

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan SHEET METAL WORKERS' LOCAL UNION NO. 9 PENSION PLA	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/19/1967
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) TRUSTEES OF SHEET METAL WORKERS' LOCAL NO. 9 PENSION PLAN 1515 W. 47TH AVE DENVER, CO 80211	2b Employer Identification Number (EIN) 84-0783596 2c Plan Sponsor's telephone number 303-922-1213 2d Business code (see instructions) 238220

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.	09/17/2025	JOHN ALVINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2025	NATHAN COOPER
	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 ☒ 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 2054
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 845 6a(2) 825 6b 654 6c 427 6d 1906 6e 155 6f 2061 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 66

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan SHEET METAL WORKERS' LOCAL UNION NO. 9 PENSION PLA	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF SHEET METAL WORKERS' LOCAL NO. 9 PENSION PLAN	D Employer Identification Number (EIN) 84-0783596

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 180747658
(2) Actuarial value of assets for funding standard account	1b(2) 195783373
c (1) Accrued liability for plan using immediate gain methods	1c(1) 200699762
(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) 200699762
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) 336371905
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 13931181
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 12900032
(3) Expected plan disbursements for the plan year	1d(3) 13621711

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	09/17/2025
Signature of actuary JONATHAN HASSEN	Date 23-07913
Type or print name of actuary RAEL & LETSON	Most recent enrollment number 650-341-3311
Firm name 160 BOVET ROAD, SUITE 203 SAN MATEO, CA 94402	Telephone number (including area code)
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	180747658
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	842	149747794
(2) For terminated vested participants	398	42669454
(3) For active participants:		
(a) Non-vested benefits		19354036
(b) Vested benefits		124600621
(c) Total active	845	143954657
(4) Total	2085	336371905
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.73 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	8989335				
Totals ►			3(b)	8989335	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	97.6 %
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:	4f	
• 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."		

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)	6-1	6-1
(2) Females	6c(2)	6F-1	6F-1
d Valuation liability interest rate	6d	6.90 %	6.90 %
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)		6.90 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		10.9 %
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)		493589
(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	1918311	195783

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	
b Employer's normal cost for plan year as of valuation date	9b	6370099

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	90089068	12410950
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1295892**e** Total charges. Add lines 9a through 9d.....**9e** 20076941**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 35974470**g** Employer contributions. Total from column (b) of line 3.....**9g** 8989335**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	49198209	9728248

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3463620**j** Full funding limitation (FFL) and credits:

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

9j(1)	66595143	
9j(2)	118449531	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 58155673**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 38078732**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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' LOCAL UNION NO. 9 PENSION PLA	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKERS' LOCAL NO. 9 PENSION PLAN	D Employer Identification Number (EIN) 84-0783596	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GQG PARTNERS
450 EAST LAS OLAS BLVD., STE 750 FORT LAUDERDALE, FL 33301

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIRST EAGLE INVESTMENT MANAGEMENT
57-1156902

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BEACH POINT CAPITAL MANAGEMENT
80-0242162

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

EATON VANCE TRUST COMPANY

32-0225130

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

AMERICAN CENTURY INVESTMENT MGMT

PO BOX 419200
KANSAS CITY, MO 64141

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

RELIANCE TRUST COMPANY

58-1428634

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

MARSH & MCLENNAN AGENCY

36-1436000

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

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

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

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

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

SLEVIN & HART PC

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	152701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REHN & ASSOCIATES

91-1008626

(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?
13 15 36 38 50	NONE	151264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	147009	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)

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	135000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	74630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL, LLC

35-2679129

(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 51 71	NONE	59795	Yes ☒ No ☐	Yes ☒ No ☐	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)

SHEET METAL WORKERS LOCAL NO. 9

84-0318035

(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?
13 15 36 38 50	RELATED UNION	56145	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 15 50	NONE	33758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62 68	NONE	31616	Yes ☒ No ☐	Yes ☒ No ☐	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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 28 50 56	NONE	18857	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

THE SEGAL COMPANY (WESTERN STATES)

