	9/25/2068	7.28%	1,179,700	1,198,133	1,198,811
	MORGAN STANLEY RE NQM2 A1 144A	Corporate Obligation	5/25/2069	6.39%	1,197,509	1,209,671	1,208,562
	MORTGAGEIT TRUST 2004-1 1 A1	Corporate Obligation	11/25/2034	5.21%	20,187	20,232	19,259
	MPT OPERATING PARTNERSHIP LP /	Corporate Obligation	10/15/2027	5.00%	3,150,000	2,608,128	2,656,521
	NABORS INDUSTRIES INC 144A	Corporate Obligation	1/31/2030	9.13%	481,000	494,414	483,228
	NABORS INDUSTRIES INC 144A	Corporate Obligation	5/15/2027	7.38%	614,000	601,882	613,288
	NASDAQ INC	Corporate Obligation	2/15/2034	5.55%	800,000	812,154	807,456
	NATIONAL SECURITIES CLEAR 144A	Corporate Obligation	6/26/2029	4.90%	525,000	524,055	525,677
	NATIONSTAR MORTGAGE HOLDI 144A	Corporate Obligation	8/1/2029	6.50%	355,000	355,000	354,400
	NATIONSTAR MORTGAGE HOLDI 144A	Corporate Obligation	11/15/2031	5.75%	522,000	460,454	499,022
	NAVIENT PRIVATE ED DA A2A 144A	Corporate Obligation	12/15/2059	4.00%	190,182	189,514	186,684
	NAVIENT PRIVATE EDUC GA A 144A	Corporate Obligation	4/15/2070	1.58%	1,080,104	953,168	953,376
	NAVIENT PRIVATE EDUCA A A 144A	Corporate Obligation	10/15/2071	5.51%	245,689	246,069	246,092
	NAVIENT STUDENT LO BA A2A 144A	Corporate Obligation	12/15/2059	3.39%	257,749	251,315	250,426
	NAVIENT STUDENT LOA 3A A3 144A	Corporate Obligation	7/26/2066	5.52%	321,062	321,062	322,770
	NCL CORP LTD 144A	Corporate Obligation	3/15/2026	5.88%	385,000	376,338	384,476
	NCL CORP LTD 144A	Corporate Obligation	2/15/2027	5.88%	1,023,000	1,003,220	1,015,268
	NEW ENGLAND POWER CO 144A	Corporate Obligation	10/6/2050	2.81%	395,000	226,165	236,392
	NEW FORTRESS ENERGY INC 144A	Corporate Obligation	3/15/2029	8.75%	188,000	161,680	160,054
	NEW HOME CO INC/THE 144A	Corporate Obligation	10/1/2029	9.25%	1,160,000	1,172,750	1,220,842
	NEW RESIDENTIAL MO 3A A1A 144A	Corporate Obligation	11/25/2058	3.75%	1,831,960	1,750,208	1,726,696
	NEW RESIDENTIAL MO 3A A1B 144A	Corporate Obligation	9/25/2056	3.25%	2,068,570	1,911,812	1,912,000
	NEW RESIDENTIAL MO 4A A1S 144A	Corporate Obligation	1/25/2048	5.18%	464,538	454,812	455,786
	NEW RESIDENTIAL MO 5A A1B 144A	Corporate Obligation	8/25/2059	3.50%	1,235,344	1,138,891	1,147,734
	NEW RESIDENTIAL MOR 2A B2 144A	Corporate Obligation	8/25/2055	4.80%	624,607	605,869	612,296
	NEW RESIDENTIAL MOR 2A B3 144A	Corporate Obligation	2/25/2058	5.00%	749,185	733,733	736,539
	NEW RESIDENTIAL MOR 3A A1 144A	Corporate Obligation	4/25/2057	4.00%	2,056,743	1,948,382	1,964,971
	NEW RESIDENTIAL MOR 4A B1 144A	Corporate Obligation	5/25/2057	4.50%	1,981,292	1,959,931	1,908,420
	NEW RESIDENTIAL MOR 5A A1 144A	Corporate Obligation	12/25/2057	4.75%	1,350,662	1,317,941	1,320,083
	NEW RESIDENTIAL MOR 6A B1 144A	Corporate Obligation	9/25/2059	4.00%	2,140,953	2,019,705	2,039,643
	NEW YORK CITY NY MUNI WTR FIN	Corporate Obligation	6/15/2042	5.95%	420,000	457,119	422,822
	NEW YORK CITY NY MUNI WTR FIN	Corporate Obligation	6/15/2044	5.88%	550,000	608,636	545,281
	NEW YORK CITY NY TRANSITIONAL	Corporate Obligation	11/1/2038	5.57%	330,000	340,477	327,759
	NEW YORK CITY NY TRANSITIONAL	Corporate Obligation	2/1/2036	5.15%	500,000	498,845	491,995
	NEW YORK CITY NY TRANSITIONAL	Corporate Obligation	2/1/2035	5.13%	500,000	500,195	494,770
	NEW YORK CITY NY TRANSITIONAL	Corporate Obligation	8/1/2037	5.51%	635,000	661,745	626,047
	NEW YORK LIFE GLOBAL FUND 144A	Corporate Obligation	1/28/2033	4.55%	955,000	938,966	912,961
	NEW YORK NY	Corporate Obligation	12/1/2037	6.27%	90,000	98,198	94,470
	NEW YORK NY	Corporate Obligation	12/1/2036	5.99%	95,000	98,599	97,176
	NEW YORK NY	Corporate Obligation	6/1/2040	5.85%	165,000	171,212	166,797
	NEW YORK NY	Corporate Obligation	3/1/2036	5.97%	265,000	281,475	271,853
	NEW YORK NY	Corporate Obligation	10/1/2037	5.52%	475,000	502,393	471,300
	NEW YORK ST DORM AUTH ST PERSO	Corporate Obligation	3/15/2039	5.63%	285,000	300,031	285,177
	NEW YORK ST URBAN DEV CORP REV	Corporate Obligation	3/15/2039	5.77%	190,000	193,131	191,875
	NEXSTAR MEDIA INC 144A	Corporate Obligation	7/15/2027	5.63%	2,650,000	2,531,480	2,584,704
	NFE FINANCING LLC 144A	Corporate Obligation	11/15/2029	12.00%	322,000	328,440	338,267
	NMI HOLDINGS INC	Corporate Obligation	8/15/2029	6.00%	700,000	691,278	702,982
	NNN REIT INC	Corporate Obligation	4/15/2052	3.00%	172,000	101,342	104,610
	NNN REIT INC	Corporate Obligation	10/15/2033	5.60%	305,000	288,988	307,577
	NORTHROP GRUMMAN CORP	Corporate Obligation	2/1/2027	3.20%	80,000	75,485	77,725
	NRG ENERGY INC 144A	Corporate Obligation	2/15/2031	3.63%	2,890,000	2,500,779	2,527,189
	NRTH 2024-PARK MOR PARK A 144A	Corporate Obligation	3/15/2039	5.95%	895,000	892,763	895,564
	OBX 2019-EXP2 TR EXP2 B1A 144A	Corporate Obligation	6/25/2059	6.10%	939,168	948,597	961,083
	OBX 2021-J1 TRUST J1 A4 144A	Corporate Obligation	5/25/2051	2.50%	1,948,142	1,644,582	1,713,411
	OBX 2024-NQM14 T NQM14 A1 144A	Corporate Obligation	9/25/2064	4.94%	1,202,680	1,202,679	1,185,734
	OCCIDENTAL PETROLEUM CORP	Corporate Obligation	9/15/2031	7.88%	3,090,000	3,478,667	3,424,863
	OCEANVIEW MORTGAGE T 3 A5 144A	Corporate Obligation	7/25/2051	2.50%	1,654,320	1,468,080	1,448,373
	OCP CLO 2014-6 LT 6A A1R2 144A	Corporate Obligation	10/17/2030	5.80%	475,768	475,768	476,065
	OCTAGON INVESTMEN 1A AARR 144A	Corporate Obligation	7/15/2029	5.87%	18,406	18,406	18,414
	OGE ENERGY CORP	Corporate Obligation	5/15/2029	5.45%	790,000	795,983	803,106
	OLD REPUBLIC INTERNATIONAL COR	Corporate Obligation	6/11/2051	3.85%	525,000	376,445	369,752
	OLD REPUBLIC INTERNATIONAL COR	Corporate Obligation	3/28/2034	5.75%	675,000	677,403	676,202
	OLIN CORP	Corporate Obligation	9/15/2027	5.13%	1,000,000	974,660	978,710
	OLIN CORP	Corporate Obligation	2/1/2030	5.00%	1,100,000	1,041,821	1,032,702
	ONCOR ELECTRIC DELIVERY CO LLC	Corporate Obligation	6/1/2052	4.60%	240,000	237,833	201,269
	ONCOR ELECTRIC DELIVERY CO LLC	Corporate Obligation	9/15/2052	4.95%	330,000	314,200	295,254
	ONE BRYANT PARK TRU OBP A 144A	Corporate Obligation	9/15/2054	2.52%	280,000	280,000	244,488

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	ORACLE CORP	Corporate Obligation	11/15/2027	3.25%	185,000	$ 184,795	$ 177,911
	ORACLE CORP	Corporate Obligation	3/25/2051	3.95%	1,611,000	1,255,554	1,194,250
	ORACLE CORP	Corporate Obligation	4/1/2030	2.95%	4,000,000	4,408,920	3,613,000
	OUTFRONT MEDIA CAPITAL LL 144A	Corporate Obligation	1/15/2029	4.25%	3,660,000	3,324,731	3,404,386
	PALMER SQUARE LOA 3A A1BR 144A	Corporate Obligation	4/15/2031	5.70%	1,100,000	1,100,000	1,100,825
	PAPA JOHN'S INTERNATIONAL 144A	Corporate Obligation	9/15/2029	3.88%	1,400,000	1,238,913	1,254,218
	PBF HOLDING CO LLC / PBF FINAN	Corporate Obligation	2/15/2028	6.00%	40,000	38,130	33,207
	PECO ENERGY CO	Corporate Obligation	5/15/2052	4.60%	240,000	238,265	206,218
	PECO ENERGY CO	Corporate Obligation	8/15/2052	4.38%	780,000	674,830	644,935
	PENNYMAC FINANCIAL SERVIC 144A	Corporate Obligation	10/15/2025	5.38%	62,000	61,690	57,047
	PFS FINANCING CORP C A 144A	Corporate Obligation	10/15/2028	5.52%	65,000	65,673	65,926
	PFS FINANCING CORP D A 144A	Corporate Obligation	4/15/2029	5.34%	900,000	905,571	911,826
	PG&E CORP	Corporate Obligation	7/1/2028	5.00%	900,000	877,941	879,246
	PG&E CORP	Corporate Obligation	7/1/2030	5.25%	2,600,000	2,467,394	2,544,958
	PG&E RECOVERY FUNDING LLC	Corporate Obligation	7/15/2049	5.54%	65,000	67,220	64,768
	PG&E RECOVERY FUNDING LLC	Corporate Obligation	6/1/2042	5.23%	845,000	878,988	838,164
	PG&E WILDFIRE RECOVERY FUNDING	Corporate Obligation	6/3/2041	4.38%	375,000	346,249	344,359
	PG&E WILDFIRE RECOVERY FUNDING	Corporate Obligation	12/1/2049	5.21%	490,000	479,449	469,660
	PG&E WILDFIRE RECOVERY FUNDING	Corporate Obligation	12/1/2049	4.45%	690,000	608,843	600,086
	PG&E WILDFIRE RECOVERY FUNDING	Corporate Obligation	12/1/2053	4.67%	895,000	819,582	795,780
	PG&E WILDFIRE RECOVERY FUNDING	Corporate Obligation	6/1/2054	5.10%	1,000,000	962,799	945,640
	PHILLIPS 66 CO	Corporate Obligation	6/15/2031	5.25%	900,000	913,333	902,745
	PIEDMONT NATURAL GAS CO INC	Corporate Obligation	6/15/2033	5.40%	200,000	194,333	200,036
	PIEDMONT NATURAL GAS CO INC	Corporate Obligation	5/15/2052	5.05%	235,000	232,953	206,549
	PIEDMONT NATURAL GAS CO INC	Corporate Obligation	6/1/2029	3.50%	865,000	810,349	815,314
	PIKE CORP 144A	Corporate Obligation	1/31/2031	8.63%	753,000	797,041	794,325
	PILGRIM'S PRIDE CORP	Corporate Obligation	7/1/2033	6.25%	45,000	44,476	45,838
	PIONEER NATURAL RESOURCES CO	Corporate Obligation	8/15/2030	1.90%	1,055,000	911,355	898,776
	PNC FINANCIAL SERVICES GROUP I	Corporate Obligation	10/28/2033	6.04%	175,000	173,480	181,146
	PNC FINANCIAL SERVICES GROUP I	Corporate Obligation	10/21/2032	4.81%	560,000	560,000	545,171
	PNC FINANCIAL SERVICES GROUP I	Corporate Obligation	5/14/2030	5.49%	675,000	679,608	684,450
	PNC FINANCIAL SERVICES GROUP I	Corporate Obligation	10/20/2034	6.88%	4,845,000	5,280,235	5,298,153
	PNM ENERGY TRANSITION BOND CO	Corporate Obligation	8/15/2051	6.03%	400,000	436,036	415,660
	PORT AUTH OF NEW YORK & NEW JE	Corporate Obligation	9/1/2048	4.03%	30,000	24,832	24,303
	PORT AUTH OF NEW YORK & NEW JE	Corporate Obligation	6/1/2045	4.82%	900,000	867,804	820,845
	PORT AUTH OF NEW YORK & NEW JE	Corporate Obligation	8/1/2046	5.31%	1,020,000	998,139	973,845
	PPL CAPITAL FUNDING INC	Corporate Obligation	9/1/2034	5.25%	890,000	903,463	876,561
	PRAIRIE ACQUIROR LP 144A	Corporate Obligation	8/1/2029	9.00%	768,000	795,709	791,708
	PRECISION DRILLING CORP 144A	Corporate Obligation	1/15/2029	6.88%	218,000	217,266	216,014
	PREMIER HEALTH PARTNERS	Corporate Obligation	11/15/2026	2.91%	415,000	376,451	396,935
	PROGRESS RESIDENTI SFR4 C 144A	Corporate Obligation	5/17/2038	2.04%	2,140,000	1,929,009	2,069,038
	PROGRESSIVE CORP/THE	Corporate Obligation	3/26/2030	3.20%	135,000	126,962	124,722
	PROVIDENT FUNDING ASSOCIA 144A	Corporate Obligation	9/15/2029	9.75%	975,000	1,012,592	998,195
	PRPM 2021-RPL2 LL RPL2 A1 144A	Corporate Obligation	10/25/2051	1.46%	1,123,965	997,519	1,025,202
	PUBLIC SERVICE CO OF COLORADO	Corporate Obligation	4/1/2053	5.25%	330,000	327,683	306,768
	PUBLIC SERVICE CO OF OKLAHOMA	Corporate Obligation	1/15/2033	5.25%	865,000	867,549	851,982
	PUBLIC SERVICE ENTERPRISE GROU	Corporate Obligation	4/1/2034	5.45%	810,000	819,217	808,315
	QORVO INC	Corporate Obligation	10/15/2029	4.38%	1,310,000	1,227,453	1,228,557
	QUEST DIAGNOSTICS INC	Corporate Obligation	12/15/2034	5.00%	715,000	714,566	695,488
	QVC INC	Corporate Obligation	2/15/2025	4.45%	517,000	502,282	508,556
	QVC INC	Corporate Obligation	8/15/2034	5.45%	1,255,000	1,045,345	773,670
	QVC INC 144A	Corporate Obligation	4/15/2029	6.88%	770,000	534,516	604,532
	RANGE RESOURCES CORP	Corporate Obligation	1/15/2029	8.25%	2,335,000	2,429,037	2,404,116
	RASC SERIES 2003-KS4 T KS4 MI1	Corporate Obligation	6/25/2033	4.61%	597,623	582,962	589,895
	RAYMOND JAMES FINANCIAL INC	Corporate Obligation	7/15/2046	4.95%	250,000	257,882	224,625
	RAYMOND JAMES FINANCIAL INC	Corporate Obligation	4/1/2051	3.75%	950,000	707,182	688,959
	RAYMOND JAMES FINANCIAL INC	Corporate Obligation	4/1/2051	3.75%	29,455	2,003,321	4,575,245
	RCKT MORTGAGE TR CES2 A1A 144A	Corporate Obligation	9/25/2043	6.81%	1,333,658	1,350,284	1,350,742
	RCKT MORTGAGE TR CES2 A1A 144A	Corporate Obligation	4/25/2044	6.14%	1,904,986	1,909,000	1,915,482
	RCKT MORTGAGE TR CES4 A1A 144A	Corporate Obligation	6/25/2044	6.15%	1,878,467	1,883,388	1,892,724
	REGATTA XIII FUNDI 2A A1R 144A	Corporate Obligation	7/15/2031	5.40%	877,487	891,226	878,570
	REGENCY CENTERS LP	Corporate Obligation	6/15/2030	3.70%	1,210,000	1,125,761	1,130,697
	REGIONS FINANCIAL CORP	Corporate Obligation	6/6/2030	5.72%	780,000	784,786	790,663
	RESOLUTION FDG CORP STRIP	Corporate Obligation	10/15/2028	0.00%	900,000	619,111	760,239
	RETAINED VANTAGE D 1A A2A 144A	Corporate Obligation	9/15/2048	5.00%	445,000	440,134	437,809
	REXFORD INDUSTRIAL REALTY LP	Corporate Obligation	12/1/2030	2.13%	587,000	477,460	491,061
	REXFORD INDUSTRIAL REALTY LP	Corporate Obligation	9/1/2031	2.15%	690,000	570,502	560,970
	RIVERSIDE CNTY CA PENSN OBLG	Corporate Obligation	2/15/2038	3.82%	525,000	477,049	468,647
	ROCKFORD TOWER CLO 2A AR 144A	Corporate Obligation	10/15/2029	5.58%	173,505	173,505	173,674
	ROCKFORD TOWER CLO 2A AR2 144A	Corporate Obligation	8/20/2032	5.65%	1,172,862	1,172,862	1,174,152
	ROCKIES EXPRESS PIPELINE 144A	Corporate Obligation	7/15/2029	4.95%	423,000	399,836	401,609
	ROCKIES EXPRESS PIPELINE 144A	Corporate Obligation	5/15/2025	3.60%	669,000	656,125	662,176
	ROCKIES EXPRESS PIPELINE 144A	Corporate Obligation	7/15/2038	7.50%	925,000	957,283	918,701
	ROYAL BANK OF CANADA	Corporate Obligation	10/18/2030	4.65%	800,000	800,000	783,432
	RTX CORP	Corporate Obligation	3/15/2031	6.00%	6,000,000	6,396,860	6,298,320