94-1503999

(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 16 50	NONE	11700	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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' LOCAL UNION NO. 9 PENSION PLA		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKERS' LOCAL NO. 9 PENSION PLAN		D Employer Identification Number (EIN) 84-0783596
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: RUSSELL 1000 INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-160	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17913217
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5440066
a Name of MTIA, CCT, PSA, or 103-12 IE: US AGGREGATE BOND INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-070	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20015939
a Name of MTIA, CCT, PSA, or 103-12 IE: US TIPS INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-152	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6717445
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS EQ CI		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6258259-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16249024
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7274132
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5817769
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: EVTC/PARAMETRIC EMERGING MARKETS EQ**b** Name of sponsor of entity listed in (a): EATON VANCE TRUST COMPANY

c EIN-PN 32-0225130-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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**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**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' LOCAL UNION NO. 9 PENSION PLA	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKERS' LOCAL NO. 9 PENSION PLAN	D Employer Identification Number (EIN) 84-0783596

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	1504027	1486120
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	806051	804027
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	39893	37665
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	389838	330166
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5758927	6663706
(5) Partnership/joint venture interests	1c(5)	18732529	17737257
(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)	88604065	79427592
(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)	65039859	86751004
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	9476	
f Total assets (add all amounts in lines 1a through 1e).....	1f	180884665	193237537
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	137007	97976
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	137007	97976
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	180747658	193139561

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)	8989335	
(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)		8989335
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	21272	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21272
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	111710	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2631339	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2743049
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2285744	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1965896	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		319848
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1598204	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5147978
(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)		6779113
c Other income	2c		165
d Total income. Add all income amounts in column (b) and enter total	2d		25598964

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12191649	
(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)		12191649
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	128732	
(3) Recordkeeping fees	2i(3)	3816	
(4) IQPA audit fees	2i(4)	29942	
(5) Investment advisory and investment management fees	2i(5)	288282	
(6) Bank or trust company trustee/custodial fees	2i(6)	31616	
(7) Actuarial fees	2i(7)	158709	
(8) Legal fees	2i(8)	152701	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	13620	
(11) Other expenses	2i(11)	207994	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1015412
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13207061

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12391903
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		97164849
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561031.

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' LOCAL UNION NO. 9 PENSION PLA				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKERS' LOCAL NO. 9 PENSION PLAN				D Employer Identification Number (EIN) 84-0783596	
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): 91-1008626					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **U.S. ENGINEERING**

b EIN **44-0470840**

c Dollar amount contributed by employer **1104247**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **APOLLO SHEET METAL, INC.**

b EIN **91-1178943**

c Dollar amount contributed by employer **1073584**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **MURPHY COMPANY**

b EIN **43-0705361**

c Dollar amount contributed by employer **1123971**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **TRAUTMAN & SHREVE, INC.**

b EIN **13-3630476**

c Dollar amount contributed by employer **906469**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **MECH ONE**

b EIN **84-1532370**

c Dollar amount contributed by employer **468992**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **HERCULES INDUSTRIES, INC.**

b EIN **84-0516481**

c Dollar amount contributed by employer **364785**

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 **06** Day **30** Year **2025**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **VISION AIR INC**

b EIN **84-1420084**

c Dollar amount contributed by employer **255809**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **COLORADO SHEET METAL**

b EIN **84-1227019**

c Dollar amount contributed by employer **287279**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **HEATING & PLUMBING ENGINEERS INC**

b EIN **84-0440524**

c Dollar amount contributed by employer **254892**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer **PIPE LINE SPECIALTIES, INC**

b EIN **46-4238512**

c Dollar amount contributed by employer **300957**

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 **06** Day **30** Year **2025**

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

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

0

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

0

- 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

102.23

b The corresponding number for the second preceding plan year.....

15b

102.66

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 69.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.0 %

High-Yield Debt: 4.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Sheet Metal Workers' Local No. 9 Pension Trust

Financial Statements

December 31, 2024

Sheet Metal Workers' Local No. 9 Pension Trust

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Sheet Metal Workers' Local No. 9 Pension Trust

Opinion

We have audited the financial statements of Sheet Metal Workers' Local No. 9 Pension Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Sheet Metal Workers' Local No. 9 Pension Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

Responsibilities of Management for the Financial Statements (continued)

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

Legacy Professionals LLP

Westchester, Illinois

October 8, 2025

Sheet Metal Workers' Local No. 9 Pension Trust

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Corporate stocks	\$ 6,663,706	\$ 5,758,927
Mutual funds	86,751,004	65,039,859
Pooled investment funds	79,427,592	88,604,065
Limited partnerships	17,737,257	18,732,529
Invested cash	<u>330,166</u>	<u>389,838</u>
Total investments	<u>190,909,725</u>	<u>178,525,218</u>
Receivables		
Employer contributions	804,027	806,051
Accrued interest and dividends	<u>7,232</u>	<u>6,135</u>
Total receivables	<u>811,259</u>	<u>812,186</u>
Property and equipment - net	<u>-</u>	<u>9,476</u>
Prepaid expenses	<u>30,433</u>	<u>33,758</u>
Cash	<u>1,486,120</u>	<u>1,504,027</u>
Total assets	<u>193,237,537</u>	<u>180,884,665</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	93,582	99,124
Due to related organization	-	8,635
Lockbox contributions not yet remitted	<u>4,394</u>	<u>29,248</u>
Total liabilities	<u>97,976</u>	<u>137,007</u>
Net assets available for benefits	<u>\$ 193,139,561</u>	<u>\$ 180,747,658</u>

See accompanying notes to financial statements.

Sheet Metal Workers' Local No. 9 Pension Trust

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 13,845,143	\$ 15,998,863
Interest, dividends and other investment income	<u>2,764,321</u>	<u>2,287,255</u>
	16,609,464	18,286,118
Less investment fees and expenses	<u>(313,357)</u>	<u>(322,958)</u>
Investment income - net	16,296,107	17,963,160
Employer contributions	8,989,335	8,949,358
Other income	<u>165</u>	<u>13,785</u>
Total additions	<u>25,285,607</u>	<u>26,926,303</u>
Deductions		
Pension benefits	12,191,649	11,535,205
Administrative expenses	<u>702,055</u>	<u>577,264</u>
Total deductions	<u>12,893,704</u>	<u>12,112,469</u>
Net increase	12,391,903	14,813,834
Net assets available for benefits		
Beginning of year	<u>180,747,658</u>	<u>165,933,824</u>
End of year	<u>\$ 193,139,561</u>	<u>\$ 180,747,658</u>

See accompanying notes to financial statements.

Sheet Metal Workers' Local No. 9 Pension Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Sheet Metal Workers' Local No. 9 Pension Trust (the Plan) have been prepared using the accrual basis of accounting.

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

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

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

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment consist of furniture and equipment and are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed using the straight-line method over estimated useful lives of five to ten years. Pursuant to the transition to third-party administration, the Plan disposed of its property and equipment during the year ended December 31, 2024. Accumulated depreciation totaled \$0 and \$8,120 as of December 31, 2024 and 2023, respectively.

Depreciation expense was \$9,476 and \$1,744 for the years ended December 31, 2024 and 2023, respectively.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction primarily located in Colorado.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$196,283 and \$11,612 for the years ended December 31, 2024 and 2023, respectively, from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$25,017 and \$35,536 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended December 31, 2024 and 2023, respectively. Amounts owed to other plans for reciprocal contributions totaled \$5,185, and \$2,973 at December 31, 2024 and 2023, respectively.

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

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

Leases - Arrangements for shared office space with related parties are described in Note 8. Due to the immaterial nature of the amounts owed pursuant to the leasing agreement, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles.

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

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

Subsequent Events - Subsequent events have been evaluated through October 8, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established during 1967 as a result of collective bargaining agreements between Sheet Metal Workers' Local No. 9 Union (the Local) and Sheet Metal and Air Conditioning Contractors National Association (SMACNA) Colorado Chapter to provide retirement and pre-retirement death and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. Participant contributions are not permitted under the Plan. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, participants are eligible for a regular pension if they have accumulated five years of eligible participation in the Plan and have reached normal retirement age, which is age 65. The Plan provides early retirement and service pensions to eligible participants based upon age, pension credits, not working in prohibited employment, and vesting service.