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	S&P GLOBAL INC	Corporate Obligation	3/1/2032	2.90%	110,000	$ 99,146	$ 96,036
	SABLE INTERNATIONAL FINAN 144A	Corporate Obligation	10/15/2032	7.13%	405,000	410,063	395,175
	SABRE GLBL INC 144A	Corporate Obligation	12/15/2027	11.25%	55,000	55,027	56,158
	SABRE GLBL INC 144A	Corporate Obligation	11/15/2029	10.75%	336,000	361,734	346,631
	SABRE GLBL INC 144A	Corporate Obligation	6/1/2027	8.63%	748,000	680,983	737,708
	SALES TAX SECURITIZATION CORP	Corporate Obligation	1/1/2041	5.29%	300,000	290,813	290,829
	SAN ANTONIO TX ELEC & GAS REVE	Corporate Obligation	2/1/2039	5.99%	75,000	83,798	77,568
	SAN DIEGO CNTY CA WTR AUTH FIN	Corporate Obligation	5/1/2049	6.14%	50,000	53,592	51,656
	SANTANDER DRIVE AUTO RECE 3 A3	Corporate Obligation	1/16/2029	5.63%	1,150,000	1,149,881	1,164,329
	SANTANDER DRIVE AUTO RECEI 2 C	Corporate Obligation	6/17/2030	5.84%	1,410,000	1,409,862	1,437,608
	SANTANDER UK GROUP HOLDINGS PL	Corporate Obligation	8/21/2026	1.53%	50,000	50,084	48,855
	SANTANDER UK GROUP HOLDINGS PL	Corporate Obligation	6/14/2027	1.67%	205,000	185,944	195,140
	SAXON ASSET SECURITIES TR 3 M1	Corporate Obligation	12/25/2033	5.40%	1,201,000	1,090,658	1,167,840
	SBNA AUTO LEASE TRUS A A3 144A	Corporate Obligation	11/20/2026	5.39%	1,555,000	1,549,351	1,563,661
	SBNA AUTO LEASE TRUS B A3 144A	Corporate Obligation	11/22/2027	5.56%	715,000	714,896	723,887
	SBNA AUTO LEASE TRUS C A3 144A	Corporate Obligation	2/22/2028	4.56%	1,490,000	1,489,871	1,489,359
	SCE RECOVERY FUNDING LLC	Corporate Obligation	12/14/2049	5.11%	235,000	231,717	221,480
	SCE RECOVERY FUNDING LLC	Corporate Obligation	11/15/2044	2.94%	520,000	440,262	418,361
	SCOTT TRUST 2023-SF SFS A 144A	Corporate Obligation	3/10/2040	5.91%	595,000	595,000	604,056
	SCOTTS MIRACLE-GRO CO/THE	Corporate Obligation	10/15/2029	4.50%	1,050,000	954,670	967,491
	SCOTTS MIRACLE-GRO CO/THE	Corporate Obligation	4/1/2031	4.00%	1,600,000	1,388,171	1,395,056
	SEAGATE HDD CAYMAN	Corporate Obligation	12/15/2029	8.25%	1,065,000	1,105,129	1,134,747
	SENSATA TECHNOLOGIES INC 144A	Corporate Obligation	2/15/2031	3.75%	600,000	516,375	524,508
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation	12/15/2027	4.63%	1,500,000	1,451,390	1,459,410
	SETANTA AIRCRAFT/AERCAP 5/24	Corporate Obligation	11/5/2028	0.00%	115,000	114,713	115,329
	SFAVE COMMERCIAL 5AVE A1 144A	Corporate Obligation	1/5/2043	3.87%	140,000	135,237	117,986
	SFS AUTO RECEIVABLE 2A A3 144A	Corporate Obligation	11/20/2029	5.33%	1,105,000	1,104,804	1,115,829
	SHIFT4 PAYMENTS LLC / SHI 144A	Corporate Obligation	8/15/2032	6.75%	390,000	397,425	396,653
	SILGAN HOLDINGS INC	Corporate Obligation	2/1/2028	4.13%	1,250,000	1,185,777	1,193,013
	SIRIUS XM RADIO LLC 144A	Corporate Obligation	7/15/2028	4.00%	735,000	675,697	677,200
	SIRIUS XM RADIO LLC 144A	Corporate Obligation	7/1/2029	5.50%	2,750,000	2,617,295	2,629,999
	SIX FLAGS ENTERTAINMENT CORP /	Corporate Obligation	7/15/2029	5.25%	2,660,000	2,517,541	2,556,765
	SLM STUDENT LOAN T 7A A5A 144A	Corporate Obligation	12/15/2033	6.27%	163,182	165,247	161,174
	SLM STUDENT LOAN TRUST 20 3 A3	Corporate Obligation	10/25/2021	1.13%	68,306	70,013	67,892
	SLM STUDENT LOAN TRUST 20 6 A4	Corporate Obligation	7/25/2033	5.92%	131,365	132,844	131,165
	SLM STUDENT LOAN TRUST 20 7 A3	Corporate Obligation	5/26/2026	5.12%	119,678	119,678	116,327
	SLM STUDENT LOAN TRUST 20 8 A6	Corporate Obligation	1/25/2041	4.98%	201,756	177,041	197,559
	SLM STUDENT LOAN TRUST 200 2 B	Corporate Obligation	1/25/2083	6.02%	105,000	90,936	108,779
	SLM STUDENT LOAN TRUST 200 3 B	Corporate Obligation	4/26/2083	6.02%	105,000	92,987	108,694
	SLM STUDENT LOAN TRUST 200 4 B	Corporate Obligation	4/25/2073	6.67%	105,000	94,812	109,629
	SLM STUDENT LOAN TRUST 200 5 B	Corporate Obligation	7/25/2073	6.67%	105,000	101,825	108,555
	SLM STUDENT LOAN TRUST 200 6 B	Corporate Obligation	7/26/2083	6.67%	105,000	100,300	107,995
	SLM STUDENT LOAN TRUST 200 7 B	Corporate Obligation	7/26/2083	6.67%	105,000	100,837	108,241
	SM ENERGY CO	Corporate Obligation	7/15/2028	6.50%	2,650,000	2,651,454	2,633,438
	SMB PRIVATE EDUCAT C APT1 144A	Corporate Obligation	1/15/2053	1.39%	141,635	124,197	127,017
	SMB PRIVATE EDUCATI A A2A 144A	Corporate Obligation	9/15/2034	2.88%	10,863	10,859	10,764
	SMB PRIVATE EDUCATI A A2B 144A	Corporate Obligation	2/15/2036	5.22%	83,449	83,449	83,246
	SMB PRIVATE EDUCATI B A2A 144A	Corporate Obligation	2/17/2032	2.43%	5,856	5,717	5,835
	SMB PRIVATE EDUCATI B A2A 144A	Corporate Obligation	10/15/2035	2.82%	28,983	28,978	28,507
	SMB PRIVATE EDUCATI B A2B 144A	Corporate Obligation	10/15/2035	5.17%	16,907	16,907	16,884
	SMITH & NEPHEW PLC	Corporate Obligation	3/20/2034	5.40%	775,000	767,382	769,071
	SMITHFIELD FOODS INC 144A	Corporate Obligation	2/1/2027	4.25%	107,000	116,430	100,964
	SMYRNA READY MIX CONCRETE 144A	Corporate Obligation	11/1/2028	6.00%	295,000	283,894	287,734
	SMYRNA READY MIX CONCRETE 144A	Corporate Obligation	11/15/2031	8.88%	1,485,000	1,540,287	1,557,008
	SOFI PROFESSIONAL A A2FX 144A	Corporate Obligation	5/15/2046	2.54%	590,991	550,175	562,339
	SOFI PROFESSIONAL L A A2B 144A	Corporate Obligation	2/25/2042	2.95%	9,785	9,751	9,701
	SOFI PROFESSIONAL L A AFX 144A	Corporate Obligation	8/17/2043	1.03%	713,553	621,620	615,611
	SOUTH BOW USA INFRASTRUCT 144A	Corporate Obligation	10/1/2029	5.03%	745,000	744,729	731,903
	SOUTHERN CO GAS CAPITAL CORP	Corporate Obligation	10/1/2046	3.95%	410,000	312,227	317,574
	SOUTHERN CO GAS CAPITAL CORP	Corporate Obligation	9/15/2033	5.75%	715,000	710,621	733,361
	SPIRIT AEROSYSTEMS INC 144A	Corporate Obligation	11/30/2029	9.38%	289,000	309,683	309,372
	SPIRIT AEROSYSTEMS INC 144A	Corporate Obligation	11/15/2030	9.75%	357,000	375,808	393,341
	SPRINT CAPITAL CORP	Corporate Obligation	3/15/2032	8.75%	670,000	795,917	801,789
	SPRINT SPECTRUM CO LLC / 144A	Corporate Obligation	9/20/2029	4.74%	16,625	17,793	16,616
	SPRINT SPECTRUM CO LLC / 144A	Corporate Obligation	9/20/2029	5.15%	487,500	522,785	489,479
	STANDARD INDUSTRIES INC/N 144A	Corporate Obligation	7/15/2030	4.38%	430,000	407,425	393,970
	STATE STREET CORP	Corporate Obligation	1/26/2034	4.89%	320,000	309,921	310,560
	STATE STREET CORP	Corporate Obligation	10/22/2032	4.68%	960,000	953,888	931,949
	STRUCTURED ASSET INVESTME 8 M1	Corporate Obligation	10/25/2035	5.15%	424,991	421,336	411,616
	STRUCTURED ASSET SECURI BC5 A4	Corporate Obligation	12/25/2036	4.77%	61,994	60,599	60,938
	STRUCTURED ASSET SECURI WF2 A4	Corporate Obligation	8/25/2037	6.53%	1,000,000	992,500	982,790
	SUMMIT MATERIALS LLC / SU 144A	Corporate Obligation	3/15/2027	6.50%	385,000	388,191	384,611
	SUMMIT MATERIALS LLC / SU 144A	Corporate Obligation	1/15/2029	5.25%	2,450,000	2,386,908	2,467,175
	SWEPCO STORM RECOVERY FUNDING	Corporate Obligation	9/1/2041	4.88%	1,200,000	1,199,409	1,172,916
	SYNCHRONY CARD FUNDING LL A1 A	Corporate Obligation	7/15/2029	5.54%	1,000,000	1,001,484	1,013,830

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	TACO BELL FUNDING 1A A2II 144A	Corporate Obligation	8/25/2051	2.29%	476,513	$ 411,347	$ 422,543
	TAKE-TWO INTERACTIVE SOFTWARE	Corporate Obligation	3/28/2028	4.95%	30,000	29,841	29,994
	TAKE-TWO INTERACTIVE SOFTWARE	Corporate Obligation	4/14/2032	4.00%	42,000	41,955	36,595
	TAKE-TWO INTERACTIVE SOFTWARE	Corporate Obligation	6/12/2034	5.60%	630,000	642,198	634,845
	TALLGRASS ENERGY PARTNERS 144A	Corporate Obligation	2/15/2029	7.38%	382,000	381,676	383,211
	TARGA RESOURCES PARTNERS LP /	Corporate Obligation	2/1/2031	4.88%	545,000	523,635	526,257
	TEACHERS INSURANCE & ANNU 144A	Corporate Obligation	5/15/2050	3.30%	1,340,000	1,079,558	894,490
	TELEFLEX INC	Corporate Obligation	11/15/2027	4.63%	1,000,000	959,077	969,060
	TENET HEALTHCARE CORP	Corporate Obligation	6/15/2030	6.13%	401,000	387,821	397,840
	TENET HEALTHCARE CORP	Corporate Obligation	10/1/2028	6.13%	3,376,000	3,338,499	3,369,754
	TEREX CORP 144A	Corporate Obligation	5/15/2029	5.00%	329,000	326,535	313,297
	TESLA AUTO LEASE TRU B A3 144A	Corporate Obligation	10/20/2027	4.82%	995,000	994,893	997,866
	TEVA PHARMACEUTICAL FINANCE NE	Corporate Obligation	10/1/2026	3.15%	1,570,000	1,477,250	1,508,613
	TEXAS NATURAL GAS SECURITIZTN	Corporate Obligation	4/1/2041	5.17%	535,000	545,335	526,863
	TEXAS ST	Corporate Obligation	4/1/2044	3.21%	70,000	56,143	54,588
	TEXAS ST	Corporate Obligation	4/1/2039	5.52%	500,000	534,615	499,850
	TEXAS ST A & M UNIV PERM UNIV	Corporate Obligation	7/1/2049	3.10%	10,000	7,419	7,269
	TEXAS ST A & M UNIV PERM UNIV	Corporate Obligation	7/1/2047	3.66%	120,000	98,402	96,959
	THORNBURG MORTGAGE SECURI 4 A1	Corporate Obligation	9/25/2043	5.07%	277,069	275,077	263,044
	TIAA CLO IV LTD 1A A1AR 144A	Corporate Obligation	1/20/2032	5.43%	976,331	976,331	977,395
	TIME WARNER CABLE LLC	Corporate Obligation	9/15/2042	4.50%	70,000	52,501	52,415
	TIME WARNER CABLE LLC	Corporate Obligation	11/15/2040	5.88%	468,000	429,961	417,754
	TIME WARNER CABLE LLC	Corporate Obligation	9/1/2041	5.50%	1,086,000	923,807	923,317
	T-MOBILE USA INC	Corporate Obligation	2/15/2026	1.50%	120,000	121,697	115,778
	T-MOBILE USA INC	Corporate Obligation	4/15/2027	3.75%	245,000	268,326	239,331
	T-MOBILE USA INC	Corporate Obligation	4/15/2029	3.38%	780,000	722,428	728,021
	T-MOBILE USA INC	Corporate Obligation	4/15/2030	3.88%	5,918,000	5,403,670	5,568,009
	TMS INTERNATIONAL CORP/DE 144A	Corporate Obligation	4/15/2029	6.25%	665,000	579,082	639,437
	TOPBUILD CORP 144A	Corporate Obligation	3/15/2029	3.63%	800,000	719,680	732,232
	TORONTO-DOMINION BANK/THE	Corporate Obligation	9/15/2027	4.69%	1,080,000	1,088,424	1,077,592
	TOTALENERGIES CAPITAL SA	Corporate Obligation	4/5/2054	5.49%	785,000	801,427	753,663
	TOWD POINT MORTG CES1 A1A 144A	Corporate Obligation	7/25/2063	6.75%	725,557	733,354	732,762
	TOWD POINT MORTGAG HY2 A1 144A	Corporate Obligation	5/25/2058	5.43%	876,699	865,375	896,635
	TOWD POINT MORTGAGE 1 A1 144A	Corporate Obligation	3/25/2064	4.71%	1,385,407	1,374,059	1,383,052
	TOWD POINT MORTGAGE 3 A1A 144A	Corporate Obligation	7/25/2065	5.13%	915,223	907,662	900,708
	TRANSCANADA PIPELINES LTD	Corporate Obligation	3/15/2036	5.85%	27,000	24,876	27,234
	TRANSCONTINENTAL GAS PIPE LINE	Corporate Obligation	2/1/2026	7.85%	227,000	276,818	232,682
	TRANSOCEAN AQUILA LTD 144A	Corporate Obligation	9/30/2028	8.00%	813,292	819,068	831,518
	TRANSOCEAN INC 144A	Corporate Obligation	2/15/2030	8.75%	257,550	263,771	265,619
	TRANSOCEAN TITAN FINANCIN 144A	Corporate Obligation	2/1/2028	8.38%	776,000	804,115	791,815
	TRAVEL + LEISURE CO 144A	Corporate Obligation	7/31/2026	6.63%	644,000	665,396	650,884
	TRICON RESIDENTIAL SFR4 C 144A	Corporate Obligation	11/17/2041	4.80%	475,000	458,368	455,463
	TRIMAS CORP 144A	Corporate Obligation	4/15/2029	4.13%	160,000	153,986	146,840
	TRITON CONTAINER FIN 1A A 144A	Corporate Obligation	9/20/2045	2.11%	718,594	640,554	653,094
	TRUIST BANK	Corporate Obligation	9/17/2029	4.63%	805,000	776,161	777,203
	TRUIST FINANCIAL CORP	Corporate Obligation	6/8/2034	5.87%	800,000	793,168	814,680
	TRUIST FINANCIAL CORP	Corporate Obligation	10/30/2029	7.16%	6,250,000	6,654,431	6,684,938
	TURNING POINT BRANDS INC 144A	Corporate Obligation	2/15/2026	5.63%	1,175,000	1,168,513	1,169,019
	UBER TECHNOLOGIES INC	Corporate Obligation	9/15/2034	4.80%	555,000	558,557	528,810
	UBER TECHNOLOGIES INC 144A	Corporate Obligation	9/15/2027	7.50%	687,000	704,557	699,235
	UBS COMMERCIAL MORTGAGE C10 A3	Corporate Obligation	5/15/2051	4.05%	512,038	509,478	496,073
	UDR INC	Corporate Obligation	8/1/2032	2.10%	500,000	412,595	397,285
	UDR INC	Corporate Obligation	1/26/2029	4.40%	505,000	477,846	490,870
	UNITED AIRLINES 2015-1 CLASS A	Corporate Obligation	6/1/2029	3.45%	365,180	342,356	350,025
	UNITED AIRLINES 2016-1 CLASS A	Corporate Obligation	1/7/2030	3.10%	592,800	561,281	561,797
	UNITED AIRLINES 2023-1 CLASS A	Corporate Obligation	7/15/2037	5.80%	557,264	557,264	568,321
	UNITED RENTALS NORTH AMERICA I	Corporate Obligation	1/15/2028	4.88%	3,650,000	3,542,095	3,552,290
	UNITED WHOLESALE MORTGAGE 144A	Corporate Obligation	4/15/2029	5.50%	474,000	451,072	441,983
	UNITED WHOLESALE MORTGAGE 144A	Corporate Obligation	11/15/2025	5.50%	662,000	648,095	658,750
	UNITEDHEALTH GROUP INC	Corporate Obligation	7/15/2035	4.63%	200,000	199,976	188,894
	UNITEDHEALTH GROUP INC	Corporate Obligation	7/15/2034	5.15%	498,000	521,187	480,414
	UNIV OF CALIFORNIA REVENUES	Corporate Obligation	5/15/2045	3.93%	100,000	102,641	89,363
	UNIV OF CALIFORNIA REVENUES	Corporate Obligation	5/15/2112	4.86%	285,000	265,747	236,864
	UNIV OF VIRGINIA VA UNIV REVEN	Corporate Obligation	9/1/2039	6.20%	620,000	670,817	652,947
	UNIVERSAL HEALTH SERVICES INC	Corporate Obligation	9/1/2026	1.65%	30,000	27,851	27,027
	UNIVERSITY OF NOTRE DAME DU LA	Corporate Obligation	3/1/2041	4.90%	200,000	191,044	187,048
	UPBOUND GROUP INC 144A	Corporate Obligation	2/15/2029	6.38%	870,000	847,365	837,230
	US AIRWAYS 2012-2 CLASS A PASS	Corporate Obligation	12/3/2026	4.63%	172,332	172,332	171,757
	US BANCORP	Corporate Obligation	10/21/2033	5.85%	77,000	74,855	78,577
	US BANCORP	Corporate Obligation	2/1/2034	4.84%	520,000	498,112	497,879
	US BANCORP	Corporate Obligation	1/23/2035	5.68%	6,765,000	7,894,293	6,028,521
	UWM HOLDINGS LLC 144A	Corporate Obligation	2/1/2030	6.63%	235,000	235,000	233,548
	VALARIS LTD 144A	Corporate Obligation	4/30/2030	8.38%	645,000	658,121	651,798
	VANTAGE DATA CENTER 1A A2 144A	Corporate Obligation	10/15/2046	2.17%	835,000	789,629	791,739

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	VELOCITY VEHICLE GROUP LL 144A	Corporate Obligation	6/1/2029	8.00%	790,000	$ 797,425	$ 821,521
	VENTURE GLOBAL LNG INC 144A	Corporate Obligation	2/1/2029	9.50%	730,000	775,625	806,847
	VERIZON COMMUNICATIONS INC	Corporate Obligation	3/21/2031	2.55%	1,015,000	867,975	874,656
	VERIZON COMMUNICATIONS INC	Corporate Obligation	9/21/2028	4.33%	5,394,950	5,955,256	5,292,992
	VFH PARENT LLC / VALOR CO 144A	Corporate Obligation	6/15/2031	7.50%	710,000	722,000	730,271
	VICI PROPERTIES LP	Corporate Obligation	5/15/2052	5.63%	265,000	248,085	246,556
	VICI PROPERTIES LP / VICI 144A	Corporate Obligation	8/15/2030	4.13%	108,000	94,605	100,350
	VICI PROPERTIES LP / VICI 144A	Corporate Obligation	1/15/2028	4.50%	575,000	550,138	562,344
	VICI PROPERTIES LP / VICI 144A	Corporate Obligation	2/1/2027	5.75%	1,580,000	1,569,256	1,593,588
	VIKING CRUISES LTD 144A	Corporate Obligation	7/15/2031	9.13%	725,000	773,287	779,564
	VIKING CRUISES LTD 144A	Corporate Obligation	5/15/2025	6.25%	1,360,000	1,358,686	1,358,110
	VIRGIN MEDIA SECURED FINA 144A	Corporate Obligation	5/15/2029	5.50%	1,398,000	1,283,572	1,309,977
	VISTRA CORP 144A	Corporate Obligation	12/31/2049	8.00%	655,000	643,979	668,467
	VISTRA OPERATIONS CO LLC 144A	Corporate Obligation	10/15/2031	7.75%	738,000	743,646	774,214
	VISTRA OPERATIONS CO LLC 144A	Corporate Obligation	7/31/2027	5.00%	3,440,000	3,336,017	3,375,294
	VITAL ENERGY INC	Corporate Obligation	10/15/2030	9.75%	755,000	811,600	796,012
	VMED O2 UK FINANCING I PL 144A	Corporate Obligation	7/15/2031	4.75%	200,000	176,628	171,936
	VMED O2 UK FINANCING I PL 144A	Corporate Obligation	4/15/2032	7.75%	400,000	392,000	403,072
	VOC ESCROW LTD 144A	Corporate Obligation	2/15/2028	5.00%	799,000	739,198	777,635
	WAMU MORTGAGE PASS-T AR13 A1A3	Corporate Obligation	10/25/2045	5.99%	75,843	72,809	74,498
	WAMU MORTGAGE PASS-T AR17 A1A1	Corporate Obligation	12/25/2045	4.97%	146,703	136,655	131,544
	WAMU MORTGAGE PASS-TH AR2 2A21	Corporate Obligation	1/25/2045	5.09%	66,172	61,457	66,192
	WAMU MORTGAGE PASS-TH AR6 2A1A	Corporate Obligation	4/25/2045	4.89%	205,796	204,992	205,776
	WAMU MORTGAGE PASS-THRO AR5 A7	Corporate Obligation	6/25/2033	6.20%	966,961	939,938	960,627
	WARNERMEDIA HOLDINGS INC	Corporate Obligation	3/15/2052	5.14%	1,984,000	1,664,540	1,481,135
	WARRIOR MET COAL INC 144A	Corporate Obligation	12/1/2028	7.88%	619,000	613,675	638,901
	WELLS FARGO & CO	Corporate Obligation	7/25/2033	4.90%	680,000	625,637	656,615
	WELLS FARGO & CO	Corporate Obligation	10/30/2030	2.88%	765,000	674,968	690,344
	WELLS FARGO & CO	Corporate Obligation	5/22/2028	3.58%	775,000	760,862	751,076
	WELLS FARGO & CO	Corporate Obligation	4/24/2034	5.39%	1,090,000	1,068,572	1,078,130
	WELLS FARGO & CO	Corporate Obligation	7/25/2029	5.57%	2,145,000	2,181,200	2,178,097
	WELLS FARGO & CO	Corporate Obligation	7/25/2034	5.56%	6,400,000	6,705,408	6,390,144
	WELLS FARGO COMMERCIAL C33 A4	Corporate Obligation	3/15/2059	3.43%	805,000	776,230	792,040
	WENDY'S FUNDING L 1A A2II 144A	Corporate Obligation	3/15/2048	3.88%	819,196	790,844	784,740
	WENDY'S FUNDING LL 1A A2I 144A	Corporate Obligation	6/15/2051	2.37%	434,045	388,724	386,361
	WESTLAKE AUTOMOBILE 2A C 144A	Corporate Obligation	3/15/2030	5.68%	1,185,000	1,184,964	1,198,319
	WILLIAMS COS INC/THE	Corporate Obligation	11/15/2029	4.80%	370,000	369,297	364,983
	WILLIS NORTH AMERICA INC	Corporate Obligation	5/15/2033	5.35%	360,000	359,039	357,761
	WINDSOR HOLDINGS III LLC 144A	Corporate Obligation	6/15/2030	8.50%	525,000	531,245	552,421
	WINNEBAGO INDUSTRIES INC 144A	Corporate Obligation	7/15/2028	6.25%	510,000	525,050	506,507
	WORLDPAY/BOOST NEWCO 6/24 (USD	Corporate Obligation	1/31/2031	0.00%	140,000	139,300	140,554
	XCEL ENERGY INC	Corporate Obligation	6/1/2032	4.60%	590,000	589,788	561,609
	XPO CNW INC	Corporate Obligation	5/1/2034	6.70%	2,400,000	2,484,706	2,499,864
	ZIPRECRUITER INC 144A	Corporate Obligation	1/15/2030	5.00%	45,000	41,099	18,920
	Total Corporate Obligations					695,590,160	689,290,313
	Common Stock						
	89BIO INC	Common Stock	N/A	N/A	124,930	1,519,964	976,953
	A O SMITH CORP	Common Stock	N/A	N/A	48,998	2,871,813	3,342,154
	A10 NETWORKS INC	Common Stock	N/A	N/A	87,272	1,369,813	1,605,805
	ABACUS GLOBAL MANAGEMENT INC	Common Stock	N/A	N/A	181,765	1,453,632	1,423,220
	ABERCROMBIE & FITCH CO	Common Stock	N/A	N/A	20,280	2,802,501	3,031,252
	ACCO BRANDS CORP	Common Stock	N/A	N/A	207,895	1,438,185	1,091,449
	ACCURAY INC	Common Stock	N/A	N/A	593,875	1,596,463	1,175,873
	ACI WORLDWIDE INC	Common Stock	N/A	N/A	16,907	760,611	877,642
	ADIENT PLC	Common Stock	N/A	N/A	32,700	962,789	563,421
	ADMA BIOLOGICS INC	Common Stock	N/A	N/A	93,225	498,411	1,598,809
	ADOBE INC	Common Stock	N/A	N/A	9,914	1,983,878	4,408,558
	ADYEN NV	Common Stock	N/A	N/A	217,146	2,526,111	3,231,132
	AGREE REALTY CORP	Common Stock	N/A	N/A	15,961	1,021,339	1,127,152
	AIA GROUP LTD	Common Stock	N/A	N/A	146,660	4,649,111	4,251,820
	AIR LIQUIDE SA	Common Stock	N/A	N/A	75,835	1,334,151	2,464,486
	AKAMAI TECHNOLOGIES INC	Common Stock	N/A	N/A	28,340	2,873,154	2,710,721
	ALAMO GROUP INC	Common Stock	N/A	N/A	7,560	1,133,229	1,405,480
	ALBANY INTERNATIONAL CORP	Common Stock	N/A	N/A	21,381	1,544,560	1,709,839
	ALCON AG	Common Stock	N/A	N/A	93	5,609	20,002
	ALERUS FINANCIAL CORP	Common Stock	N/A	N/A	53,750	1,236,941	1,034,150
	ALFA LAVAL AB	Common Stock	N/A	N/A	85,271	1,462,216	3,570,041
	ALIBABA GROUP HOLDING LTD	Common Stock	N/A	N/A	24,665	4,726,548	2,092,995
	ALLEGRO MICROSYSTEMS INC	Common Stock	N/A	N/A	20,744	473,779	453,491
	ALLIANZ SE	Common Stock	N/A	N/A	685,615	26,190,859	20,895,007
	ALTA EQUIPMENT GROUP INC	Common Stock	N/A	N/A	4,141	46,212	28,115
	AMBEV SA	Common Stock	N/A	N/A	981,756	3,477,909	1,816,249
	AMERANT BANCORP INC	Common Stock	N/A	N/A	58,850	1,503,849	1,318,829