Vesting of benefits is attained for participants who have five years of vesting service. One year of vesting service is earned for each Plan year in which the participant works at least 1,000 hours.

Pre-retirement death benefits are provided for surviving spouses of deceased participants who had attained vesting.

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

Note 3. Priorities upon Termination

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

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

Note 4. Tax Status

The Plan's latest determination letter is dated June 23, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code, and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in accordance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Funding Policy

The participating employers contribute such amounts as are specified in their collective bargaining agreements. Hourly employer contribution rates for the years ended December 31, 2024 and 2023 ranged from \$1.40 to \$6.72. Participating employers also make non-accruing contributions that range from \$.06 to \$.30 per hour. A total of \$403,884 and \$422,481 of such contributions was received during the years ended December 31, 2024 and 2023, respectively.

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

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by Rael & Letson as of December 31, 2023. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 114,273,665
Other participants	<u>82,849,826</u>
Total vested benefits	197,123,491
Nonvested benefits	<u>11,942,188</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 209,065,679</u></u>

Note 6. Actuarial Information (continued)

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

Actuarial present value of accumulated plan benefits at beginning of year	\$ 201,245,195
Increase (decrease) during the year attributable to:	
Benefits accumulated	7,477,846
Actuarial assumption changes	(947,550)
Interest	13,402,657
Benefits paid	(11,535,205)
Administrative expenses paid	<u>(577,264)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 209,065,679</u>

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

- Mortality:
 - Healthy participants - RP-2014 Blue Collar Mortality Table set back one year
 - Disabled participants - RP-2014 Disabled Retiree Mortality Table set forward one year
- Retirement:

<u>Age</u>	<u>Percentage</u>
Under 55	0.00%
55-59	10.00%
60-61	15.00%
62	37.50%
63-64	50.00%
65 and over	100.00%
- Investment return - 6.9% compounded annually, net of investment expenses
- Operating expenses - \$505,000 annually
- Annual hours - 1,750

Changes in the actuarial assumptions during the year ended December 31, 2024 decreased obligations by \$947,550. This change was the result of increasing the current liability interest rates from 2.55% to 3.29% as prescribed by IRS regulations.

Note 6. Actuarial Information (continued)

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

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

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

Note 7. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

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

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

Note 7. Fair Value Measurements (continued)

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

		Fair Value Measurements at 12/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Corporate stocks	\$ 6,663,706	\$ 6,663,706	\$ -	\$ -
Mutual funds	86,751,004	86,751,004	-	-
Invested cash	330,166	-	330,166	-
	<u>93,744,876</u>	<u>\$ 93,414,710</u>	<u>\$ 330,166</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	79,427,592			
Limited partnerships	17,737,257			
Total	<u>\$ 190,909,725</u>			

		Fair Value Measurements at 12/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Corporate stocks	\$ 5,758,927	\$ 5,758,927	\$ -	\$ -
Mutual funds	65,039,859	65,039,859	-	-
Invested cash	389,838	-	389,838	-
	<u>71,188,624</u>	<u>\$ 70,798,786</u>	<u>\$ 389,838</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	88,604,065			
Limited partnerships	18,732,529			
Total	<u>\$ 178,525,218</u>			

Note 7. Fair Value Measurements (continued)

Level 1 Measurements

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

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

Level 2 Measurements

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

Measurements Using Net Asset Value as a Practical Expedient

Certain investments use the net asset value per share as a practical expedient to estimate fair value. The net asset values are based on the fair values of the underlying investments held by the funds less their liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The pooled investment funds are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the investment strategies of DFE investments. Redemptions are generally available daily with no notice period. However, redemptions for one pooled investment fund with a fair value of \$7,274,132 and \$8,546,456 at December 31, 2024 and 2023, respectively, are available quarterly with a 60-day notice period, limited to the availability of liquid assets and subject to a pro-rata queue. Additionally, in May 2023, all redemptions from one of the pooled investment funds with a fair value of \$5,817,769 and \$5,795,709 at December 31, 2024 and 2023, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the fund's net asset value was not considered necessary as of either December 31, 2024 or 2023.

Note 7. Fair Value Measurements (continued)Measurements Using Net Asset Value as a Practical Expedient (continued)

The following table summarizes information regarding the limited partnerships as of December 31, 2024 and 2023:

Fair Value		Underlying Assets			Redemption	
		Type	Concentration		Frequency	Notice Period
2024	2023		2024	2023		
\$ 14,399,627	\$ 15,695,557	Equity securities	75%	72%	Monthly	10 days
		Commodities	10%	10%		
		American depositary receipts	6%	7%		
		Other	5%	6%		
		Short-term investments	4%	5%		
\$ 3,337,630	\$ 3,036,972	Master-feeder structure:			Monthly	90 days
		Bank debt	92%	88%		
		Other	4%	7%		
		Cash equivalents	4%	5%		

Note 8. Related Organizations

The Plan shares certain common governance with a number of related organizations, including the Local, a welfare trust and an apprenticeship fund, all of which are tax-exempt.

Common Administrative Expenses

The Plan shares staff with the Local. Salaries and related expenses are initially paid by the Local and allocated to the Plan. Clerical and management fee reimbursements allocated to the Plan for the years ended December 31, 2024 and 2023 totaled \$56,145 and \$96,224 respectively.

At December 31, 2024 and 2023, the Plan owed the Local a total of \$0 and \$8,635 respectively, for clerical and management fees incurred prior to year end and paid the following month.

Sublease

The Plan shared office space under a sublease arrangement with the Local. Under this arrangement, the Plan paid 4.6% of the rent paid, pursuant to a master lease agreement. This sublease arrangement, as well as the master lease agreement, extended through August 31, 2028. Initial payments required under the master lease are \$4,375 per month; after the first five years, rental payments are adjusted for cost of living increases. The sublease arrangement with the Local was terminated effective November 30, 2024 pursuant to the transition to third-party administration.

Rent expense for the years ended December 31, 2024 and 2023 was \$2,214 and \$2,415 respectively.

Note 8. Related Organizations (continued)

Lockbox Account

Contributions for the Plan and affiliated organizations are received and deposited into a lockbox account held in the name of the Plan. On a regular basis, contributions due to the various entities are transferred from the lockbox account to the respective organizations' bank accounts.

Lockbox contributions not yet remitted are recorded as a liability and totaled \$4,394 and \$29,248 as of December 31, 2024 and 2023, respectively.

Note 9. Major Employers

Contributions from four employers accounted for approximately 47% of total employer contributions for the year ended December 31, 2024, and contributions from three employers accounted for approximately 37% of total employer contributions for the year ended December 31, 2023. In the event these employers suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 10. 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 changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

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

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

Note 10. Risks and Uncertainties (continued)

The Plan has a significant portion of its assets invested in a large cap mutual fund. This investment represents approximately 25% and 21% of the Plan's net assets available for benefits as of December 31, 2024 and 2023, respectively. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

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

Report of Independent Auditors On Supplemental Schedules

To the Participants and Trustees of
Sheet Metal Workers' Local No. 9 Pension Trust

We have audited the financial statements of Sheet Metal Workers' Local No. 9 Pension Trust (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated October 8, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's 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.

Legacy Professionals LLP

Westchester, Illinois

October 8, 2025

SCHEDULE C

OTHER SERVICE PROVIDER SERVICE CODES

STATEMENT 1

NAME	SERVICE CODES
SHEET METAL WORKERS LOCAL NO. 9	13
SHEET METAL WORKERS LOCAL NO. 9	15
SHEET METAL WORKERS LOCAL NO. 9	36
SHEET METAL WORKERS LOCAL NO. 9	38
SHEET METAL WORKERS LOCAL NO. 9	50
US BANK NATIONAL ASSOCIATION	19
US BANK NATIONAL ASSOCIATION	50
US BANK NATIONAL ASSOCIATION	62
US BANK NATIONAL ASSOCIATION	68
STATE STREET GLOBAL ADVISORS TRUST	18
STATE STREET GLOBAL ADVISORS TRUST	19
STATE STREET GLOBAL ADVISORS TRUST	28
STATE STREET GLOBAL ADVISORS TRUST	50
STATE STREET GLOBAL ADVISORS TRUST	56
SEGALL BRYANT & HAMILL, LLC	28
SEGALL BRYANT & HAMILL, LLC	50
SEGALL BRYANT & HAMILL, LLC	51
SEGALL BRYANT & HAMILL, LLC	71
REHN & ASSOCIATES	13
REHN & ASSOCIATES	15
REHN & ASSOCIATES	36
REHN & ASSOCIATES	38
REHN & ASSOCIATES	50