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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	AMERICAN INTERNATIONAL GROUP I	Common Stock	N/A	N/A	47,971	$ 3,557,951	$ 3,492,289
	AMERICAN PUBLIC EDUCATION INC	Common Stock	N/A	N/A	56,934	479,415	1,226,485
	AMERICAN WATER WORKS CO INC	Common Stock	N/A	N/A	30,066	3,991,546	3,742,916
	AMERIPRISE FINANCIAL INC	Common Stock	N/A	N/A	13,261	1,688,785	7,060,554
	AMERISAFE INC	Common Stock	N/A	N/A	15,525	790,673	800,159
	AMGEN INC	Common Stock	N/A	N/A	16,514	3,150,935	4,304,209
	AMPLIFY ENERGY CORP	Common Stock	N/A	N/A	170,125	1,129,095	1,020,750
	ANI PHARMACEUTICALS INC	Common Stock	N/A	N/A	24,027	1,174,271	1,328,213
	ANSYS INC	Common Stock	N/A	N/A	24,994	5,617,059	8,431,226
	APPLE HOSPITALITY REIT INC	Common Stock	N/A	N/A	90,873	1,386,375	1,394,901
	APPLIED INDUSTRIAL TECHNOLOGIE	Common Stock	N/A	N/A	5,100	1,070,720	1,221,297
	APPLIED OPTOELECTRONICS INC	Common Stock	N/A	N/A	41,012	739,641	1,511,702
	ARCHROCK INC	Common Stock	N/A	N/A	206,087	1,635,929	5,129,505
	ARDMORE SHIPPING CORP	Common Stock	N/A	N/A	56,150	959,095	682,223
	ARROW ELECTRONICS INC	Common Stock	N/A	N/A	9,096	894,122	1,038,411
	ARTESIAN RESOURCES CORP	Common Stock	N/A	N/A	39,570	1,764,480	1,251,203
	ASCENDIS PHARMA A/S	Common Stock	N/A	N/A	38,140	3,701,984	5,250,734
	ASHLAND INC	Common Stock	N/A	N/A	8,504	605,534	607,696
	ASSA ABLOY AB	Common Stock	N/A	N/A	181,107	2,092,166	2,678,210
	ASSURANT INC	Common Stock	N/A	N/A	7,602	987,751	1,620,898
	ATKORE INC	Common Stock	N/A	N/A	11,522	301,373	961,511
	ATLAS COPCO AB	Common Stock	N/A	N/A	246,062	1,624,926	3,760,319
	ATMOS ENERGY CORP	Common Stock	N/A	N/A	32,024	3,525,326	4,459,982
	AVANOS MEDICAL INC	Common Stock	N/A	N/A	57,271	1,125,528	911,754
	AVIENT CORP	Common Stock	N/A	N/A	80,884	3,522,635	3,304,920
	AXALTA COATING SYSTEMS LTD	Common Stock	N/A	N/A	71,100	2,160,863	2,433,042
	AXCELIS TECHNOLOGIES INC	Common Stock	N/A	N/A	280	17,127	18,646
	AXIS CAPITAL HOLDINGS LTD	Common Stock	N/A	N/A	24,141	1,337,539	2,139,375
	AXOGEN INC	Common Stock	N/A	N/A	79,941	769,297	1,317,428
	BALDWIN INSURANCE GROUP INC/TH	Common Stock	N/A	N/A	960	39,694	47,123
	BANCO BILBAO VIZCAYA ARGENTAR	Common Stock	N/A	N/A	526,538	3,690,903	5,117,949
	BANCO SANTANDER SA	Common Stock	N/A	N/A	2,361,416	9,775,887	10,771,445
	BANK NEGARA INDONESIA PERSERO	Common Stock	N/A	N/A	42,130	647,338	569,345
	BANK OF NT BUTTERFIELD & SON L	Common Stock	N/A	N/A	27,553	827,652	1,007,062
	BANK RAKYAT INDONESIA PERSERO	Common Stock	N/A	N/A	79,617	1,188,793	1,009,145
	BAR HARBOR BANKSHARES	Common Stock	N/A	N/A	25,990	743,067	794,774
	BEAZER HOMES USA INC	Common Stock	N/A	N/A	39,480	970,406	1,084,121
	BELDEN INC	Common Stock	N/A	N/A	15,097	1,221,685	1,700,073
	BENCHMARK ELECTRONICS INC	Common Stock	N/A	N/A	38,750	1,027,473	1,759,250
	BERRY GLOBAL GROUP INC	Common Stock	N/A	N/A	23,796	806,901	1,538,887
	BICYCLE THERAPEUTICS PLC	Common Stock	N/A	N/A	58,596	1,105,538	819,931
	BIGCOMMERCE HOLDINGS INC	Common Stock	N/A	N/A	155,251	1,211,466	950,136
	BIO-RAD LABORATORIES INC	Common Stock	N/A	N/A	13,409	5,495,305	4,404,991
	BLACK HILLS CORP	Common Stock	N/A	N/A	18,875	1,193,808	1,104,565
	BLACKSTONE INC	Common Stock	N/A	N/A	26,012	3,217,435	4,484,989
	BORGWARNER INC	Common Stock	N/A	N/A	40,197	1,417,067	1,282,322
	BOUYGUES SA	Common Stock	N/A	N/A	1,073,851	7,098,472	6,347,533
	BOX INC	Common Stock	N/A	N/A	108,253	2,838,485	3,420,795
	BOYD GAMING CORP	Common Stock	N/A	N/A	12,835	689,074	931,051
	BP PLC	Common Stock	N/A	N/A	244,364	8,743,774	7,223,400
	BREAD FINANCIAL HOLDINGS INC	Common Stock	N/A	N/A	15,408	550,586	940,812
	BRIDGEWATER BANCSHARES INC	Common Stock	N/A	N/A	53,075	688,886	717,043
	BRINKER INTERNATIONAL INC	Common Stock	N/A	N/A	15,330	2,021,094	2,028,006
	BRITISH AMERICAN TOBACCO PLC	Common Stock	N/A	N/A	141,422	5,311,182	5,136,447
	BXP INC	Common Stock	N/A	N/A	39,338	3,065,881	2,925,174
	BYD CO LTD	Common Stock	N/A	N/A	10,741	755,440	737,273
	CACI INTERNATIONAL INC	Common Stock	N/A	N/A	3,960	1,079,336	1,600,078
	CADENCE BANK	Common Stock	N/A	N/A	40,208	877,190	1,385,166
	CANADIAN NATIONAL RAILWAY CC	Common Stock	N/A	N/A	19,214	1,074,449	1,950,413
	CAPITAL ONE FINANCIAL CORP	Common Stock	N/A	N/A	34,276	3,063,613	6,112,096
	CAPITEC BANK HOLDINGS LTD	Common Stock	N/A	N/A	16,117	660,252	1,338,533
	CAPITOL FEDERAL FINANCIAL INC	Common Stock	N/A	N/A	90,450	539,209	534,560
	CASELLA WASTE SYSTEMS INC	Common Stock	N/A	N/A	33,470	2,838,970	3,541,461
	CASS INFORMATION SYSTEMS INC	Common Stock	N/A	N/A	33,475	1,188,887	1,369,462
	CBIZ INC	Common Stock	N/A	N/A	17,446	683,595	1,427,606
	CBRE GROUP INC	Common Stock	N/A	N/A	42,745	2,708,537	5,611,991
	CENTENE CORP	Common Stock	N/A	N/A	40,871	2,648,828	2,475,965
	CENTERSPACE	Common Stock	N/A	N/A	6,443	457,890	426,204
	CENTURI HOLDINGS INC	Common Stock	N/A	N/A	18,453	400,184	356,327
	CF INDUSTRIES HOLDINGS INC	Common Stock	N/A	N/A	49,945	2,526,229	4,261,307
	CHAMPIONX CORP	Common Stock	N/A	N/A	39,900	1,267,848	1,084,881
	CHARLES RIVER LABORATORIES INT	Common Stock	N/A	N/A	16,537	3,299,039	3,052,730
	CHINA MERCHANTS BANK CO LTD	Common Stock	N/A	N/A	59,045	2,007,521	1,491,034
	CHUGAI PHARMACEUTICAL CO LTD	Common Stock	N/A	N/A	389,170	5,033,702	8,665,648

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

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	CHURCHILL DOWNS INC	Common Stock	N/A	N/A	16,270	$ 1,553,839	$ 2,172,696
	CIE GENERALE DES ETABLISSEMENT	Common Stock	N/A	N/A	193,633	3,607,109	3,187,974
	CIRRUS LOGIC INC	Common Stock	N/A	N/A	39,897	2,824,673	3,972,943
	CK HUTCHISON HOLDINGS LTD	Common Stock	N/A	N/A	1,126,358	10,499,125	6,018,131
	CLEAN ENERGY FUELS CORP	Common Stock	N/A	N/A	109,704	537,428	278,024
	CLEARFIELD INC	Common Stock	N/A	N/A	7,667	312,799	235,127
	CLIMB GLOBAL SOLUTIONS INC	Common Stock	N/A	N/A	9,725	437,705	1,232,644
	COCA-COLA CO/THE	Common Stock	N/A	N/A	57,056	2,543,290	3,552,307
	COHU INC	Common Stock	N/A	N/A	25,368	647,454	682,529
	COLOPLAST A/S	Common Stock	N/A	N/A	178,215	2,218,082	1,945,573
	COLUMBIA BANKING SYSTEM INC	Common Stock	N/A	N/A	75,332	1,947,383	2,034,717
	COLUMBIA SPORTSWEAR CO	Common Stock	N/A	N/A	8,134	611,092	682,687
	COLUMBUS MCKINNON CORP/NY	Common Stock	N/A	N/A	47,150	1,723,940	1,755,866
	COMERICA INC	Common Stock	N/A	N/A	17,146	833,931	1,060,480
	COMFORT SYSTEMS USA INC	Common Stock	N/A	N/A	11,170	2,456,170	4,736,750
	COMMERCE BANCSHARES INC/MO	Common Stock	N/A	N/A	18,360	822,263	1,140,343
	COMMUNITY HEALTHCARE TRUST INC	Common Stock	N/A	N/A	17,023	436,365	327,012
	CONSTELLATION BRANDS INC	Common Stock	N/A	N/A	12,701	3,070,762	2,806,921
	CONSTELLIUM SE	Common Stock	N/A	N/A	40,115	830,289	411,981
	CONTINENTAL AG	Common Stock	N/A	N/A	545,021	5,534,512	3,658,181
	COPT DEFENSE PROPERTIES	Common Stock	N/A	N/A	68,647	1,783,681	2,124,625
	CORE LABORATORIES INC	Common Stock	N/A	N/A	10,862	214,353	196,475
	CORTEVA INC	Common Stock	N/A	N/A	92,442	2,481,392	5,265,496
	COSAN SA	Common Stock	N/A	N/A	639	9,906	7,067
	COTERRA ENERGY INC	Common Stock	N/A	N/A	158,495	2,696,603	4,047,962
	COVENANT LOGISTICS GROUP INC	Common Stock	N/A	N/A	33,700	1,612,512	1,836,987
	CRA INTERNATIONAL INC	Common Stock	N/A	N/A	16,181	1,665,053	3,029,083
	CRAWFORD & CO	Common Stock	N/A	N/A	43,084	349,401	498,051
	CREDICORP LTD	Common Stock	N/A	N/A	14,792	2,239,215	2,711,669
	CROCS INC	Common Stock	N/A	N/A	1	105	5,093
	CULLEN/FROST BANKERS INC	Common Stock	N/A	N/A	17,236	1,690,393	2,310,895
	CYTOKINETICS INC	Common Stock	N/A	N/A	22,180	1,534,591	1,043,347
	DAIFUKU CO LTD	Common Stock	N/A	N/A	185,789	1,814,284	1,950,599
	DANAHER CORP	Common Stock	N/A	N/A	17,052	1,517,051	3,914,287
	DARDEN RESTAURANTS INC	Common Stock	N/A	N/A	16,704	1,946,166	3,118,470
	DASSAULT SYSTEMES SE	Common Stock	N/A	N/A	167,884	4,700,099	5,823,728
	DBS GROUP HOLDINGS LTD	Common Stock	N/A	N/A	92,510	4,754,137	11,859,042
	DEUTSCHE POST AG	Common Stock	N/A	N/A	234,957	9,895,529	8,267,197
	DIME COMMUNITY BANCSHARES INC	Common Stock	N/A	N/A	61,350	1,553,782	1,885,592
	DIODES INC	Common Stock	N/A	N/A	36,383	2,380,280	2,244,748
	DISCO CORP	Common Stock	N/A	N/A	87,098	2,239,212	2,368,108
	DOCEBO INC	Common Stock	N/A	N/A	28,417	1,294,673	1,272,229
	DONEGAL GROUP INC	Common Stock	N/A	N/A	52,200	825,373	807,534
	DOUGLAS DYNAMICS INC	Common Stock	N/A	N/A	34,601	1,133,652	817,622
	DR HORTON INC	Common Stock	N/A	N/A	17,992	1,356,553	2,515,641
	DUCOMMUN INC	Common Stock	N/A	N/A	51,848	2,516,717	3,300,644
	DYNATRACE INC	Common Stock	N/A	N/A	48,220	2,098,882	2,620,757
	EAST WEST BANCORP INC	Common Stock	N/A	N/A	21,844	767,869	2,091,781
	EASTMAN CHEMICAL CO	Common Stock	N/A	N/A	29,807	2,795,948	2,721,975
	ECOLAB INC	Common Stock	N/A	N/A	17,785	3,816,262	4,167,381
	ELF BEAUTY INC	Common Stock	N/A	N/A	15,133	1,562,415	1,899,948
	ELTEK LTD	Common Stock	N/A	N/A	64,708	704,852	715,670
	ENEL SPA	Common Stock	N/A	N/A	1,488,492	8,981,925	10,612,948
	ENERGY RECOVERY INC	Common Stock	N/A	N/A	97,804	1,705,524	1,437,719
	ENLINK MIDSTREAM LLC	Common Stock	N/A	N/A	82,983	956,076	1,174,209
	ENN ENERGY HOLDINGS LTD	Common Stock	N/A	N/A	101,809	4,903,912	2,927,925
	ENSIGN GROUP INC/THE	Common Stock	N/A	N/A	4,690	645,512	623,113
	EPAM SYSTEMS INC	Common Stock	N/A	N/A	2,091	825,612	488,918
	EPIROC AB	Common Stock	N/A	N/A	170,436	1,730,189	2,970,188
	EQUITY BANCSHARES INC	Common Stock	N/A	N/A	32,325	1,120,151	1,371,227
	EQUITY LIFESTYLE PROPERTIES IN	Common Stock	N/A	N/A	40,445	2,214,235	2,693,637
	ESSENT GROUP LTD	Common Stock	N/A	N/A	23,093	1,007,824	1,257,183
	EVERUS CONSTRUCTION GROUP INC	Common Stock	N/A	N/A	12,659	611,063	832,329
	F5 INC	Common Stock	N/A	N/A	8,565	1,440,376	2,153,841
	FABRINET	Common Stock	N/A	N/A	261	44,735	91,534
	FEDERAL AGRICULTURAL MORTGAGE	Common Stock	N/A	N/A	19,786	1,529,561	3,896,853
	FIRST BANCORP INC/THE	Common Stock	N/A	N/A	19,345	527,153	529,086
	FIRST BANK/HAMILTON NJ	Common Stock	N/A	N/A	38,975	565,242	548,378
	FIRST FINANCIAL BANCORP	Common Stock	N/A	N/A	42,412	716,903	1,140,035
	FIRST FINANCIAL CORP	Common Stock	N/A	N/A	15,650	722,775	722,874
	FIRST INTERNET BANCORP	Common Stock	N/A	N/A	36,887	1,090,411	1,327,563
	FIRSTCASH HOLDINGS INC	Common Stock	N/A	N/A	21,215	1,399,443	2,197,874
	FLEX LTD	Common Stock	N/A	N/A	30,310	246,932	1,163,601
	FLOWERS FOODS INC	Common Stock	N/A	N/A	31,376	850,641	648,228
	FLUOR CORP	Common Stock	N/A	N/A	36,560	1,812,760	1,803,139

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	FLUSHING FINANCIAL CORP	Common Stock	N/A	N/A	85,715	$ 1,413,519	$ 1,224,010
	FLYWIRE CORP	Common Stock	N/A	N/A	98,332	2,815,804	2,027,606
	FNB CORP/PA	Common Stock	N/A	N/A	139,955	1,606,056	2,068,535
	FOMENTO ECONOMICO MEXICANO SAB	Common Stock	N/A	N/A	57,627	4,473,770	4,926,532
	FORMFACTOR INC	Common Stock	N/A	N/A	60,359	2,220,921	2,655,796
	FTAI AVIATION LTD	Common Stock	N/A	N/A	31,000	3,394,034	4,465,240
	FUJIFILM HOLDINGS CORP	Common Stock	N/A	N/A	728,622	5,630,858	7,670,932
	FUJITSU LTD	Common Stock	N/A	N/A	487,142	7,641,178	8,681,571
	GATX CORP	Common Stock	N/A	N/A	22,600	1,918,707	3,499,717
	GENCO SHIPPING & TRADING LTD	Common Stock	N/A	N/A	78,400	1,516,515	1,094,942
	GENERAL DYNAMICS CORP	Common Stock	N/A	N/A	15,291	2,431,563	4,029,026
	GENIUS SPORTS LTD	Common Stock	N/A	N/A	2,989	20,166	32,603
	GENMAB A/S	Common Stock	N/A	N/A	76,409	3,152,602	1,595,566
	GILAT SATELLITE NETWORKS LTD	Common Stock	N/A	N/A	247,425	1,510,777	1,521,664
	GLAUKOS CORP	Common Stock	N/A	N/A	12,490	1,682,256	1,872,751
	GLOBAL SHIP LEASE INC	Common Stock	N/A	N/A	81,245	1,326,534	1,773,578
	GLOBANT SA	Common Stock	N/A	N/A	4,000	752,471	850,818
	GLOBUS MEDICAL INC	Common Stock	N/A	N/A	14,888	892,866	1,231,386
	GREEN BRICK PARTNERS INC	Common Stock	N/A	N/A	24,991	621,402	1,411,742
	GRID DYNAMICS HOLDINGS INC	Common Stock	N/A	N/A	76,572	1,165,700	1,702,961
	GRIFFON CORP	Common Stock	N/A	N/A	14,340	893,437	1,022,012
	GROUP 1 AUTOMOTIVE INC	Common Stock	N/A	N/A	2,455	408,318	1,037,620
	GRUPO FINANCIERO BANORTE SAB D	Common Stock	N/A	N/A	71,595	2,656,448	2,313,163
	GSK PLC	Common Stock	N/A	N/A	63,058	2,496,640	2,166,778
	GUARDIAN PHARMACY SERVICES INC	Common Stock	N/A	N/A	27,150	380,100	550,059
	GULFPORT ENERGY CORP	Common Stock	N/A	N/A	8,765	1,297,681	1,614,513
	HAEMONETICS CORP	Common Stock	N/A	N/A	24,915	2,033,348	1,945,363
	HAIER SMART HOME CO LTD	Common Stock	N/A	N/A	232,751	3,183,921	3,295,987
	HAIN CELESTIAL GROUP INC/THE	Common Stock	N/A	N/A	176,162	1,413,185	1,083,396
	HALEON PLC	Common Stock	N/A	N/A	29,975	258,671	302,630
	HANCOCK WHITNEY CORP	Common Stock	N/A	N/A	42,227	1,487,313	2,310,661
	HANOVER INSURANCE GROUP INC/TH	Common Stock	N/A	N/A	9,761	1,037,741	1,509,636
	HARMONIC INC	Common Stock	N/A	N/A	112,939	1,217,679	1,494,183
	HB FULLER CO	Common Stock	N/A	N/A	14,350	664,020	968,338
	HDFC BANK LTD	Common Stock	N/A	N/A	10,847	655,182	655,507
	HEALTHCARE SERVICES GROUP INC	Common Stock	N/A	N/A	303,948	3,778,808	3,530,356
	HELIX ENERGY SOLUTIONS GROUP I	Common Stock	N/A	N/A	136,225	693,506	1,269,617
	HEXCEL CORP	Common Stock	N/A	N/A	45,382	2,228,086	2,845,451
	HIMS & HERS HEALTH INC	Common Stock	N/A	N/A	14,570	296,791	352,303
	HITACHI LTD	Common Stock	N/A	N/A	156,864	3,467,506	7,859,200
	HOLOGIC INC	Common Stock	N/A	N/A	45,182	3,137,722	3,257,170
	HOMETRUST BANCSHARES INC	Common Stock	N/A	N/A	28,795	763,744	969,816
	HONDA MOTOR CO LTD	Common Stock	N/A	N/A	177,793	5,291,967	5,080,220
	HONEYWELL INTERNATIONAL INC	Common Stock	N/A	N/A	19,590	4,309,344	4,425,185
	HOOKER FURNISHINGS CORP	Common Stock	N/A	N/A	27,325	566,716	382,823
	HOPE BANCORP INC	Common Stock	N/A	N/A	100,960	1,381,524	1,240,798
	HORIZON BANCORP INC/IN	Common Stock	N/A	N/A	63,775	1,006,172	1,027,415
	HOULIHAN LOKEY INC	Common Stock	N/A	N/A	30,447	2,107,593	5,287,426
	HUNTINGTON INGALLS INDUSTRIES	Common Stock	N/A	N/A	10,020	1,717,103	1,893,479
	HUNTSMAN CORP	Common Stock	N/A	N/A	31,245	598,923	563,347
	HURON CONSULTING GROUP INC	Common Stock	N/A	N/A	12,348	684,566	1,534,362
	ICHOR HOLDINGS LTD	Common Stock	N/A	N/A	62,895	2,007,429	2,026,477
	ICICI BANK LTD	Common Stock	N/A	N/A	83,726	1,500,981	2,500,058
	ICU MEDICAL INC	Common Stock	N/A	N/A	3,682	573,666	571,336
	IDT CORP	Common Stock	N/A	N/A	27,395	355,250	1,301,810
	IMAX CORP	Common Stock	N/A	N/A	66,690	1,065,276	1,707,264
	IMPERIAL BRANDS PLC	Common Stock	N/A	N/A	383,818	8,913,946	12,272,197
	INDEPENDENCE REALTY TRUST INC	Common Stock	N/A	N/A	14,307	234,772	286,369
	INDEPENDENT BANK CORP/MI	Common Stock	N/A	N/A	57,660	1,203,282	2,008,298
	INFINEON TECHNOLOGIES AG	Common Stock	N/A	N/A	231,233	5,445,668	7,518,541
	INSMED INC	Common Stock	N/A	N/A	18,600	1,325,299	1,284,144
	INSPERITY INC	Common Stock	N/A	N/A	28,807	3,346,162	2,232,882
	INSPIRED ENTERTAINMENT INC	Common Stock	N/A	N/A	154,850	1,666,230	1,401,393
	INTEGER HOLDINGS CORP	Common Stock	N/A	N/A	8,499	635,210	1,125,030
	INTRA-CELLULAR THERAPIES INC	Common Stock	N/A	N/A	17,840	1,222,106	1,489,997
	IRADIMED CORP	Common Stock	N/A	N/A	28,522	969,155	1,568,710
	IRHYTHM TECHNOLOGIES INC	Common Stock	N/A	N/A	23,820	2,359,078	2,147,849
	ITT INC	Common Stock	N/A	N/A	39,277	2,564,903	5,611,898
	JD.COM INC	Common Stock	N/A	N/A	21,908	1,451,045	760,370
	JOHNSON OUTDOORS INC	Common Stock	N/A	N/A	24,200	1,292,567	798,304
	KAO CORP	Common Stock	N/A	N/A	520,714	4,037,647	4,231,448
	KBR INC	Common Stock	N/A	N/A	23,561	606,105	1,364,889
	KDDI CORP	Common Stock	N/A	N/A	299,852	4,872,153	4,815,442

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	KELLY SERVICES INC	Common Stock	N/A	N/A	74,170	$ 1,436,647	$ 1,033,930
	KEMPER CORP	Common Stock	N/A	N/A	34,050	2,096,328	2,262,282
	KERING SA	Common Stock	N/A	N/A	118,711	4,493,330	2,934,794
	KIMBALL ELECTRONICS INC	Common Stock	N/A	N/A	68,585	1,397,843	1,284,597
	KIRBY CORP	Common Stock	N/A	N/A	8,851	403,759	936,436
	KITE REALTY GROUP TRUST	Common Stock	N/A	N/A	56,405	1,060,883	1,423,662
	KNIFE RIVER CORP	Common Stock	N/A	N/A	8,955	502,636	910,186
	KODIAK GAS SERVICES INC	Common Stock	N/A	N/A	19,651	814,762	802,350
	KOMATSU LTD	Common Stock	N/A	N/A	110,301	2,523,235	3,053,021
	KONINKLIJKE AHOLD DELHAIZE NV	Common Stock	N/A	N/A	80,569	2,557,654	2,633,878
	KONINKLIJKE PHILIPS NV	Common Stock	N/A	N/A	28,260	445,064	708,240
	KOPPERS HOLDINGS INC	Common Stock	N/A	N/A	47,200	1,766,030	1,529,280
	KYNDRYL HOLDINGS INC	Common Stock	N/A	N/A	41,890	1,246,881	1,449,394
	LANDSEA HOMES CORP	Common Stock	N/A	N/A	120,120	1,165,343	1,019,819
	LANTHEUS HOLDINGS INC	Common Stock	N/A	N/A	990	77,723	96,555
	LATTICE SEMICONDUCTOR CORP	Common Stock	N/A	N/A	21,360	1,079,877	1,210,044
	LEMAITRE VASCULAR INC	Common Stock	N/A	N/A	25,332	985,133	2,334,090
	LENNAR CORP	Common Stock	N/A	N/A	36,107	1,793,525	4,923,912
	LEONARDO DRS INC	Common Stock	N/A	N/A	41,371	544,025	1,336,697
	LIBERTY ENERGY INC	Common Stock	N/A	N/A	49,637	797,093	990,641
	LIGHTSPEED COMMERCE INC	Common Stock	N/A	N/A	4,120	58,001	59,393
	LINCOLN EDUCATIONAL SERVICES C	Common Stock	N/A	N/A	94,031	928,081	1,487,570
	LINDBLAD EXPEDITIONS HOLDINGS	Common Stock	N/A	N/A	109,109	831,071	1,294,033
	LINDE PLC	Common Stock	N/A	N/A	7,894	1,320,669	3,304,981
	LIQUIDITY SERVICES INC	Common Stock	N/A	N/A	63,299	971,292	2,043,925
	LIVE OAK BANCSHARES INC	Common Stock	N/A	N/A	26,762	906,934	1,058,437
	LLOYDS BANKING GROUP PLC	Common Stock	N/A	N/A	3,425,050	10,032,251	9,316,136
	LOGILITY SUPPLY CHAIN SOLUTION	Common Stock	N/A	N/A	135,600	1,459,000	1,502,448
	L'OREAL SA	Common Stock	N/A	N/A	73,695	3,264,290	5,217,385
	LOUISIANA-PACIFIC CORP	Common Stock	N/A	N/A	15,129	454,908	1,566,608
	LOWE'S COS INC	Common Stock	N/A	N/A	16,915	3,541,121	4,174,622
	LXP INDUSTRIAL TRUST	Common Stock	N/A	N/A	157,369	1,627,481	1,277,836
	M/I HOMES INC	Common Stock	N/A	N/A	16,439	1,846,375	2,185,565
	MAGNOLIA OIL & GAS CORP	Common Stock	N/A	N/A	5,199	92,935	126,779
	MANULIFE FINANCIAL CORP	Common Stock	N/A	N/A	264,520	4,746,715	8,123,409
	MARTIN MARIETTA MATERIALS INC	Common Stock	N/A	N/A	10,137	2,096,240	5,235,761
	MASTEC INC	Common Stock	N/A	N/A	14,814	611,363	2,016,778
	MATADOR RESOURCES CO	Common Stock	N/A	N/A	22,918	1,253,542	1,289,367
	MAXCYTE INC	Common Stock	N/A	N/A	103,531	450,187	431,724
	MDU RESOURCES GROUP INC	Common Stock	N/A	N/A	54,814	807,151	987,748
	MEDTRONIC PLC	Common Stock	N/A	N/A	30,344	2,881,582	2,423,879
	MEITUAN	Common Stock	N/A	N/A	44,699	2,753,193	1,745,854
	MERCADOLIBRE INC	Common Stock	N/A	N/A	1,463	2,222,092	2,487,744
	MERCHANTS BANCORP/IN	Common Stock	N/A	N/A	6,921	250,653	252,409
	MERCK & CO INC	Common Stock	N/A	N/A	38,495	3,649,247	3,829,483
	MERIT MEDICAL SYSTEMS INC	Common Stock	N/A	N/A	2,966	255,262	287,973
	MERITAGE HOMES CORP	Common Stock	N/A	N/A	9,011	585,007	1,386,072
	MERUS NV	Common Stock	N/A	N/A	21,310	1,092,588	896,086
	MESA LABORATORIES INC	Common Stock	N/A	N/A	2,342	456,797	307,345
	MICROCHIP TECHNOLOGY INC	Common Stock	N/A	N/A	63,066	2,586,277	3,616,835
	MICROSOFT CORP	Common Stock	N/A	N/A	17,102	1,892,570	7,208,493
	MINTH GROUP LTD	Common Stock	N/A	N/A	12,261	651,403	454,760
	MISTRAS GROUP INC	Common Stock	N/A	N/A	103,534	725,230	938,018
	MITEK SYSTEMS INC	Common Stock	N/A	N/A	136,250	1,457,751	1,516,463
	MITSUBISHI ELECTRIC CORP	Common Stock	N/A	N/A	228,424	5,903,287	7,810,959
	MONDI PLC	Common Stock	N/A	N/A	111,179	5,939,036	3,320,286
	MONTROSE ENVIRONMENTAL GROUP I	Common Stock	N/A	N/A	26,378	1,754,617	489,028
	MOOG INC	Common Stock	N/A	N/A	35,493	4,011,910	6,986,442
	MOONLAKE IMMUNOTHERAPEUTICS	Common Stock	N/A	N/A	24,776	918,539	1,359,485
	MYRIAD GENETICS INC	Common Stock	N/A	N/A	98,189	1,710,988	1,346,171
	NAPCO SECURITY TECHNOLOGIES IN	Common Stock	N/A	N/A	40,424	1,238,724	1,437,477
	NATIONAL HEALTH INVESTORS INC	Common Stock	N/A	N/A	18,856	1,103,364	1,306,721
	NATURAL GROCERS BY VITAMIN COT	Common Stock	N/A	N/A	28,350	411,443	1,126,062
	NESTLE SA	Common Stock	N/A	N/A	97,400	8,690,852	8,047,772
	NEXTRACKER INC	Common Stock	N/A	N/A	54,758	2,228,133	2,000,310
	NLIGHT INC	Common Stock	N/A	N/A	106,803	1,276,274	1,120,363
	NORTHEAST BANK	Common Stock	N/A	N/A	19,740	437,933	1,810,750
	NORTHERN OIL & GAS INC	Common Stock	N/A	N/A	14,634	473,328	564,352
	NORTHWEST PIPE CO	Common Stock	N/A	N/A	41,165	960,708	1,986,623
	NOVONESIS NOVOZYMES B	Common Stock	N/A	N/A	35,882	1,875,567	2,031,352
	NPK INTERNATIONAL INC	Common Stock	N/A	N/A	173,782	1,301,842	1,332,908
	NVE CORP	Common Stock	N/A	N/A	9,645	606,124	785,392
	OCEANFIRST FINANCIAL CORP	Common Stock	N/A	N/A	78,600	1,470,692	1,422,660
	OGE ENERGY CORP	Common Stock	N/A	N/A	36,103	1,385,407	1,489,249

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	OIL-DRI CORP OF AMERICA	Common Stock	N/A	N/A	10,075	$ 347,880	$ 882,973
	OLO INC	Common Stock	N/A	N/A	218,345	1,151,515	1,676,890
	OMNICELL INC	Common Stock	N/A	N/A	28,633	998,240	1,274,741
	ONESTREAM INC	Common Stock	N/A	N/A	1,350	37,390	27,453
	ONTO INNOVATION INC	Common Stock	N/A	N/A	8,720	1,769,706	1,453,362
	OPTION CARE HEALTH INC	Common Stock	N/A	N/A	105,650	2,721,174	2,451,080
	OSCAR HEALTH INC	Common Stock	N/A	N/A	2,750	44,825	28,634
	OSHKOSH CORP	Common Stock	N/A	N/A	25,262	2,815,066	2,401,658
	P10 INC	Common Stock	N/A	N/A	40,649	426,633	515,002
	PALOMAR HOLDINGS INC	Common Stock	N/A	N/A	18,105	1,358,215	1,911,707
	PAPA JOHN'S INTERNATIONAL INC	Common Stock	N/A	N/A	1	69	56,455
	PARKER-HANNIFIN CORP	Common Stock	N/A	N/A	13,093	2,053,798	8,327,541
	PATRICK INDUSTRIES INC	Common Stock	N/A	N/A	1	76	2,929
	PBF ENERGY INC	Common Stock	N/A	N/A	20,522	790,006	544,859
	PENN ENTERTAINMENT INC	Common Stock	N/A	N/A	60,477	2,912,674	1,198,654
	PENNANT GROUP INC/THE	Common Stock	N/A	N/A	76,403	1,137,837	2,026,208
	PEOPLES BANCORP INC/OH	Common Stock	N/A	N/A	41,493	1,260,379	1,314,913
	PERFORMANCE FOOD GROUP CO	Common Stock	N/A	N/A	14,859	645,209	1,256,328
	PETCO HEALTH & WELLNESS CO INC	Common Stock	N/A	N/A	5,021	24,384	14,477
	PING AN INSURANCE GROUP CO OF	Common Stock	N/A	N/A	253,798	5,442,174	3,010,131
	PLYMOUTH INDUSTRIAL REIT INC	Common Stock	N/A	N/A	30,522	649,799	543,292
	PNC FINANCIAL SERVICES GROUP I	Common Stock	N/A	N/A	18,999	2,397,472	3,663,957
	POSTAL REALTY TRUST INC	Common Stock	N/A	N/A	2,722	41,055	47,221
	POWERFLEET INC NJ	Common Stock	N/A	N/A	106,875	620,123	711,788
	POWSZECHNA KASA OSZCZEDNOSCI B	Common Stock	N/A	N/A	46,988	658,820	679,741
	PREMIER FINANCIAL CORP	Common Stock	N/A	N/A	51,025	1,240,251	1,304,709
	PRESTIGE CONSUMER HEALTHCARE I	Common Stock	N/A	N/A	12,965	803,174	1,012,437
	PRIMERICA INC	Common Stock	N/A	N/A	5,990	1,134,134	1,625,806
	PRIMIS FINANCIAL CORP	Common Stock	N/A	N/A	107,020	1,481,169	1,247,853
	PRIMORIS SERVICES CORP	Common Stock	N/A	N/A	11,050	701,312	844,220
	PROCEPT BIOROBOTICS CORP	Common Stock	N/A	N/A	6,730	417,555	541,900
	PROCORE TECHNOLOGIES INC	Common Stock	N/A	N/A	37,480	2,362,924	2,808,376
	PROCTER & GAMBLE CO/THE	Common Stock	N/A	N/A	22,117	3,037,150	3,707,915
	PROS HOLDINGS INC	Common Stock	N/A	N/A	57,528	1,525,415	1,263,315
	PROTO LABS INC	Common Stock	N/A	N/A	31,297	1,280,983	1,223,400
	PROVIDENT FINANCIAL SERVICES I	Common Stock	N/A	N/A	50,238	1,053,720	947,991
	QIAGEN NV	Common Stock	N/A	N/A	64,448	2,972,777	2,869,869
	QUALCOMM INC	Common Stock	N/A	N/A	30,327	2,464,333	4,658,834
	QUEST RESOURCE HOLDING CORP	Common Stock	N/A	N/A	134,831	865,707	876,402
	QXO BUILDING PRODUCTS INC	Common Stock	N/A	N/A	13,011	1,274,821	1,321,657
	RAMBUS INC	Common Stock	N/A	N/A	42,770	2,183,696	2,260,822
	RANGER ENERGY SERVICES INC	Common Stock	N/A	N/A	111,241	1,318,687	1,722,011
	REGAL REXNORD CORP	Common Stock	N/A	N/A	20,102	2,444,224	3,118,423
	REINSURANCE GROUP OF AMERICA I	Common Stock	N/A	N/A	21,885	2,452,846	4,675,293
	REPUBLIC SERVICES INC	Common Stock	N/A	N/A	16,804	1,779,277	3,380,629
	RINGCENTRAL INC	Common Stock	N/A	N/A	18,076	722,803	632,841
	RIO TINTO PLC	Common Stock	N/A	N/A	61,945	3,366,058	3,642,985
	ROCHE HOLDING AG	Common Stock	N/A	N/A	117,487	3,909,223	4,148,429
	ROCKET LAB USA INC	Common Stock	N/A	N/A	6,844	144,854	137,898
	ROCKET PHARMACEUTICALS INC	Common Stock	N/A	N/A	2,650	53,535	72,802
	RPM INTERNATIONAL INC	Common Stock	N/A	N/A	40,347	3,029,981	4,965,102
	RYDER SYSTEM INC	Common Stock	N/A	N/A	30,930	1,854,910	4,851,680
	RYERSON HOLDING CORP	Common Stock	N/A	N/A	20,465	712,522	378,844
	SAIA INC	Common Stock	N/A	N/A	140	25,538	45,037
	SAMSARA INC	Common Stock	N/A	N/A	51,928	1,087,047	2,268,734
	SANDY SPRING BANCORP INC	Common Stock	N/A	N/A	10,810	264,012	364,405
	SANOFI SA	Common Stock	N/A	N/A	161,855	7,755,521	7,806,267
	SAP SE	Common Stock	N/A	N/A	27,952	2,544,127	6,882,062
	SBA COMMUNICATIONS CORP	Common Stock	N/A	N/A	14,009	3,674,395	2,855,034
	SCHNEIDER ELECTRIC SE	Common Stock	N/A	N/A	129,428	2,576,858	6,457,163
	SECOM CO LTD	Common Stock	N/A	N/A	609,076	5,136,075	5,202,665
	SELECTIVE INSURANCE GROUP INC	Common Stock	N/A	N/A	8,094	359,300	756,951
	SHIFT4 PAYMENTS INC	Common Stock	N/A	N/A	780	41,960	57,590
	SHIMANO INC	Common Stock	N/A	N/A	120,477	2,011,490	1,639,702
	SHIONOGI & CO LTD	Common Stock	N/A	N/A	296,119	2,778,023	2,090,600
	SHOE CARNIVAL INC	Common Stock	N/A	N/A	23,149	469,852	740,348
	SHYFT GROUP INC/THE	Common Stock	N/A	N/A	45,530	966,078	534,522
	SIERRA BANCORP	Common Stock	N/A	N/A	48,050	1,179,893	1,389,606
	SIMULATIONS PLUS INC	Common Stock	N/A	N/A	4,560	183,374	125,551
	SINGAPORE TELECOMMUNICATIONS L	Common Stock	N/A	N/A	192,498	4,602,830	4,344,348
	SMARTFINANCIAL INC	Common Stock	N/A	N/A	50,100	1,133,006	1,552,098
	SNAM SPA	Common Stock	N/A	N/A	979,959	10,668,688	8,680,477
	SNAP-ON INC	Common Stock	N/A	N/A	12,138	2,154,690	4,120,608
	SOLENO THERAPEUTICS INC	Common Stock	N/A	N/A	17,359	838,715	780,287