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H

OTHER RECEIVABLES

STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	6,135.	7,232.
PREPAID EXPENSES	33,758.	30,433.
TOTAL TO SCHEDULE H, LINE 1B(3)	39,893.	37,665.

SCHEDULE H	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
MISCELLANEOUS INCOME		165.
TOTAL TO SCHEDULE H, LINE 2C		165.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
CLERICAL FEE REIMBURSEMENTS		56,145.
DEPRECIATION		9,476.
INSURANCE		36,661.
MISCELLANEOUS EXPENSE		5,592.
PLAN TERMINATION INSURANCE (PBGC)		75,998.
PRINTING AND OFFICE SUPPLIES		21,908.
RENT		2,214.
TOTAL TO SCHEDULE H, LINE 2I(11)		207,994.

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

SUPPLEMENTAL SCHEDULE 1

Colorado Sheet Metal Workers' Local 9 Pension Trust
EIN # 84-0783596
Year Ended December 31, 2024

		<u>Fair Value</u>	<u>Cost Value</u>
Interest Bearing Cash			
First American Treasury Obligation Fund		<u>330,166</u>	<u>330,166</u>
Corporate stocks (other than employer securities) - Common:			
Domestic Common Stocks	Pg. 13	6,356,399	5,666,567
Foreign Stocks	Pg. 14	307,307	292,454
Total Corporate Stocks		<u>6,663,706</u>	<u>5,959,021</u>
Partnership/Joint Venture interests:			
First Eagle International Value Fund		14,399,627	10,211,453
Beach Point Loan Fund		3,337,630	1,758,439
Total Partnership/joint venture		<u>17,737,257</u>	<u>11,969,892</u>
Value of interest in Common/Collective Trusts:			
State Street Global Russell 2000		5,440,066	1,649,452
State Street Global Russell 1000		17,913,217	7,442,122
State Street Global TIPS Index		6,717,445	4,730,853
State Street U.S. Aggregate Bond Index NL Fund		20,015,939	17,556,770
ASB Allegiance Real Estate Fund		7,274,132	4,189,043
GQG Partners		16,249,024	11,625,000
AFL-CIO Building Investment Trust		5,817,769	8,499,492
Total Common Collective Trusts		<u>79,427,592</u>	<u>55,692,732</u>
Value of interest in registered investment companies:			
Mutual funds- Equity	Pg. 15	71,469,295	45,890,674
Mutual Funds - Fixed Income	Pg. 15	15,281,709	19,944,640
Total Registered Investment Companies		<u>86,751,004</u>	<u>65,835,314</u>

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SHEET METAL WORKERS PEN-CONSOLIDATED

Period from January 1, 2024 to December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Domestic Common Stocks						
A A R Corp 000361105 Asset Minor Code 42	822.000	50,372.16 61.2800	17,316.57	33,055.59 - 8,920.23	51,292.80	.00
Azz Inc 002474104 Asset Minor Code 42	1,856.000	152,043.52 81.9200	85,950.44	66,093.08 40,317.13	108,887.86	.00
Adapthealth Corp 00653Q102 Asset Minor Code 42	13,479.000	128,320.08 9.5200	142,358.88	- 14,038.80 11,510.18	116,809.90 11,510.18	.00 0.00
Advance Auto Parts Inc 00751Y106 Asset Minor Code 42	2,255.000	106,638.95 47.2900	99,324.91	7,314.04 7,314.04	99,324.91 7,314.04	.00 2.11
Allete Inc 018522300 Asset Minor Code 42	1,126.000	72,964.80 64.8000	74,735.71	- 1,770.91 4,098.64	68,866.16	.00
Ameris Bancorp 03076K108 Asset Minor Code 42	1,303.000	81,528.71 62.5700	66,309.65	15,219.06 15,219.06	66,309.65	260.60
Angiodynamics Inc 03475V101 Asset Minor Code 42	4,973.000	45,552.68 9.1600	51,373.20	- 5,820.52 9,747.57	35,805.11 9,747.57	.00 0.00
Apogee Enterprises Inc 037598109 Asset Minor Code 42	1,792.000	127,966.72 71.4100	66,343.07	61,623.65 32,256.00	95,710.72 32,256.00	.00 1.46
Arcbest Corp 03937C105 Asset Minor Code 42	750.000	69,990.00 93.3200	74,606.25	- 4,616.25 - 18,979.52	88,969.52	.00