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	SONOCO PRODUCTS CO	Common Stock	N/A	N/A	48,317	$ 2,840,570	$ 2,360,285
	SONOVA HOLDING AG	Common Stock	N/A	N/A	37,544	1,021,299	2,455,002
	SONY GROUP CORP	Common Stock	N/A	N/A	683,702	10,859,507	14,452,630
	SOUTHSIDE BANCSHARES INC	Common Stock	N/A	N/A	1	22	32
	SOUTHWEST GAS HOLDINGS INC	Common Stock	N/A	N/A	18,747	1,123,242	1,325,600
	SPARTANNASH CO	Common Stock	N/A	N/A	49,875	1,039,127	913,710
	SPOK HOLDINGS INC	Common Stock	N/A	N/A	97,400	1,064,032	1,563,270
	SPX TECHNOLOGIES INC	Common Stock	N/A	N/A	3,950	700,559	574,804
	SSE PLC	Common Stock	N/A	N/A	406,690	8,085,486	8,169,589
	STANDARD MOTOR PRODUCTS INC	Common Stock	N/A	N/A	91,405	3,383,756	2,831,727
	STERLING INFRASTRUCTURE INC	Common Stock	N/A	N/A	5,976	158,353	1,006,657
	STEVEN MADDEN LTD	Common Stock	N/A	N/A	17,933	495,689	762,511
	STEWART INFORMATION SERVICES C	Common Stock	N/A	N/A	10,780	635,567	727,542
	STIFEL FINANCIAL CORP	Common Stock	N/A	N/A	21,204	708,898	2,249,320
	SUMMIT MATERIALS INC	Common Stock	N/A	N/A	29,842	668,723	1,510,005
	SYMRISE AG	Common Stock	N/A	N/A	105,283	1,660,608	2,797,685
	SYNOVUS FINANCIAL CORP	Common Stock	N/A	N/A	39,630	1,163,809	2,030,245
	SYSMEX CORP	Common Stock	N/A	N/A	220,319	3,525,219	4,088,680
	TACTILE SYSTEMS TECHNOLOGY INC	Common Stock	N/A	N/A	71,001	946,135	1,216,247
	TAIWAN SEMICONDUCTOR MANUFACTU	Common Stock	N/A	N/A	88,187	6,584,914	17,416,051
	TALEN ENERGY CORP	Common Stock	N/A	N/A	3,420	700,753	688,070
	TD SYNNEX CORP	Common Stock	N/A	N/A	8,228	555,641	964,980
	TECHTRONIC INDUSTRIES CO LTD	Common Stock	N/A	N/A	34,472	2,479,990	2,274,325
	TELEDYNE TECHNOLOGIES INC	Common Stock	N/A	N/A	16,814	6,645,946	7,803,882
	TELKOM INDONESIA PERSERO TBK P	Common Stock	N/A	N/A	121,697	2,644,208	2,001,916
	TENCENT HOLDINGS LTD	Common Stock	N/A	N/A	16,241	1,006,475	947,380
	TEREX CORP	Common Stock	N/A	N/A	22,160	1,210,163	1,024,235
	TESCO PLC	Common Stock	N/A	N/A	106,303	1,264,916	1,463,934
	TETRA TECHNOLOGIES INC	Common Stock	N/A	N/A	260,575	975,525	932,859
	TEXAS ROADHOUSE INC	Common Stock	N/A	N/A	13,148	1,363,027	2,372,294
	THERMON GROUP HOLDINGS INC	Common Stock	N/A	N/A	45,177	905,024	1,299,742
	TIMKEN CO/THE	Common Stock	N/A	N/A	14,202	1,161,268	1,013,597
	TOTALENERGIES SE	Common Stock	N/A	N/A	60,432	3,860,508	3,293,544
	TOYOTA INDUSTRIES CORP	Common Stock	N/A	N/A	92,704	5,593,478	7,587,701
	TRANSCAT INC	Common Stock	N/A	N/A	9,651	942,529	1,021,937
	TRIP.COM GROUP LTD	Common Stock	N/A	N/A	14,044	719,258	964,261
	TTM TECHNOLOGIES INC	Common Stock	N/A	N/A	78,963	973,355	1,954,334
	TURNING POINT BRANDS INC	Common Stock	N/A	N/A	25,025	561,968	1,504,003
	TUTOR PERINI CORP	Common Stock	N/A	N/A	53,525	538,924	1,295,305
	UFP TECHNOLOGIES INC	Common Stock	N/A	N/A	6,354	412,551	1,562,934
	UNICHARM CORP	Common Stock	N/A	N/A	473,449	2,708,119	1,907,999
	UNIFIRST CORP/MA	Common Stock	N/A	N/A	6,486	1,030,969	1,109,690
	UNION BANK AND TRUST COMPANY	Common Stock	N/A	N/A	3,957	296,775	1,139,220
	UNITED FIRE GROUP INC	Common Stock	N/A	N/A	40,800	1,001,625	1,160,760
	UNITED OVERSEAS BANK LTD	Common Stock	N/A	N/A	182,818	6,615,097	9,736,355
	UNITIL CORP	Common Stock	N/A	N/A	24,905	1,227,590	1,349,602
	UPM-KYMMENE OYJ	Common Stock	N/A	N/A	23,156	763,436	635,560
	URANIUM ENERGY CORP	Common Stock	N/A	N/A	3,250	27,194	7,371
	US BANCORP	Common Stock	N/A	N/A	84,859	2,931,028	4,058,806
	US PHYSICAL THERAPY INC	Common Stock	N/A	N/A	3,899	405,987	340,356
	VAALCO ENERGY INC	Common Stock	N/A	N/A	31,900	154,568	151,935
	VALLEY NATIONAL BANCORP	Common Stock	N/A	N/A	173,787	1,750,937	1,574,510
	VALMONT INDUSTRIES INC	Common Stock	N/A	N/A	9,446	2,559,902	2,896,805
	VAXCYTE INC	Common Stock	N/A	N/A	36,500	2,125,853	2,987,890
	VERIZON COMMUNICATIONS INC	Common Stock	N/A	N/A	64,115	2,668,813	2,563,959
	VIEMED HEALTHCARE INC	Common Stock	N/A	N/A	106,510	925,348	854,210
	VINCI SA	Common Stock	N/A	N/A	211,825	6,088,018	5,469,322
	VIRTUS SEIX SENIOR LOAN ETF	Common Stock	N/A	N/A	256,139	6,150,692	6,130,430
	VISHAY PRECISION GROUP INC	Common Stock	N/A	N/A	88,721	2,850,951	2,082,282
	VITAL FARMS INC	Common Stock	N/A	N/A	34,620	485,803	1,309,291
	WAFD INC	Common Stock	N/A	N/A	27,874	822,915	898,658
	WAL-MART DE MEXICO SAB DE CV	Common Stock	N/A	N/A	22,695	853,845	599,012
	WATERSTONE FINANCIAL INC	Common Stock	N/A	N/A	55,765	1,026,006	749,482
	WEBSTER FINANCIAL CORP	Common Stock	N/A	N/A	98,375	3,804,716	5,432,268
	WEC ENERGY GROUP INC	Common Stock	N/A	N/A	7,291	665,251	682,066
	WEG SA	Common Stock	N/A	N/A	125,543	760,057	1,066,393
	WERNER ENTERPRISES INC	Common Stock	N/A	N/A	2,083	73,448	75,135
	WESCO INTERNATIONAL INC	Common Stock	N/A	N/A	6,705	379,515	1,213,337
	WESTERN ALLIANCE BANCORP	Common Stock	N/A	N/A	12,510	1,006,169	1,045,085
	WEX INC	Common Stock	N/A	N/A	14,954	2,897,375	2,621,735
	WH GROUP LTD	Common Stock	N/A	N/A	378,884	6,055,116	5,862,851
	WHITESTONE REIT	Common Stock	N/A	N/A	142,200	1,562,080	2,014,974
	WILLSCOT HOLDINGS CORP	Common Stock	N/A	N/A	41,110	1,611,649	1,375,130
	WINTRUST FINANCIAL CORP	Common Stock	N/A	N/A	32,479	3,920,885	4,050,456

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	WIX.COM LTD	Common Stock	N/A	N/A	7,880	$ 1,712,475	$ 1,690,654
	WOODWARD INC	Common Stock	N/A	N/A	23,547	2,423,599	3,918,692
	WPP PLC	Common Stock	N/A	N/A	56,610	3,713,093	2,912,620
	XCEL ENERGY INC	Common Stock	N/A	N/A	52,758	3,531,395	3,562,220
	XENON PHARMACEUTICALS INC	Common Stock	N/A	N/A	24,580	1,015,298	963,536
	XYLEM INC/NY	Common Stock	N/A	N/A	37,653	3,057,931	4,368,501
	ZTO EXPRESS CAYMAN INC	Common Stock	N/A	N/A	104,310	2,043,930	2,039,261
	ZURN ELKAY WATER SOLUTIONS COR	Common Stock	N/A	N/A	11,315	232,511	419,419
	ZYNEX INC	Common Stock	N/A	N/A	86,881	961,382	696,078
	UNION BANK & TRUST	Common Stock	N/A	N/A		296,775	1,728,259
	Total Common Stock					938,328,813	1,129,493,375
	Mutual Funds						
	AFL-CIO HOUSING INVESTMENT TRUST	Mutual Fund	N/A	N/A	55,829	88,251,789	80,588,507
	BLACKROCK LOW DURATION BOND FUND	Mutual Fund	N/A	N/A	2,409,683	24,033,987	22,632,340
	VICTORY TRIVALENT INTERNATIONAL	Mutual Fund	N/A	N/A	7,877,942	80,354,209	143,741,967
	Total Mutual Funds					192,639,985	246,962,814
	Common Collective Trusts						
	EB DV EMERGING MARKETS STOCK INDEX FUND	Common Collective Trust	N/A	N/A	448,953	54,277,517	81,630,187
	EB DV LARGE CAP GROWTH STOCK INDEX FUND	Common Collective Trust	N/A	N/A	104,424	220,105,279	364,599,072
	EB DV LARGE CAP VALUE STOCK INDEX FUND	Common Collective Trust	N/A	N/A	74,981	89,649,656	161,001,302
	INTERCONTINENTAL U.S. REAL ESTATE INVESTMENT FUND, LLC	Common Collective Trust	N/A	N/A	N/A	189,748,476	171,308,248
	LEGAL & GENERAL COLLECTIVE TRUST S&P 400 FUND	Common Collective Trust	N/A	N/A	3,787,746	264,278,951	505,167,151
	LEGAL & GENERAL COLLECTIVE TRUST SP 500 INDEX	Common Collective Trust	N/A	N/A	3,999,710	518,062,452	1,266,066,992
	LEGAL & GENERAL COLLECTIVE TRUST SP 600 INDEX	Common Collective Trust	N/A	N/A	1,070,398	92,603,451	163,415,872
	LEGAL & GENERAL COLLECTIVE TRUST MSCI INDEX	Common Collective Trust	N/A	N/A	1,670,607	175,595,854	243,927,580
	MARTIN CURRIE EMERGING MARKETS CIT	Common Collective Trust	N/A	N/A	2,581,336	38,375,223	28,558,929
	MULTI-EMPLOYER PROPERTY TRUST	Common Collective Trust	N/A	N/A	9,386	15,111,722	64,964,433
	Total Common Collective Trusts					1,657,808,581	3,050,639,766
	Insurance Contracts and Pooled Separate Accounts						
	AETNA (GA-1433)	Insurance Contract	N/A	N/A	N/A	11,726	11,726
	AETNA (GA-1523)	Insurance Contract	N/A	N/A	N/A	36,686	36,686
	JOHN HANCOCK SEPARATE INVESTMENT ACCOUNT	Insurance Contract	N/A	N/A	N/A	55,364	55,364
	ULLICO SEPARATE ACCOUNT J	Pooled Separate Account	N/A	N/A	N/A	249,431,250	249,431,250
	Total Insurance Contracts and Pooled Separate Accounts					249,535,026	249,535,026
	Hedge Funds						
	CORBIN ERISA OPPORTUNITY FUND	Hedge Fund	N/A	N/A	N/A	80,792,381	103,815,688
	MILLENIUM INTERNATIONAL FUND	Hedge Fund	N/A	N/A	N/A	100,000,000	193,705,208
	PRIVATE ADVISORS HEDGED EQUITY FUND	Hedge Fund	N/A	N/A	N/A	-	7,004,155
	SMART OPPORTUNISTIC FUND, LTD.	Hedge Fund	N/A	N/A	N/A	100,711,425	135,264,423
	POINT 72 INTERNATIONAL FUND, LTD	Hedge Fund	N/A	N/A	N/A	25,713,812	28,158,457
	Total Hedge Funds					307,217,618	467,947,931
	Limited Partnerships						
	AEW CORE PROPERTY TRUST	Limited Partnership	N/A	N/A	N/A	108,327,134	134,634,545
	AEW PARTNERS, L.P.	Limited Partnership	N/A	N/A	N/A	-	227,533
	AMERICAN CORE REALTY L.P.	Limited Partnership	N/A	N/A	N/A	148,302,144	157,199,242
	ARES ENERGY OPPORTUNITY FUND, L.P.	Limited Partnership	N/A	N/A	N/A	2,706,148	814,465
	ARES EPIC CO-INVEST DELEWARE FEEDER L.P.	Limited Partnership	N/A	N/A	N/A	4,475,750	3,673,543
	ARES PE EXTENDED VALUE FUND, L.P.	Limited Partnership	N/A	N/A	N/A	5,288,678	6,086,326
	ARES SPECIAL OPPORTUNITIES FUND II, L.P.	Limited Partnership	N/A	N/A	N/A	3,356,672	4,199,607
	ARROYO ENERGY INVESTORS FUND III, L.P.	Limited Partnership	N/A	N/A	N/A	6,363,234	5,092,446
	AVENUE ASIA SPECIAL SITUATIONS FUND V, L.P.	Limited Partnership	N/A	N/A	N/A	704,522	1,897,383
	AVISTA CAPITAL PARTNERS V, L.P	Limited Partnership	N/A	N/A	N/A	7,284,263	10,711,501
	BALANCE POINT CP VI, L.P.	Limited Partnership	N/A	N/A	N/A	372,848	423,076
	BCP SPECIAL OPPORTUNITIES FUND III, LP	Limited Partnership	N/A	N/A	N/A	-	54,674
	BCP SPECIAL OPPORTUNITIES FUND II, L.P.	Limited Partnership	N/A	N/A	N/A	6,658,263	6,852,791
	BLACKSTONE TACTICAL OPPORTUNITIES FUND III	Limited Partnership	N/A	N/A	N/A	10,058,460	6,903,950
	BOWMARK GROWTH PARTNERS L.P.	Limited Partnership	N/A	N/A	N/A	2,756,331	2,614,167
	BROOKFIELD INFRASTRUCTURE FUND IV L.P.	Limited Partnership	N/A	N/A	N/A	842,102	5,516,617
	BROOKFIELD INFRASTRUCTURE FUND V L.P.	Limited Partnership	N/A	N/A	N/A	1,660,392	1,854,253
	CARLYLE CREDIT OPPORTUNITIES FUND III, L.P.	Limited Partnership	N/A	N/A	N/A	888,798	1,022,436
	CARLYLE PRIVATE EQUITY ACCESS BLOCKER FUND, L.P.	Limited Partnership	N/A	N/A	N/A	21,651,681	22,964,303
	CASTLELAKE VI LP	Limited Partnership	N/A	N/A	N/A	5,175,366	6,188,495
	CK OPPORTUNITIES OFFSHORE FUND, L.P.	Limited Partnership	N/A	N/A	N/A	25,333,545	31,491,974
	CRAMER, ROSENTHAL & MCGLYNN	Limited Partnership	N/A	N/A	N/A		
	CERBERUS INSTITUTIONAL PARTNERS	Limited Partnership	N/A	N/A	N/A	-	4,769
	DCM III, L.P.	Limited Partnership	N/A	N/A	N/A	143,174	169,634
	FREEMONT PARTNERS III, L.P.	Limited Partnership	N/A	N/A	N/A	178,484	-
	QUADRANGLE CAPITAL PARTNERS, L.P	Limited Partnership	N/A	N/A	N/A	65,670	-
	TCW/CRESENT MEZZANINE PARTNERS	Limited Partnership	N/A	N/A	N/A	-	173
	TL VENTURES V, L.P.	Limited Partnership	N/A	N/A	N/A	515,182	28,535
	WILLIS STEIN & PARTNERS, L.L.P.	Limited Partnership	N/A	N/A	N/A	66,441	-
	CVC CAPITAL PARTNERS VIII (A) L.P.	Limited Partnership	N/A	N/A	N/A	6,026,734	7,577,116
	CORBIN PRIVATE CREDIT MANAGER FUND II, L.P.	Limited Partnership	N/A	N/A	N/A	21,000,000	30,340,281

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	CORTEN REAL ESTATE FUND II, L.P.	Limited Partnership	N/A	N/A	N/A	$ 19,850,250	$ 22,775,011
	FORTRESS LENDING FUND I (B-I) L.P.	Limited Partnership	N/A	N/A	N/A	7,899,744	7,642,782
	GENSTAR CAPITAL PARTNERS IX, L.P.	Limited Partnership	N/A	N/A	N/A	4,383,050	10,314,366
	GENSTAR CAPITAL PARTNERS X, L.P.	Limited Partnership	N/A	N/A	N/A	7,379,042	7,832,895
	GENSTAR CAPITAL PARTNERS XI, L.P.	Limited Partnership	N/A	N/A	N/A	564,254	669,360
	GLOBAL INFRASTRUCTURE PARTNERS IV-B FEEDER FUND, L.P.	Limited Partnership	N/A	N/A	N/A	8,607,560	10,373,826
	GOLDMAN SACHS PRIVATE EQUITY PARTNERS	Limited Partnership	N/A	N/A	N/A	7,493,743	4,543,416
	GROSVENOR INFRASTRUCTURE FUND	Limited Partnership	N/A	N/A	N/A	13,212,832	12,537,761
	GROSVENOR REAL ESTATE SOLUTIONS I, L.P.	Limited Partnership	N/A	N/A	N/A	30,842,612	29,934,693
	GTCR FUND XIII, L.P.	Limited Partnership	N/A	N/A	N/A	4,126,619	6,359,684
	GTCR FUND XIV, L.P.	Limited Partnership	N/A	N/A	N/A	786,000	960,619
	HAMILTON LANE CITY LINE PARTNERS L.P.	Limited Partnership	N/A	N/A	N/A	76,275	780,128
	HAMILTON LANE INFRASTRUCTURE OPPORTUNITIES FUND, L.P.	Limited Partnership	N/A	N/A	N/A	8,000,165	10,270,750
	HAMILTON LANE SECONDARY AGGREGATOR I L.P.	Limited Partnership	N/A	N/A	N/A	4,207,607	2,597,450
	HAMILTON LANE SECONDARY FUND V, L.P.	Limited Partnership	N/A	N/A	N/A	15,285,976	21,116,873
	HAMILTON LANE SECONDARY FUND VI-B, L.P.	Limited Partnership	N/A	N/A	N/A	20,969,709	26,497,847
	HAMILTON LANE VENTURE ACCESS OFFSHORE FUND I, L.P.	Limited Partnership	N/A	N/A	N/A	539,512	1,094,906
	HAMILTON LANE VENTURE CAPITAL FUND - SERIES 2022	Limited Partnership	N/A	N/A	N/A	2,256,400	2,531,272
	HAMILTON LANE VENTURE CAPITAL FUND - SERIES 2021	Limited Partnership	N/A	N/A	N/A	2,168,389	3,589,278
	HPS STRATEGIC INVESTMENT PARTNERS V, L.P.	Limited Partnership	N/A	N/A	N/A	3,672,933	3,179,657
	INVESCO NON-U.S. PARTNERSHIP	Limited Partnership	N/A	N/A	N/A	-	166
	INVESCO U.S. BUYOUT FUND III, L.P.	Limited Partnership	N/A	N/A	N/A	-	11,743
	INVESCO VENTURE PARTNERSHIP FUND III, L.P.	Limited Partnership	N/A	N/A	N/A	524,374	-
	KELSO INVESTMENT ASSOCIATES X, L.P.	Limited Partnership	N/A	N/A	N/A	5,027,244	10,447,081
	KELSO INVESTMENT ASSOCIATES XI, L.P.	Limited Partnership	N/A	N/A	N/A	2,906,642	3,575,165
	KPS SPECIAL SITUATIONS FUND V, L.P.	Limited Partnership	N/A	N/A	N/A	3,070,940	5,665,313
	KPS SPECIAL SITUATIONS FUND VI, L.P.	Limited Partnership	N/A	N/A	N/A	892,056	893,829
	LABOR IMPACT FEEDER FUND, L.P.	Limited Partnership	N/A	N/A	N/A	39,555,018	48,010,036
	MANULIFE INFRASTRUCTURE FUND III, L.P.	Limited Partnership	N/A	N/A	N/A	2,118,454	2,029,169
	MCMORGAN INFRASTRUCTURE FUND I, L.P.	Limited Partnership	N/A	N/A	N/A	20,585,825	41,985,266
	MHR INSTITUTIONAL ADVISORS II, L.P.	Limited Partnership	N/A	N/A	N/A	-	312,069
	NEW STATE CAPITAL PARTNERS FUND III, L.P.	Limited Partnership	N/A	N/A	N/A	2,683,438	3,653,245
	NEW VIEW CAPITAL FUND I, L.P.	Limited Partnership	N/A	N/A	N/A	452,910	4,628,236
	OAK HILL CAPITAL PARTNERS V, L.P.	Limited Partnership	N/A	N/A	N/A	1,003,304	9,304,264
	OAK HILL CAPITAL PARTNERS VI, L.P.	Limited Partnership	N/A	N/A	N/A	4,186,675	4,891,006
	OAKTREE SPECIAL SITUATIONS FUND II, L.P.	Limited Partnership	N/A	N/A	N/A	1,688,770	6,057,508
	OAKTREE SPECIAL SITUATIONS FUND III, L.P.	Limited Partnership	N/A	N/A	N/A	1,585,541	2,099,379
	OHA CREDIT SOLUTIONS FUND (OFFSHORE), L.P.	Limited Partnership	N/A	N/A	N/A	26,179,596	12,822,791
	PALISTAR COMMUNICATIONS INFRASTRUCTURE OFFSHORE II	Limited Partnership	N/A	N/A	N/A	6,103,783	4,836,630
	PANTHEON ACCESS (ERISA), L.P.	Limited Partnership	N/A	N/A	N/A	17,607,000	26,208,779
	PENNYBACKER CRITICAL INFRASTRUCTURE FUND, L.P.	Limited Partnership	N/A	N/A	N/A	2,418,661	2,348,371
	PLATINUM EQUITY CAPITAL PARTNERS V	Limited Partnership	N/A	N/A	N/A	6,712,716	9,360,553
	PLATINUM EQUITY CAPITAL PARTNERS VI	Limited Partnership	N/A	N/A	N/A	3,745,702	4,048,592
	PLEXUS FUND VI, L.P.	Limited Partnership	N/A	N/A	N/A	3,483,210	3,542,653
	PRIVATE ADVISORS SMALL COMPANY PRIVATE EQUITY FUND VI, L.P.	Limited Partnership	N/A	N/A	N/A	2,581,637	13,220,706
	PRIVATE ADVISORS SMALL COMPANY PRIVATE EQUITY FUND VII, L.P.	Limited Partnership	N/A	N/A	N/A	12,145,261	15,975,008
	SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES FUND II (E), L.P.	Limited Partnership	N/A	N/A	N/A	6,542,765	5,365,233
	SIGULER GUFF DREOF II CO-INVESTMENT FUND (E), LP	Limited Partnership	N/A	N/A	N/A	3,578,442	10,308,128
	SK CAPITAL PARTNERS FUND V, L.P.	Limited Partnership	N/A	N/A	N/A	6,120,996	7,156,138
	SK CAPITAL PARTNERS FUND VI, L.P.	Limited Partnership	N/A	N/A	N/A	1,478,054	3,065,619
	STERLING GROUP PARTNERS V, L.P.	Limited Partnership	N/A	N/A	N/A	7,036,403	8,995,737
	TCV XI (A), L.P.	Limited Partnership	N/A	N/A	N/A	3,967,462	4,039,930
	THOMA BRAVO XIV-A, L.P.	Limited Partnership	N/A	N/A	N/A	7,158,059	8,317,432
	TOWNSQUARE REAL ESTATE, L.P.	Limited Partnership	N/A	N/A	N/A	-	724,493
	TPG PARTNERS VIII, L.P.	Limited Partnership	N/A	N/A	N/A	4,392,784	8,297,769
	WEBSTER CAPITAL II-A, L.P.	Limited Partnership	N/A	N/A	N/A	2,090,560	1,515,208
	Total Limited Partnerships					762,141,970	927,789,654
	Securities on Loan						
	U S TREASURY BOND	Government Bond	8/15/2044	4.13%	4,630,000	4,611,139	4,272,301
	U S TREASURY BOND	Government Bond	11/15/2054	4.50%	18,427,000	18,350,857	17,759,680
	U S TREASURY BOND	Government Bond	11/15/2044	4.63%	16,980,000	17,239,456	16,606,488
	U S TREASURY NOTE	Government Bond	1/31/2026	2.63%	16,500,000	16,962,625	16,400,725
	U S TREASURY NOTE	Government Bond	2/28/2026	0.50%	37,282,800	36,133,738	35,773,468
	U S TREASURY NOTE	Government Bond	7/31/2028	1.00%	4,984,000	4,621,656	4,457,193
	U S TREASURY NOTE	Government Bond	1/31/2029	1.75%	16,290,000	14,533,652	14,832,299
	U S TREASURY NOTE	Government Bond	4/30/2027	2.75%	25,905,000	25,143,987	25,158,504
	U S TREASURY NOTE	Government Bond	6/30/2029	3.25%	12,580,000	12,162,327	12,011,510
	U S TREASURY NOTE	Government Bond	11/15/2032	4.13%	9,864,000	10,095,752	9,694,383
	U S TREASURY NOTE	Government Bond	2/15/2033	3.50%	13,120,000	12,644,123	12,405,967
	U S TREASURY NOTE	Government Bond	10/15/2026	4.63%	17,295,000	17,564,335	17,566,708
	U S TREASURY NOTE	Government Bond	1/31/2029	4.00%	7,917,000	7,948,525	7,944,245
	U S TREASURY NOTE	Government Bond	4/30/2026	4.88%	10,000,000	10,171,111	10,158,550
	U S TREASURY NOTE	Government Bond	5/15/2034	4.38%	9,000,000	9,128,944	8,934,198
	U S TREASURY NOTE	Government Bond	5/15/2027	4.50%	9,900,000	10,058,582	10,005,096
	U S TREASURY NOTE	Government Bond	9/30/2031	3.63%	5,500,000	5,385,714	5,287,161
	U S TREASURY NOTE	Government Bond	11/15/2034	4.25%	21,383,000	21,149,291	20,999,422
	U S TREASURY NOTE	Government Bond	11/30/2026	4.25%	5,400,000	5,404,036	5,418,197

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

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	U S TREASURY NOTE	Government Bond	11/30/2029	4.13%	23,132,369	$ 23,118,350	$ 22,969,141
	U S TREASURY NOTE	Government Bond	12/15/2027	4.00%	15,000,000	14,959,088	14,910,280
	AEP TRANSMISSION CO LLC	Corporate Obligation	4/1/2034	5.15%	529,000	528,651	528,595
	ANGI GROUP LLC 144A	Corporate Obligation	8/15/2028	3.88%	151,000	142,293	137,069
	ALCOA NEDERLAND HOLDING B 144A	Corporate Obligation	3/15/2031	7.13%	365,000	371,388	385,808
	ALLEGIANT TRAVEL CO 144A	Corporate Obligation	8/15/2027	7.25%	170,000	166,550	175,151
	BREAD FINANCIAL HOLDINGS 144A	Corporate Obligation	3/15/2029	9.75%	340,000	353,384	374,815
	AMERICAN TOWER CORP	Corporate Obligation	7/15/2033	5.55%	96,000	95,664	99,527
	ELEVANCE HEALTH INC	Corporate Obligation	2/15/2035	5.20%	200,000	199,292	197,808
	APOLLO COMMERCIAL REAL ES 144A	Corporate Obligation	6/15/2029	4.63%	55,000	48,813	47,845
	ARETEC GROUP INC 144A	Corporate Obligation	8/15/2030	10.00%	700,000	765,625	791,523
	ARSENAL AIC PARENT LLC 144A	Corporate Obligation	10/1/2030	8.00%	315,000	317,927	331,928
	ASBURY AUTOMOTIVE GROUP INC	Corporate Obligation	3/1/2030	4.75%	160,000	148,000	151,757
	ASBURY AUTOMOTIVE GROUP I 144A	Corporate Obligation	2/15/2032	5.00%	843,000	783,635	775,390
	ASCENT RESOURCES UTICA HO 144A	Corporate Obligation	12/31/2028	8.25%	1,130,000	1,123,843	1,192,235
	ASCENT RESOURCES UTICA HO 144A	Corporate Obligation	10/15/2032	6.63%	332,000	332,157	334,153
	BAT CAPITAL CORP	Corporate Obligation	4/2/2050	5.28%	40,000	40,000	35,737
	BANK OF AMERICA CORP	Corporate Obligation	10/21/2027	3.25%	1,996,000	2,115,789	1,937,468
	BAYER US FINANCE LLC 144A	Corporate Obligation	11/21/2033	6.50%	605,000	603,421	622,583
	BERRY GLOBAL INC 144A	Corporate Obligation	7/15/2026	4.88%	29,000	30,606	29,563
	BLUELINX HOLDINGS INC 144A	Corporate Obligation	11/15/2029	6.00%	708,000	666,766	696,641
	BROOKFIELD PROPERTY REIT 144A	Corporate Obligation	5/15/2026	5.75%	968,000	891,717	961,599
	CCO HOLDINGS LLC / CCO HO 144A	Corporate Obligation	3/1/2031	7.38%	1,528,000	1,512,341	1,596,047
	CVS HEALTH CORP	Corporate Obligation	8/21/2027	1.30%	1,000	923	910
	CABLE ONE INC 144A	Corporate Obligation	11/15/2030	4.00%	2,454,000	2,096,320	2,062,050
	CABLE ONE INC	Corporate Obligation	3/15/2028	4.00%	908,000	710,878	749,838
	CELANESE US HOLDINGS LLC	Corporate Obligation	11/15/2033	6.95%	385,000	410,909	403,538
	CENTERPOINT ENERGY RESOURCES C	Corporate Obligation	3/1/2033	5.40%	340,000	339,915	348,252
	CIMPRESS PLC 144A	Corporate Obligation	9/15/2032	7.38%	820,000	820,600	827,668
	CLEVELAND-CLIFFS INC 144A	Corporate Obligation	3/15/2032	7.00%	1,614,000	1,620,826	1,610,871
	CLOROX CO/THE	Corporate Obligation	5/1/2032	4.60%	83,000	82,568	81,941
	CLOUD SOFTWARE GROUP INC 144A	Corporate Obligation	9/30/2029	9.00%	785,000	756,450	815,238
	COMCAST CORP	Corporate Obligation	10/15/2030	4.25%	283,000	348,833	275,532
	COMCAST CORP	Corporate Obligation	2/15/2031	1.50%	1,466,000	1,362,050	1,203,552
	COMMONSPIRIT HEALTH	Corporate Obligation	10/1/2029	3.35%	5,000	4,614	4,701
	CONNECT FINCO SARL / CONN 144A	Corporate Obligation	9/15/2029	9.00%	1,730,000	1,604,975	1,623,778
	CONSOLIDATED ENERGY FINAN 144A	Corporate Obligation	2/15/2031	12.00%	365,000	367,738	369,067
	CORONADO FINANCE PTY LTD 144A	Corporate Obligation	10/1/2029	9.25%	553,000	566,674	572,487
	DAVITA INC 144A	Corporate Obligation	9/1/2032	6.88%	792,000	798,538	818,733
	DIEBOLD NIXDORF INC 144A	Corporate Obligation	3/31/2030	7.75%	500,000	508,194	513,724
	CAESARS ENTERTAINMENT INC 144A	Corporate Obligation	7/1/2027	8.13%	1,000	1,017	1,051
	ENCORE CAPITAL GROUP INC 144A	Corporate Obligation	4/1/2029	9.25%	384,000	405,423	417,479
	ENTERPRISE PRODUCTS OPERATING	Corporate Obligation	2/15/2025	3.75%	1,666,000	1,769,292	1,686,953
	EVERSOURCE ENERGY	Corporate Obligation	4/1/2029	4.25%	100,000	99,305	98,005
	FOOT LOCKER INC 144A	Corporate Obligation	10/1/2029	4.00%	745,000	669,150	649,826
	FORTRESS TRANSPORTATION A 144A	Corporate Obligation	12/1/2030	7.88%	719,000	741,569	755,987
	FREEDOM MORTGAGE CORP 144A	Corporate Obligation	10/1/2028	12.00%	112,200	115,659	125,150
	GGAM FINANCE LTD 144A	Corporate Obligation	2/15/2027	8.00%	1,294,800	1,328,492	1,340,863
	GENERAL ELECTRIC CO	Corporate Obligation	8/15/2036	5.27%	52,000	42,380	48,881
	GENERAL MOTORS CO	Corporate Obligation	10/15/2032	5.60%	1,548,363	1,504,170	1,584,629
	GLOBAL NET LEASE INC / GL 144A	Corporate Obligation	12/15/2027	3.75%	258,000	238,660	235,945
	GROUP 1 AUTOMOTIVE INC 144A	Corporate Obligation	1/15/2030	6.38%	570,000	571,550	587,647
	HILTON GRAND VACATIONS BO 144A	Corporate Obligation	1/15/2032	6.63%	400,000	401,000	413,475
	HUDSON PACIFIC PROPERTIES LP	Corporate Obligation	4/1/2029	4.65%	98,700	88,417	75,689
	HUDSON PACIFIC PROPERTIES LP	Corporate Obligation	1/15/2030	3.25%	105,000	70,371	73,270
	INEOS FINANCE PLC 144A	Corporate Obligation	5/15/2028	6.75%	1,574,555	1,542,400	1,599,960
	INEOS QUATTRO FINANCE 2 P 144A	Corporate Obligation	3/15/2029	9.63%	323,300	348,962	345,213
	INTERNATIONAL FLAVORS & F 144A	Corporate Obligation	11/1/2030	2.30%	17,000	13,066	14,517
	INVITATION HOMES OPERATING PAR	Corporate Obligation	8/15/2033	5.50%	327,000	314,558	333,235
	JBS USA HOLDING LUX SARL/ JBS	Corporate Obligation	5/15/2032	3.00%	100,000	81,574	83,642
	KAISER ALUMINUM CORP 144A	Corporate Obligation	6/1/2031	4.50%	264,000	237,096	231,742
	KINDER MORGAN INC	Corporate Obligation	2/1/2034	5.40%	5,000,000	4,901,500	5,058,200
	BATH & BODY WORKS INC	Corporate Obligation	7/1/2036	6.75%	458,298	451,369	479,494
	LCPR SENIOR SECURED FINAN 144A	Corporate Obligation	10/15/2027	6.75%	873,000	831,954	800,681
	LCPR SENIOR SECURED FINAN 144A	Corporate Obligation	7/15/2029	5.13%	500,000	405,000	412,561
	LSF11 A5 HOLDCO LLC 144A	Corporate Obligation	10/15/2029	6.63%	589,000	509,393	612,782
	LIFEPOINT HEALTH INC 144A	Corporate Obligation	8/15/2030	9.88%	365,000	400,588	407,254
	LIFEPOINT HEALTH INC 144A	Corporate Obligation	10/15/2030	11.00%	350,000	379,138	392,232
	LITHIA MOTORS INC 144A	Corporate Obligation	1/15/2031	4.38%	870,000	812,350	806,154
	WARNERMEDIA HOLDINGS INC	Corporate Obligation	3/15/2032	4.28%	1,800,221	1,589,144	1,613,879
	WARNERMEDIA HOLDINGS INC	Corporate Obligation	3/15/2042	5.05%	160,000	160,000	131,406
	MARRIOTT OWNERSHIP RESORTS INC	Corporate Obligation	1/15/2028	4.75%	845,000	784,023	823,475
	MINERAL RESOURCES LTD 144A	Corporate Obligation	11/1/2027	8.00%	396,000	406,890	407,632
	MINERAL RESOURCES LTD 144A	Corporate Obligation	10/1/2028	9.25%	761,000	794,787	817,044

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	NCL CORP LTD 144A	Corporate Obligation	2/15/2027	5.88%	216,000	$ 211,824	$ 219,854
	NABORS INDUSTRIES INC 144A	Corporate Obligation	1/31/2030	9.13%	283,000	290,893	293,730
	NATIONSTAR MORTGAGE HOLDI 144A	Corporate Obligation	2/1/2032	7.13%	199,000	196,935	207,405
	NEW FORTRESS ENERGY INC 144A	Corporate Obligation	9/30/2026	6.50%	631,000	561,334	616,759
	ONEMAIN FINANCE CORP	Corporate Obligation	1/15/2029	9.00%	1,075,000	1,108,231	1,184,392
	ORGANON & CO / ORGANON FO 144A	Corporate Obligation	5/15/2034	6.75%	795,000	793,513	796,077
	PBF HOLDING CO LLC / PBF FINAN	Corporate Obligation	2/15/2028	6.00%	223,000	212,571	219,008
	PRA GROUP INC 144A	Corporate Obligation	10/1/2029	5.00%	683,000	625,326	633,305
	PRA GROUP INC 144A	Corporate Obligation	1/31/2030	8.88%	750,000	785,771	817,794
	PENNYMAC FINANCIAL SERVIC 144A	Corporate Obligation	10/15/2025	5.38%	408,000	405,960	411,646
	PENNYMAC FINANCIAL SERVIC 144A	Corporate Obligation	12/15/2029	7.88%	350,000	359,580	367,535
	PETROLEOS MEXICANOS	Corporate Obligation	2/12/2048	6.35%	65,000	40,059	44,092
	QVC INC	Corporate Obligation	2/15/2025	4.45%	303,000	294,374	306,130
	QVC INC 144A	Corporate Obligation	4/15/2029	6.88%	1,137,000	789,279	947,614
	RAND PARENT LLC 144A	Corporate Obligation	2/15/2030	8.50%	635,000	638,284	659,099
	UPBOUND GROUP INC 144A	Corporate Obligation	2/15/2029	6.38%	395,000	384,723	393,058
	SABRE GLBL INC 144A	Corporate Obligation	12/15/2027	11.25%	635,000	635,311	686,772
	MATIV HOLDINGS INC 144A	Corporate Obligation	10/1/2029	8.00%	795,000	814,269	780,465
	SEADRILL FINANCE LTD 144A	Corporate Obligation	8/1/2030	8.38%	480,000	494,486	504,430
	SIMMONS FOODS INC/SIMMONS 144A	Corporate Obligation	3/1/2029	4.63%	673,000	636,242	632,153
	SIRIUS XM RADIO LLC 144A	Corporate Obligation	7/1/2029	5.50%	257,000	244,598	253,142
	SMITHFIELD FOODS INC 144A	Corporate Obligation	2/1/2027	4.25%	208,000	226,331	207,055
	SPIRIT AEROSYSTEMS INC 144A	Corporate Obligation	11/15/2030	9.75%	138,000	145,271	154,431
	STATION CASINOS LLC 144A	Corporate Obligation	2/15/2028	4.50%	802,000	752,520	774,203
	STATION CASINOS LLC 144A	Corporate Obligation	12/1/2031	4.63%	695,000	619,705	623,147
	T-MOBILE USA INC	Corporate Obligation	1/15/2035	4.70%	315,000	314,537	302,527
	TAKE-TWO INTERACTIVE SOFTWARE	Corporate Obligation	4/14/2032	4.00%	203,000	202,785	189,575
	TIME WARNER CABLE LLC	Corporate Obligation	11/15/2040	5.88%	127,000	116,678	114,753
	UBER TECHNOLOGIES INC	Corporate Obligation	9/15/2034	4.80%	160,000	161,026	155,495
	US BANCORP	Corporate Obligation	10/21/2033	5.85%	58,000	56,384	59,451
	UNITED WHOLESALE MORTGAGE 144A	Corporate Obligation	4/15/2029	5.50%	1,511,000	1,437,913	1,470,069
	UNITEDHEALTH GROUP INC	Corporate Obligation	7/15/2034	5.15%	412,000	431,183	417,256
	UNIVERSAL HEALTH SERVICES INC	Corporate Obligation	9/1/2026	1.65%	260,000	241,375	247,450
	VERIZON COMMUNICATIONS INC	Corporate Obligation	9/21/2028	4.33%	47,050	51,936	46,807
	VIRGIN MEDIA SECURED FINA 144A	Corporate Obligation	5/15/2029	5.50%	187,000	171,694	176,673
	WALGREENS BOOTS ALLIANCE INC	Corporate Obligation	11/18/2034	4.50%	205,000	160,925	156,533
	ZIPRECRUITER INC 144A	Corporate Obligation	1/15/2030	5.00%	1,010,000	922,432	931,498
	ACUSHNET HLDGS CORP USD 0.001	Common Stock	N/A	N/A	17,530	664,631	1,231,483
	AEHR TEST SYS USD 0.01	Common Stock	N/A	N/A	101,316	1,384,727	1,720,346
	AGREE REAL COM USD0.0001	Common Stock	N/A	N/A	5,000	319,948	349,550
	ALBEMARLE COM USD0.01	Common Stock	N/A	N/A	20,027	2,884,950	1,725,126
	ALCON AG CHF 0.04	Common Stock	N/A	N/A	86,477	5,215,465	7,328,926
	ALIBABA GROUP HLDG USD 0.000025 ADR	Common Stock	N/A	N/A	2,500	479,074	210,325
	ALLEGRO MICROSYSTEMS INC D USD 0.01	Common Stock	N/A	N/A	98	2,238	2,115
	ALTA EQUIP GROUP INC USD 0.0001	Common Stock	N/A	N/A	51,659	576,498	336,817
	AMERICAN PUB ED INC USD 0.01	Common Stock	N/A	N/A	15,816	133,179	342,733
	AMERICAN SUPERCONDUCTOR CO USD 0.01	Common Stock	N/A	N/A	33,648	545,086	847,930
	ARROW ELECTRS INC USD 1.0	Common Stock	N/A	N/A	13,928	1,369,100	1,566,064
	AXCELIS TECHNOLOGIES INC USD 0.001	Common Stock	N/A	N/A	6,120	374,347	428,522
	BALDWIN INSURANCE GROUP IN USD 0.01	Common Stock	N/A	N/A	25,420	1,051,045	975,365
	BANCO SANTANDER SA EUR 0.5 ADR	Common Stock	N/A	N/A	169,400	701,289	769,076
	BARRETT BUSINESS SVCS INC USD 0.01	Common Stock	N/A	N/A	41,070	744,674	1,780,385
	BHP GROUP LTD	Common Stock	N/A	N/A	68,973	5,263,028	3,364,503
	BICYCLE THERAPEUTICS P USD 0.01 ADR	Common Stock	N/A	N/A	3,174	59,884	44,849
	BLUE BIRD CORP USD 0.0001	Common Stock	N/A	N/A	27,542	906,844	1,064,774
	BORGWARNER INC USD 0.01	Common Stock	N/A	N/A	29,731	1,048,108	940,689
	BUILD-A-BEAR WORKSHOP INC USD 0.01	Common Stock	N/A	N/A	13,249	580,420	618,728
	CABOT CORP USD 1.0	Common Stock	N/A	N/A	31,364	1,554,205	2,842,833
	CECO ENVIRONMENTAL CORP USD 0.01	Common Stock	N/A	N/A	41,205	754,923	1,256,753
	CHOICE HOTELS INTL INC USD 0.01	Common Stock	N/A	N/A	4,896	338,891	691,413
	CLEAN ENERGY FUELS CORP USD 0.0001	Common Stock	N/A	N/A	133,363	653,330	332,074
	CLEARFIELD INC USD 0.01	Common Stock	N/A	N/A	11,088	452,369	346,278
	COHU INC USD 1.0	Common Stock	N/A	N/A	18,582	474,258	490,936
	COMMERCE BANCSHARES INC USD 5.0	Common Stock	N/A	N/A	16,677	746,889	1,042,813
	CONMED CORP USD 0.01	Common Stock	N/A	N/A	32,801	2,852,423	2,267,861
	CONSTRUCTION PARTNERS INC USD 0.001	Common Stock	N/A	N/A	20,356	712,165	1,819,419
	CORE LABORATORIES INC USD 0.01	Common Stock	N/A	N/A	35,226	695,158	601,308
	COSAN S A NPV ADR	Common Stock	N/A	N/A	51,300	795,262	275,481
	CROCS INC USD 0.001	Common Stock	N/A	N/A	6,078	635,274	660,739
	CULLEN / FROST BANKERS INC USD 0.01	Common Stock	N/A	N/A	7,065	692,889	951,514
	DIODES INC COM USD0.66 2/3	Common Stock	N/A	N/A	7,200	471,045	443,016
	FABRINET USD 0.01	Common Stock	N/A	N/A	6,669	1,143,060	1,432,234
	FIGS INC USD 0.0001	Common Stock	N/A	N/A	133,913	625,009	836,956

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	FUJITSU LTD NPV ADR	Common Stock	N/A	N/A	21,500	$ 337,243	$ 378,615
	GATX CORP USD 0.625	Common Stock	N/A	N/A	9,515	807,810	1,476,823
	GENCO SHIPPING + TRADING L USD 0.01	Common Stock	N/A	N/A	18,600	359,785	257,238
	GENIUS SPORTS LTD USD 0.001	Common Stock	N/A	N/A	224,948	1,517,648	1,939,052
	GENMAB A/S DKK 1.0 ADR	Common Stock	N/A	N/A	9,100	375,462	189,007
	GLOBANT SA USD 1.2	Common Stock	N/A	N/A	2,358	443,582	512,464
	GROUP 1 AUTOMOTIVE INC USD 0.01	Common Stock	N/A	N/A	1,218	202,579	510,476
	GSK PLC 25P ADR	Common Stock	N/A	N/A	200,923	7,955,093	6,761,059
	H+E EQUIPM USD0.01	Common Stock	N/A	N/A	21,087	675,643	1,037,691
	HALEON PLC NPV ADR	Common Stock	N/A	N/A	555,610	4,794,683	5,283,851
	HDFC BK LTD INR 10.0 ADR	Common Stock	N/A	N/A	132,793	8,020,991	8,517,343
	HONDA MTR LTD NPV ADR	Common Stock	N/A	N/A	84,600	2,518,099	2,411,100
	INDEPENDEN COM USD0.01	Common Stock	N/A	N/A	62,944	1,032,886	1,246,291
	INSPERITY INC USD 0.01	Common Stock	N/A	N/A	368	42,746	28,472
	INTEGER HLDGS CORP USD 0.001	Common Stock	N/A	N/A	1,186	88,641	158,426
	INTERNATIONAL SEAWAYS INC NPV	Common Stock	N/A	N/A	20,644	1,003,104	725,637
	J + J SNACK FOODS CORP NPV	Common Stock	N/A	N/A	8,846	1,164,586	1,373,784
	JD COM INC USD 0.00002 ADR	Common Stock	N/A	N/A	2,000	132,467	68,520
	JOHNSON OUTDOORS INC USD 0.05	Common Stock	N/A	N/A	29,558	1,578,748	975,710
	KAO CORP NPV ADR	Common Stock	N/A	N/A	130,596	1,012,649	1,063,051
	KB HOME USD 1.0	Common Stock	N/A	N/A	17,130	520,407	1,123,385
	KDDI CORP NPV ADR	Common Stock	N/A	N/A	68,100	1,106,524	1,086,876
	KERING S A EUR 4.0 ADR	Common Stock	N/A	N/A	75,000	2,838,825	1,844,250
	KONINKLIJKE AHOLD DELHAIZE NV	Common Stock	N/A	N/A	68,200	2,165,002	2,217,182
	KONINKLIJKE PHILIPS N.V ADR	Common Stock	N/A	N/A	365,170	5,751,017	9,253,408
	LANTHEUS HLDGS INC USD 0.01	Common Stock	N/A	N/A	24,210	1,900,670	2,157,837
	LIBERTY ENERGY INC USD 0.01	Common Stock	N/A	N/A	15,276	245,309	300,479
	LIGHTSPEED COMM INC NPV	Common Stock	N/A	N/A	111,820	1,574,201	1,706,373
	MAGNOLIA OIL + GAS CORP USD 0.0001	Common Stock	N/A	N/A	40,200	718,595	934,650
	MAKEMYTRIP LTD USD 0.0005	Common Stock	N/A	N/A	4,948	515,770	564,072
	MAMA S CREATIONS INC USD 0.00001	Common Stock	N/A	N/A	171,487	917,879	1,358,177
	MERIT MEDI COM NPV	Common Stock	N/A	N/A	5,006	430,829	483,079
	MESA LABS INC NPV	Common Stock	N/A	N/A	8,789	1,714,257	1,160,500
	MIDDLEBY CORP USD 0.01	Common Stock	N/A	N/A	22,357	2,991,480	3,031,386
	MIRUM PHARMACEUTICALS IN USD 0.0001	Common Stock	N/A	N/A	38,323	1,008,598	1,578,141
	MITSUBISHI UFJ FINL GROUP I NPV ADR	Common Stock	N/A	N/A	311,918	1,623,875	3,661,917
	MONDI PLC NPV ADR	Common Stock	N/A	N/A	1,881	100,481	55,347
	MONOLITHIC PWR SYS INC USD 0.001	Common Stock	N/A	N/A	4,669	1,634,881	2,818,442
	MONTROSE ENVIRONMENTAL USD 0.000004	Common Stock	N/A	N/A	632	42,040	12,008
	MOONLAKE IMMUNOTHERAPEUT USD 0.0001	Common Stock	N/A	N/A	15,809	586,099	838,193
	NATIONAL HEALTHCARE CORP USD 0.01	Common Stock	N/A	N/A	12,275	831,436	1,318,581
	NOBLE CORP PLC USD 0.00001	Common Stock	N/A	N/A	19,694	950,268	598,698
	NORTHERN OIL + GAS INC USD 0.001	Common Stock	N/A	N/A	35,436	1,146,155	1,296,249
	NOVARTIS AG CHF 0.5 ADR	Common Stock	N/A	N/A	48,165	3,751,656	4,687,899
	OLD NATL BANCORP IND NPV	Common Stock	N/A	N/A	87,367	1,496,608	1,896,738
	ON SEMICONDUCTOR CORP USD 0.01	Common Stock	N/A	N/A	53,756	1,983,384	3,411,356
	ONESTREAM INC USD 0.0001	Common Stock	N/A	N/A	31,570	932,698	911,426
	OSCAR HEALTH INC USD 0.00001	Common Stock	N/A	N/A	59,470	969,368	807,603
	OXFORD INDS INC USD 1.0	Common Stock	N/A	N/A	6,315	649,375	480,508
	P10 INC USD 0.001	Common Stock	N/A	N/A	13,433	140,986	166,972
	PAPA JOHNS INTL INC USD 0.01	Common Stock	N/A	N/A	57,565	3,986,689	2,307,781
	PATRICK INDS INC NPV	Common Stock	N/A	N/A	7,691	585,012	636,123
	PENGUIN SOLUTIONS INC USD 0.01	Common Stock	N/A	N/A	77,650	1,380,439	1,462,926
	PETCO HEALTH + WELLNESS C USD 0.001	Common Stock	N/A	N/A	232,661	1,129,917	891,092
	PING AN INS GROUP CO CH HKD 1.0 ADR	Common Stock	N/A	N/A	10,400	223,007	122,200
	PKO BK POLSKI SA PLN 1.0 ADR	Common Stock	N/A	N/A	3,000	42,063	43,485
	PORTILLOS INC USD 0.01	Common Stock	N/A	N/A	86,767	1,200,078	789,580
	POSTAL REA COM USD0.01 CL A	Common Stock	N/A	N/A	106,353	1,604,062	1,376,208
	POWERFLEET INC USD 0.01	Common Stock	N/A	N/A	57,300	332,473	381,618
	REVOLVE GROUP INC USD 0.001	Common Stock	N/A	N/A	33,170	569,478	1,133,751
	ROCHE HLDG LTD NPV ADR	Common Stock	N/A	N/A	99,625	3,314,889	3,502,815
	ROCKET LAB USA INC USD 0.0001	Common Stock	N/A	N/A	42,846	874,375	1,127,707
	ROCKET PHARMACEUTICALS INC USD 0.01	Common Stock	N/A	N/A	73,132	1,477,405	879,778
	RYERSON HLDG CORP USD 0.01	Common Stock	N/A	N/A	107	3,725	1,944
	SAIA INC USD 0.001	Common Stock	N/A	N/A	5,113	923,244	2,348,912
	SECOM CO ADR EACH REPR 1/4 ORD SH	Common Stock	N/A	N/A	8,964	75,590	76,015
	SHELL PLC NPV ADR	Common Stock	N/A	N/A	222,383	10,215,721	13,738,817
	SHIFT4 PMTS INC USD 0.0001	Common Stock	N/A	N/A	21,830	1,174,340	2,288,876
	SHIMANO INC NPV ADR	Common Stock	N/A	N/A	1,000	16,696	13,600
	SHOE CARNIVAL INC USD 0.01	Common Stock	N/A	N/A	20,501	416,106	703,594
	SIMULATIONS PLUS INC USD 0.001	Common Stock	N/A	N/A	32,550	1,308,957	909,447
	SINGAPORE TELECOMMUNIC SGD 0.15 ADR	Common Stock	N/A	N/A	16,300	389,750	369,684
	SOLENO THERAPEUTICS INC USD 0.001	Common Stock	N/A	N/A	1	48	45
	SONY GROUP CORP NPV ADR	Common Stock	N/A	N/A	290,083	4,607,502	6,152,660

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6112463
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	TENCENT HLDGS LTD NPV ADR	Common Stock	N/A	N/A	167,103	$ 10,355,583	$ 9,118,413
	TESCO PLC NPV ADR	Common Stock	N/A	N/A	46,622	554,762	652,242
	TOYOTA INDS CORP NPV ADR	Common Stock	N/A	N/A	3,400	205,146	279,276
	TRANSCAT INC USD 0.5	Common Stock	N/A	N/A	4,968	485,181	523,876
	U S PHYSICAL THERAPY USD 0.01	Common Stock	N/A	N/A	10,423	1,085,304	930,149
	UFP TECHNOLOGIES INC USD 0.01	Common Stock	N/A	N/A	1,612	104,664	384,833
	UNITED OVERSEAS BK LTD SGD 1.0 ADR	Common Stock	N/A	N/A	11,500	416,117	613,410
	UPM KYMMENE CORP NPV ADR	Common Stock	N/A	N/A	19,400	639,603	534,858
	URANIUM ENERGY CORP USD 0.001	Common Stock	N/A	N/A	79,840	668,054	548,501
	VAALCO ENERGY INC USD 0.1	Common Stock	N/A	N/A	96,400	467,094	408,736
	VIRTUS SEIX SENIOR LOAN ETF	Common Stock	N/A	N/A	51,200	1,229,471	1,224,192
	VITAL FARMS INC USD 0.0001	Common Stock	N/A	N/A	8,422	118,181	312,962
	WEC ENERGY GROUP INC USD 0.01	Common Stock	N/A	N/A	21,058	1,921,389	1,983,874
	WEG SA BRAZIL NPV ADR	Common Stock	N/A	N/A	27,500	166,489	240,900
	WERNER ENTERPRISES INC USD 0.01	Common Stock	N/A	N/A	31,339	1,105,042	1,125,383
	WPP PLC NEW NPV ADR	Common Stock	N/A	N/A	71,654	4,699,840	3,680,149
	ZURN ELKAY WTR SOLUTIONS C USD 0.01	Common Stock	N/A	N/A	15,476	318,014	579,886
	ZYNEX INC USD 0.001	Common Stock	N/A	N/A	2,300	25,451	18,262
	Total Securities on Loan					534,194,414	550,752,810
	Collateral Held for Securities on Loan					562,937,417	562,937,417
	Total Assets (Held at End of Year)					$ 6,769,378,010	$ 8,712,960,551

Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Attained Age	Under 1 Number	Under 1 Average Accrued Mon. Ben.	1 to 4 Number	1 to 4 Avg Accrued Mon. Ben.	5 to 9 Number	5 to 9 Avg Accrued Mon. Ben.	10 to 14 Number	10 to 14 Avg Accrued Mon. Ben.	15 to 19 Number	15 to 19 Avg Accrued Mon. Ben.
Under 25	624	$29	3,967	$106	358	$282	—	—	—	—
25 to 29	313	36	3,462	133	2,646	366	141	$753	—	—
30 to 34	252	41	3,037	133	3,262	388	1,408	760	123	$957
35 to 39	190	40	2,261	139	2,499	394	1,841	813	1,577	1,105
40 to 44	134	43	1,568	143	1,752	410	1,465	795	2,173	1,139
45 to 49	92	51	1,027	147	1,162	410	979	789	1,564	1,099
50 to 54	67	46	753	148	727	397	663	719	1,065	1,061
55 to 59	45	43	517	149	462	373	454	749	721	1,024
60 to 64	23	42	307	152	313	392	297	714	430	988
65 to 69	4		63	114	80	302	66	597	82	869
70 & over	—	—	28	127	8		7		9	
Unknown	81	33	208	50	32	89	10		1	
Total	**1,825**		**17,198**		**13,301**		**7,331**		**7,745**	

Note: Excludes 3,490 participants with less than one year of vesting service

Segal

Pension Credits

Attained Age	20 to 24 Number	20 to 24 Avg Accrued Mon. Ben.	25 to 29 Number	25 to 29 Avg Accrued Mon. Ben.	30 to 34 Number	30 to 34 Avg Accrued Mon. Ben.	35 to 39 Number	35 to 39 Avg Accrued Mon. Ben.	40 & up Number	40 & up Avg Accrued Mon. Ben.
Under 25	—	—	—	—	—	—	—	—	—	—
25 to 29	—	—	—	—	—	—	—	—	—	—
30 to 34	—	—	—	—	—	—	—	—	—	—
35 to 39	47	$1,244	—	—	—	—	—	—	—	—
40 to 44	1,320	1,455	91	$1,511	—	—	—	—	—	—
45 to 49	1,918	1,523	1,173	1,793	41	$1,972	—	—	—	—
50 to 54	1,595	1,476	1,818	1,797	998	2,035	56	$2,420	—	—
55 to 59	1,067	1,390	1,239	1,723	1,166	2,091	749	2,246	33	$2,643
60 to 64	533	1,363	558	1,565	480	1,909	520	2,040	298	2,706
65 to 69	83	1,143	77	1,277	60	1,447	57	1,715	113	2,253
70 & over	7		10		5		2		16	
Unknown	—	—	—	—	—	—	—	—	—	—
Total	**6,570**		**4,966**		**2,750**		**1,384**		**460**	

Note: Excludes 3,490 participants with less than one pension credit.

Segal

Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
01/31/2024	$8,007.03	$0.00	$8,007.03
01/31/2024	2,065.13	0.00	2,065.13
01/31/2024	13,337.56	0.00	13,337.56
01/31/2024	4,214.00	0.00	4,214.00
01/31/2024	31,665.27	0.00	31,665.27
01/31/2024	371,328.82	0.00	371,328.82
01/31/2024	3,920.21	0.00	3,920.21
01/31/2024	10,343.83	0.00	10,343.83
01/31/2024	71,734.38	0.00	71,734.38
01/31/2024	0.00	112,169.92	112,169.92
01/31/2024	0.00	250,000.00	250,000.00
01/31/2024	1,000.00	0.00	1,000.00
01/31/2024	8,466.58	0.00	8,466.58
01/31/2024	1,000.00	0.00	1,000.00
02/29/2024	2,065.13	0.00	2,065.13
02/29/2024	61,049.69	0.00	61,049.69
02/29/2024	1,523.06	0.00	1,523.06
02/29/2024	17,439.50	0.00	17,439.50
02/29/2024	14,591.46	0.00	14,591.46
02/29/2024	21,641.79	0.00	21,641.79
02/29/2024	11,771.52	0.00	11,771.52
02/29/2024	0.00	5,000.00	5,000.00
02/29/2024	90,017.54	0.00	90,017.54

Segal

2024 Schedule MB, Line 3(d) - Withdrawal Liability Amounts
Sheet Metal Workers' National Pension Fund
EIN 52-6112463/PN 001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
02/29/2024	0.00	113,995.16	113,995.16
02/29/2024	15,200.88	0.00	15,200.88
02/29/2024	1,000.00	0.00	1,000.00
03/31/2024	29,898.16	0.00	29,898.16
03/31/2024	1,898.95	0.00	1,898.95
03/31/2024	9,643.54	0.00	9,643.54
03/31/2024	25,222.08	0.00	25,222.08
03/31/2024	0.00	37,272.61	37,272.61
03/31/2024	0.00	36,522.61	36,522.61
03/31/2024	3,175.76	0.00	3,175.76
03/31/2024	30,875.00	0.00	30,875.00
03/31/2024	25,253.90	0.00	25,253.90
03/31/2024	8,145.90	0.00	8,145.90
03/31/2024	5,885.76	0.00	5,885.76
03/31/2024	0.00	20,000.00	20,000.00
03/31/2024	50,190.16	0.00	50,190.16
03/31/2024	1,000.00	0.00	1,000.00
04/30/2024	1,898.95	0.00	1,898.95
04/30/2024	371,328.82	0.00	371,328.82
04/30/2024	3,920.21	0.00	3,920.21
04/30/2024	71,734.38	0.00	71,734.38
04/30/2024	17,439.50	0.00	17,439.50
04/30/2024	39,787.32	0.00	39,787.32
04/30/2024	3,726.09	0.00	3,726.09
04/30/2024	4,214.00	0.00	4,214.00
04/30/2024	13,337.56	0.00	13,337.56

2024 Schedule MB, Line 3(d) - Withdrawal Liability Amounts
Sheet Metal Workers' National Pension Fund
EIN 52-6112463/PN 001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
04/30/2024	5,885.76	0.00	5,885.76
04/30/2024	0.00	29,260.58	29,260.58
04/30/2024	0.00	31,000.00	31,000.00
04/30/2024	8,233.48	0.00	8,233.48
04/30/2024	1,000.00	0.00	1,000.00
05/31/2024	5,885.76	0.00	5,885.76
05/31/2024	90,017.54	0.00	90,017.54
05/31/2024	15,464.51	0.00	15,464.51
05/31/2024	1,000.00	0.00	1,000.00
05/31/2024	969.33	0.00	969.33
05/31/2024	92,603.04	0.00	92,603.04
05/31/2024	61,049.69	0.00	61,049.69
05/31/2024	21,641.79	0.00	21,641.79
05/31/2024	23,997.51	0.00	23,997.51
06/30/2024	1,549.48	0.00	1,549.48
06/30/2024	975.18	0.00	975.18
06/30/2024	25,223.08	0.00	25,223.08
06/30/2024	2,639.03	0.00	2,639.03
06/30/2024	29,989.16	0.00	29,989.16
06/30/2024	5,885.76	0.00	5,885.76
06/30/2024	0.00	135,216.22	135,216.22
06/30/2024	50,190.16	0.00	50,190.16
06/30/2024	30,875.00	0.00	30,875.00
06/30/2024	504,779.24	0.00	504,779.24
06/30/2024	1,000.00	0.00	1,000.00
07/31/2024	4,214.00	0.00	4,214.00

2024 Schedule MB, Line 3(d) - Withdrawal Liability Amounts
Sheet Metal Workers' National Pension Fund
EIN 52-6112463/PN 001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
07/31/2024	1,000.00	0.00	1,000.00
07/31/2024	5,885.76	0.00	5,885.76
07/31/2024	15,732.72	0.00	15,732.72
07/31/2024	7,892.15	0.00	7,892.15
07/31/2024	252,339.50	0.00	252,339.50
07/31/2024	92,603.04	0.00	92,603.04
07/31/2024	981.07	0.00	981.07
07/31/2024	987.00	0.00	987.00
07/31/2024	3,920.21	0.00	3,920.21
07/31/2024	71,734.38	0.00	71,734.38
07/31/2024	8,287.18	0.00	8,287.18
07/31/2024	3,726.09	0.00	3,726.09
07/31/2024	13,337.56	0.00	13,337.56
08/31/2024	5,885.76	0.00	5,885.76
08/31/2024	90,017.54	0.00	90,017.54
08/31/2024	35,057.05	0.00	35,057.05
08/31/2024	1,000.00	0.00	1,000.00
08/31/2024	61,049.69	0.00	61,049.69
08/31/2024	17,439.50	0.00	17,439.50
08/31/2024	14,591.46	0.00	14,591.46
08/31/2024	2,717.90	0.00	2,717.90
08/31/2024	37,658.79	0.00	37,658.79
08/31/2024	1,815.52	0.00	1,815.52
08/31/2024	2,686.87	0.00	2,686.87
08/31/2024	23,997.51	0.00	23,997.51
09/30/2024	14,591.46	0.00	14,591.46

2024 Schedule MB, Line 3(d) - Withdrawal Liability Amounts
Sheet Metal Workers' National Pension Fund
EIN 52-6112463/PN 001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
09/30/2024	8,430.90	0.00	8,430.90
09/30/2024	4,214.00	0.00	4,214.00
09/30/2024	29,898.16	0.00	29,898.16
09/30/2024	-6,205.64	0.00	-6,205.64
09/30/2024	371,328.82	0.00	371,328.82
09/30/2024	3,002.73	0.00	3,002.73
09/30/2024	25,223.08	0.00	25,223.08
09/30/2024	992.96	0.00	992.96
09/30/2024	5,885.76	0.00	5,885.76
09/30/2024	50,190.16	0.00	50,190.16
09/30/2024	30,875.00	0.00	30,875.00
09/30/2024	504,779.24	0.00	504,779.24
09/30/2024	1,000.00	0.00	1,000.00
10/31/2024	5,885.76	0.00	5,885.76
10/31/2024	16,005.57	0.00	16,005.57
10/31/2024	1,000.00	0.00	1,000.00
10/31/2024	92,603.04	0.00	92,603.04
10/31/2024	998.96	0.00	998.96
10/31/2024	3,920.21	0.00	3,920.21
10/31/2024	1,576.35	0.00	1,576.35
10/31/2024	71,734.38	0.00	71,734.38
10/31/2024	3,726.09	0.00	3,726.09
10/31/2024	7,011.41	0.00	7,011.41
11/30/2024	17,439.50	0.00	17,439.50
11/30/2024	1,005.00	0.00	1,005.00
11/30/2024	31,845.91	0.00	31,845.91

2024 Schedule MB, Line 3(d) - Withdrawal Liability Amounts
Sheet Metal Workers' National Pension Fund
EIN 52-6112463/PN 001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
11/30/2024	61,049.69	0.00	61,049.69
11/30/2024	37,658.79	0.00	37,658.79
11/30/2024	21,641.79	0.00	21,641.79
11/30/2024	2,735.57	0.00	2,735.57
11/30/2024	5,885.76	0.00	5,885.76
11/30/2024	90,017.54	0.00	90,017.54
11/30/2024	1,000.00	0.00	1,000.00
11/30/2024	0.00	425,684.46	425,684.46
11/30/2024	1,000.00	0.00	1,000.00
12/31/2024	25,223.08	0.00	25,223.08
12/31/2024	23,997.51	0.00	23,997.51
12/31/2024	1,011.07	0.00	1,011.07
12/31/2024	29,898.16	0.00	29,898.16
12/31/2024	8,577.12	0.00	8,577.12
12/31/2024	5,885.76	0.00	5,885.76
12/31/2024	50,190.16	0.00	50,190.16
12/31/2024	0.00	945,259.19	945,259.19
12/31/2024	504,779.24	0.00	504,779.24
12/31/2024	30,875.00	0.00	30,875.00

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1990	$4,745,945	1	$4,745,945
Plan Amendment	01/01/1991	9,431,483	1	9,431,483
Plan Amendment	01/01/1992	67,967,427	1	67,967,427
Plan Amendment	01/01/1993	18,706,959	1	18,706,959
Plan Amendment	01/01/1994	26,446,025	1	26,446,025
Plan Amendment	01/01/1995	7,658,335	1	7,658,335
Plan Amendment	01/01/1996	36,476,415	2	18,876,215
Change in Assumptions	01/01/1996	56,538,786	2	29,258,310
Plan Amendment	01/01/1997	55,773,965	3	19,906,672
Plan Amendment	01/01/1998	14,804,405	4	4,098,247
Plan Amendment	01/01/1999	4,093,883	5	937,205
Plan Amendment	01/01/2000	149,585,736	6	29,487,241
Plan Amendment	01/01/2001	1,597,138	7	278,734
Plan Amendment	01/01/2002	89,511,325	8	14,112,645
Plan Amendment	01/01/2003	33,914,317	9	4,905,253
Plan Amendment	01/01/2004	118,302,102	10	15,886,929
Actuarial Loss	01/01/2005	7,671,772	1	7,671,772
Actuarial Loss	01/01/2006	6,462,716	1	6,462,716
Plan Amendment	01/01/2006	32,485,962	12	3,864,533
Actuarial Loss	01/01/2007	12,846,401	1	12,846,401
Plan Amendment	01/01/2007	38,081,060	13	4,308,821
Change in Assumptions	01/01/2007	790,613,500	13	89,456,859
Actuarial Loss	01/01/2008	16,138,328	1	16,138,328
Actuarial Loss	01/01/2009	9,682,900	5	2,216,689

Segal

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Extended Recognition of 2008 Investment Loss	01/01/2009	504,851,921	15	52,502,082
Change in Assumptions	01/01/2011	30,570,794	2	15,820,109
Extended Recognition of 2008 Investment Loss	01/01/2011	232,675,891	14	25,180,026
Plan Amendment	01/01/2012	1,198,933	3	427,919
Actuarial Loss	01/01/2012	28,975,896	3	10,341,988
Extended Recognition of 2008 Investment Loss	01/01/2012	52,570,498	14	5,689,143
Plan Amendment	01/01/2013	1,750,847	4	484,680
Change in Assumptions	01/01/2013	16,719,215	4	4,628,316
Extended Recognition of 2008 Investment Loss	01/01/2013	60,081,903	14	6,502,022
Plan Amendment	01/01/2014	1,241,595	5	284,236
Extended Recognition of 2008 Investment Loss	01/01/2014	146,303,692	14	15,832,885
Plan Amendment	01/01/2015	1,819,133	6	358,598
Actuarial Loss	01/01/2015	38,298,249	6	7,549,581
Change in Assumptions	01/01/2015	86,174,711	6	16,987,278
Plan Amendment	01/01/2016	2,558,155	7	446,451
Actuarial Loss	01/01/2016	104,929,748	7	18,312,430
Plan Amendment	01/01/2017	763,648	8	120,399
Actuarial Loss	01/01/2017	86,007,460	8	13,560,214
Actuarial Loss	01/01/2018	68,849,030	9	9,958,093
Plan Amendment	01/01/2019	694,211	10	93,226
Actuarial Loss	01/01/2019	111,702,985	10	15,000,726
Plan Amendment	01/01/2020	256,846	11	32,336
Actuarial Loss	01/01/2020	58,309,206	11	7,340,836
Plan Amendment	01/01/2022	611,526	13	69,193
Actuarial Loss	01/01/2023	132,483,772	14	14,337,303
Change in Assumptions	01/01/2023	222,048,707	14	24,029,959

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	01/01/2024	17,246,239	15	1,793,523
Plan Amendment	01/01/2024	25,378,400	15	2,639,227
Total		**$3,644,610,096**		**$685,992,523**

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	07/01/1994	$72,295	6.5	$13,370
Plan Amendment	01/01/1996	28,477,728	2	14,736,967
Plan Amendment	09/01/2003	153,313,267	9.67	21,079,630
Plan Amendment	01/01/2005	24,198,799	11	3,046,507
Change in Asset Method (Funding Relief)	01/01/2009	175,109,087	15	18,210,472
Plan Amendment	01/01/2010	626,986	1	626,986
Actuarial Gain	01/01/2010	12,682,419	1	12,682,419
Extended Recognition of 2008 Investment Loss	01/01/2010	129,655,688	14	14,031,250
Plan Amendment	01/01/2011	2,618,020	2	1,354,802
Actuarial Gain	01/01/2011	58,267,105	2	30,152,700
Plan Amendment	01/01/2013	78,217	4	21,653
Actuarial Gain	01/01/2013	16,993,102	4	4,704,135
Actuarial Gain	01/01/2014	78,665,981	5	18,008,861
Plan Amendment	01/01/2018	5,595,594	9	809,328
Change in assumptions	01/01/2019	67,151,915	10	9,017,910
Plan Amendment	01/01/2021	391,603	12	46,585
Actuarial Gain	01/01/2021	111,445,387	12	13,257,554
Actuarial Gain	01/01/2022	178,437,783	13	20,189,996
Plan Amendment	01/01/2023	1,547,238	14	167,441
Actuarial Gain	01/01/2024	26,028,794	15	2,706,865
Total		**$1,071,357,008**		**$184,865,431**

Segal

Justification for change in actuarial assumptions (Schedule MB, line 11)

- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024 for funding purposes, and as applicable, December 31, 2023 for withdrawal liability purposes:
  - Mortality for Healthy Male Employees, previously 103% of the RP-2006 Blue Collar Male Employee Mortality Table, projected generationally from 2006 with scale MP-2018
  - Mortality for Healthy Female Employees, previously 108% of the RP-2006 Blue Collar Female Employee Mortality Table, projected generationally from 2006 with scale MP-2018
  - Mortality for Healthy Male Pensioners or Beneficiaries, previously 103% of the RP-2006 Blue Collar Healthy Annuitant Mortality Table, projected generationally from 2006 with scale MP-2018
  - Mortality for Healthy Female Pensioners or Beneficiaries, previously 108% of the RP-2006 Blue Collar Healthy Annuitant Mortality Table, projected generationally from 2006 with scale MP-2018
  - Mortality for Disabled Males, previously 90% of the RP-2006 Disabled Male Retiree Mortality Table, projected generationally from 2006 with scale MP-2018
  - Mortality for Disabled Females, previously 100% of the RP-2006 Disabled Female Retiree Mortality Table, projected generationally from 2006 with scale MP-2018
  - Annual administrative expenses, previously $15,500,000

Segal

Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Rationale for demographic and noneconomic assumptions

The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation is shown in the : “Demographic Experience Analysis: January 1, 2013 through December 31, 2017,” dated April 2, 2019. Current data is reviewed in conjunction with each annual valuation. Mortality assumptions were updated based on review of recent experience and professional judgement.

Mortality rates

Non-retired participants: Pri-2012 Blue Collar Employee Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

Healthy pensioners: Pri-2012 Blue Collar Healthy Retiree Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

Survivor annuitants: Pri-2012 Blue Collar Healthy Contingent Survivor Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

Disabled pensioners: Pri-2012 Disabled Retiree Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

The mortality rates are based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year’s assumption over the most recent five years, taking into consideration the results of Segal’s industry mortality study.

Annuitant mortality rates[1]

Age	Healthy Male	Healthy Female	Survivor Male	Survivor Female	Disabled Male	Disabled Female
55	0.61%	0.47%	1.60%	0.79%	2.06%	1.41%
60	0.94%	0.73%	2.07%	1.12%	2.37%	1.76%
65	1.29%	1.04%	2.62%	1.48%	2.90%	2.07%
70	1.94%	1.46%	3.23%	1.95%	3.71%	2.53%
75	3.01%	2.32%	4.25%	2.84%	5.24%	3.57%
80	5.18%	3.98%	6.14%	4.41%	8.08%	5.63%
85	9.07%	7.08%	9.45%	7.26%	12.71%	9.33%
90	15.63%	12.55%	15.43%	12.55%	19.40%	15.50%

Termination rates

Age	Mortality Male[1]	Mortality Female[1]	Disability[2]	Withdrawal Construction[3]	Withdrawal Production[3]
20	0.07%	0.02%	0.03%	18.00%	23.00%
25	0.08%	0.03%	0.03%	10.00%	20.00%
30	0.09%	0.04%	0.03%	6.00%	15.00%
35	0.11%	0.05%	0.03%	5.00%	13.00%
40	0.12%	0.07%	0.04%	4.00%	11.00%
45	0.13%	0.09%	0.15%	3.00%	7.00%
50	0.17%	0.12%	0.40%	2.00%	7.00%
55	0.27%	0.19%	0.10%	2.00%	7.00%
60	0.45%	0.31%	0.10%	2.00%	7.00%

[1] Mortality rates are projected on a generational basis using Scale MP-2021. Rates above are sample rates in 2024.
[2] Participants are assumed to elect non-disability pensions upon eligibility.
[3] Withdrawal rates do not apply at or beyond early retirement age.

Segal

Retirement rates for active participants

Age	Annual Retirement Rates Not Eligible for Special Early	Annual Retirement Rates Eligible for Special Early but not for 55/30 (60/30) Pension	Annual Retirement Rates Eligible for 55/30 (60/30) Pension[1]
55	5%	5%	30%
56-57	5	5	15
58	5	5	15
59	5	8	15
60	6	10	25
61	9	14	25
62	22	33	40
63	13	21	25
64	16	24	25
65-66	25	35	40
67-69	25	35	30
70	100	100	100

Description of weighted average retirement age for active participants

Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the inactive vested participants included in the January 1, 2024 actuarial valuation.

[1] Rate at first eligibility for 55/30 (60/30, if applicable) Pension is 30% or above rate at applicable age, if higher

Retirement rates for inactive vested participants

Age	Annual Retirement Rates Not Eligible for Special Early	Annual Retirement Rates Eligible for Special Early but not for 55/30 (60/30) Pension	Annual Retirement Rates Eligible for 55/30 (60/30) Pension
55	5%	15%	65%
56	5	10	40
57	5	10	45
58	5	15	40
59	5	15	25
60	5	15	30
61	5	20	30
62	10	50	50
63	10	30	50
64	15	30	50
65	35	35	50
66-79	25	50	50
80	100	100	100

Description of weighted average retirement age for inactive vested participants

Age 67, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Future benefit accruals

- For Construction employees: 1,750 hours per year
- For Production employees: 2,000 hours per year

The Funding Improvement Plan Option covering each participant, based on the current Option included in the census data provided for this valuation, is assumed to remain unchanged.

The Applicable Percentage under the Plan's benefit formula is 0.50% for 2024 and 2025. For 2026 and beyond, the average expected Applicable Percentage is 0.86%.

The average expected Applicable Percentage was determined by stochastically projecting the Plan's market investment returns after 2023. The stochastic projections were based on the long-term expected returns and volatility estimates as provided by the Plan's Investment Manager in 2024, as well as the Plan's target asset allocation.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Employees with at least 435 hours in the most recent plan year and who have accumulated at least one year of vesting service, excluding those who have retired as of the valuation date.

Percent married

80%

Age and Sex of spouse

Spouse of male participant is assumed to be three years younger than the participant and spouse of female participant is assumed to be three years older than the participant. If the spouse's sex is not provided, the spouse is assumed to be the opposite sex of the participant.

Benefit election

50% of participants are assumed to elect a single life annuity, 20% of participants are assumed to elect a 50% joint and survivor annuity (with popup, if available), and 30% of participants are assumed to elect a 100% joint and survivor annuity (with popup, if available).

Delayed retirement factors

Inactive vested participants after attaining age 65, with increases up to age 80.

Net investment return

7.25%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation. In addition, stochastic modeling was performed based on the long-term expected returns and volatility estimates as provided by the Plan's Investment Manager.

Annual administrative expenses

$16,500,000 for the year beginning January 1, 2024 (equivalent to $15,889,373 payable at the beginning of the year) or 17.1% of Normal Cost.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in prior years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit M.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 employee and annuitant mortality tables, projected generationally using scale 2024 Adjusted MP-2021

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefits

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	$29,402,563	$12,926,607	$567,198,047	$609,527,217
2025	53,661,647	24,721,457	552,026,854	630,409,958
2026	77,723,585	36,119,158	536,305,142	650,147,885
2027	101,476,801	47,009,619	519,958,703	668,445,123
2028	124,480,951	57,258,790	502,933,185	684,672,926
2029	145,464,885	66,863,339	485,564,321	697,892,545
2030	165,594,492	76,009,859	467,999,983	709,604,334
2031	185,030,533	84,458,566	450,094,773	719,583,872
2032	203,389,537	92,268,226	431,857,965	727,515,728
2033	220,639,441	99,510,116	413,330,813	733,480,370
2034	236,698,193	106,198,597	394,567,088	737,463,878
2035	251,529,121	112,066,932	375,612,732	739,208,785
2036	265,322,826	117,381,939	356,518,309	739,223,074
2037	278,104,362	121,998,812	337,338,695	737,441,869
2038	289,894,126	126,146,506	318,132,248	734,172,880
2039	300,787,029	129,695,484	298,960,552	729,443,065
2040	310,614,672	132,844,646	279,889,656	723,348,974
2041	319,491,297	135,402,413	260,988,831	715,882,541
2042	327,269,350	137,347,910	242,329,012	706,946,272
2043	333,992,568	138,827,499	223,981,166	696,801,233
2044	339,605,725	139,713,102	206,015,294	685,334,121
2045	344,085,869	140,049,132	188,500,647	672,635,648
2046	347,418,345	139,800,222	171,506,442	658,725,009

Segal

2024 Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments
Sheet Metal Workers' National Pension Fund
EIN 52-6112463/PN 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2047	349,634,427	138,912,754	155,101,869	643,649,050
2048	350,648,416	137,488,158	139,356,414	627,492,988
2049	350,485,249	135,492,950	124,339,638	610,317,837
2050	349,163,299	132,980,102	110,119,085	592,262,486
2051	346,717,228	129,982,797	96,757,654	573,457,679
2052	343,064,233	126,511,270	84,311,100	553,886,603
2053	338,289,145	122,621,278	72,824,395	533,734,818
2054	332,432,109	118,327,685	62,329,069	513,088,863
2055	325,542,547	113,827,250	52,841,162	492,210,959
2056	317,669,327	109,010,943	44,359,545	471,039,815
2057	308,932,761	103,961,970	36,865,794	449,760,525
2058	299,437,154	98,786,423	30,324,856	428,548,433
2059	289,255,201	93,495,037	24,686,764	407,437,002
2060	278,501,740	88,157,680	19,888,953	386,548,373
2061	267,311,952	82,825,944	15,858,967	365,996,863
2062	255,741,436	77,516,204	12,517,998	345,775,638
2063	243,900,185	72,286,879	9,784,192	325,971,256
2064	231,892,524	67,161,511	7,576,016	306,630,051
2065	219,774,473	62,179,094	5,814,968	287,768,535
2066	207,630,375	57,364,420	4,427,797	269,422,592
2067	195,494,062	52,734,379	3,348,017	251,576,458
2068	183,459,344	48,304,546	2,516,948	234,280,838
2069	171,595,931	44,081,985	1,883,985	217,561,901
2070	159,952,702	40,084,521	1,406,407	201,443,630
2071	148,601,028	36,298,935	1,048,948	185,948,911

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2072	137,597,964	32,734,879	783,072	171,115,915
2073	126,984,628	29,395,986	586,155	156,966,769

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are convered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	$491,268,592	$0	$491,268,592
2025	494,265,614	0	494,265,614
2026	500,565,660	0	500,565,660
2027	503,526,681	0	503,526,681
2028	503,526,681	0	503,526,681
2029	503,526,681	0	503,526,681
2030	503,526,681	0	503,526,681
2031	503,526,681	0	503,526,681
2032	503,526,681	0	503,526,681
2033	503,526,681	0	503,526,681

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of January 1, 2024, dated March 21, 2024.

Segal

Schedule MB, line 6f(1) – Description of Withdrawal Liability Interest Rate

Investment Return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rates as of December 31, 2023:
  - First 20 years 5.06%
  - After 20 years 4.37%

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.25% in the actuarial valuation for the year beginning on the day following the withdrawal liability valuation date.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
  - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
  - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Affected Benefits liabilities are valued at the same interest rate assumption used for plan funding for the plan year for which the pool is established.

Segal

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] 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 ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
SHEET METAL WORKERS' NATIONAL PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/16/1966

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)
BD OF TRUSTEES SHEET METAL WORKERS' NATIONAL PENSIO

3180 FAIRVIEW PARK DRIVE
SUITE 400
FALLS CHURCH VA 22042-4583

2b Employer Identification Number (EIN) 52-6112463

2c Plan Sponsor's telephone number 703-739-7000

2d Business code (see instructions) 238100

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	Joseph Sellers Jr	10/10/2025	JOSEPH SELLERS, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

418401 11-25-24

05361003 712177 32573 2024.04030 BD OF TRUSTEES SHEET META 32573__1

3a Plan administrator's name and address [X] 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**	148,965
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	63,530
a (2) Total number of active participants at the end of the plan year	**6a(2)**	66,166
b Retired or separated participants receiving benefits	**6b**	41,469
c Other retired or separated participants entitled to future benefits	**6c**	34,540
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	142,175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10,200
f Total. Add lines **6d** and **6e**	**6f**	152,375
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	3,792

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

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)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [X] **A** (Insurance Information) - Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SHEET METAL WORKERS' NATIONAL PENSION FUND

SCHEDULES OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

E.I.N. 52-6112463
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	EB Temp Inv FD	$ 3,229,303,098	N/A	N/A	N/A	$ 3,229,303,098	$ 3,229,303,098	$ -
N/A	EB Temp Inv FD	N/A	$ 3,238,290,023	N/A	N/A	3,238,290,023	3,238,290,023	-

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
SHEET METAL WORKERS NATIONAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BD OF TRUSTEES SHEET METAL WORKERS NATIONAL PENSION FUND

D Employer Identification Number (EIN)
52-6112463

E Type of plan: **(1)** [X] 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)**	7,521,585,807
(2)	Actuarial value of assets for funding standard account	**1b(2)**	7,798,704,066
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	9,109,283,572
(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)**	9,109,283,572
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)**	15,549,675,493
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	231,777,430
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	610,233,130
(3)	Expected plan disbursements for the plan year	**1d(3)**	626,733,130

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 William Gitterman WJG — 10/02/2025

Signature of actuary — Date

WILLIAM GITTERMAN, FSA, MAAA — 2308743

Type or print name of actuary — Most recent enrollment number

SEGAL — 312-984-8500

Firm name — Telephone number (including area code)

101 NORTH WACKER DRIVE, SUITE 1800
CHICAGO IL 60606-1722

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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	7,542,582,304
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		50,608	7,141,310,763
(2) For terminated vested participants		34,830	2,370,116,771
(3) For active participants:			
(a) Non-vested benefits			923,599,820
(b) Vested benefits			5,114,648,139
(c) Total active		63,530	6,038,247,959
(4) Total		148,968	15,549,675,493
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	48.51 %

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
06/30/2024	657,608,312	0			
06/30/2024	7,581,138	0			

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ 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** 3.29 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.8 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	15,889,373	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-26,028,794	-2,706,865
3	25,378,400	2,639,227
4	17,246,239	1,793,523

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. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ 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? ☐ Yes ☒ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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**	108,960,364
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)**	3,644,610,096	685,992,523
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	57,634,084
e Total charges. Add lines 9a through 9d		**9e**	852,586,971
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	1,262,673,582
g Employer contributions. Total from column (b) of line 3		**9g**	665,189,450
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	1,071,357,008	184,865,431
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	129,059,695
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	3,173,883,260	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	6,397,637,456	
(3) FFL credit		**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**	2,241,788,158
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	1,389,201,187
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)**	
(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**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No