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56- -12-C -78C-029-01
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SHEET METAL WORKERS PEN-CONSOLIDATED

Period from January 1, 2024 to December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Astec Industries Inc 046224101 Asset Minor Code 42	1,306.000	43,881.60 33.6000	53,629.91	- 9,748.31 - 5,335.46	48,583.20 - 4,701.60	.00 1.55
Avista Corp 05379B107 Asset Minor Code 42	.000	.00 36.6300	.00	.00 7,195.06	.00	.00
Belden Inc Com 077454106 Asset Minor Code 42	1,199.000	135,019.39 112.6100	69,752.61	65,266.78 31,427.85	93,445.49	59.95
Biocryst Pharmaceuticals Inc 09058V103 Asset Minor Code 42	5,354.000	40,262.08 7.5200	63,036.45	- 22,774.37 8,191.62	32,070.46 8,191.62	.00 0.00
Cadence Bank Com 12740C103 Asset Minor Code 42	3,170.000	109,206.50 34.4500	79,530.14	29,676.36 13,857.63	95,348.87 13,857.63	792.50 3.19
Caretrust Reit Inc 14174T107 Asset Minor Code 42	1,698.000	45,930.90 27.0500	47,808.98	- 1,878.08 - 1,878.08	47,808.98 - 1,878.08	492.42 4.29
Ciena Corp 171779309 Asset Minor Code 42	.000	.00 84.8100	.00	.00 1,393.21	.00	.00
Clearfield Inc 18482P103 Asset Minor Code 42	874.000	27,094.00 31.0000	26,448.05	645.95 645.95	26,448.05	.00
Columbia Bkg Sys Inc 197236102 Asset Minor Code 42	4,465.000	120,599.65 27.0100	102,048.36	18,551.29 13,196.27	107,403.38 13,196.27	.00 5.33

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SHEET METAL WORKERS PEN-CONSOLIDATED

Period from January 1, 2024 to December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Columbus McKinnon Corporation 199333105 Asset Minor Code 42	1,528.000	56,902.72 37.2400	48,976.82	7,925.90 1,609.77	55,292.95 1,609.77	.00 0.75
Community Finl Sys Inc 203607106 Asset Minor Code 42	1,536.000	94,740.48 61.6800	77,741.83	16,998.65 16,291.12	78,449.36 16,291.12	706.56 2.98
Compass Minerals International 20451N101 Asset Minor Code 42	.000	.00 11.2500	.00	.00 108,416.55	.00 .00	.00 0.00
Conduent Inc 206787103 Asset Minor Code 42	.000	.00 4.0400	.00	.00 5,613.85	.00	.00
Quidelortho Corp 219798105 Asset Minor Code 42	3,330.000	148,351.50 44.5500	138,133.90	10,217.60 10,217.60	138,133.90 10,217.60	.00 0.00
Coty Inc Com Cl A 222070203 Asset Minor Code 42	4,976.000	34,632.96 6.9600	40,654.57	- 6,021.61 - 44,884.54	61,801.92 - 27,168.96	.00 0.00
Cousins Properties Inc 222795502 Asset Minor Code 42	.000	.00 30.6400	.00	.00 13,545.76	.00 .00	.00 0.00
Digitalbridge Group Inc 25401T603 Asset Minor Code 42	4,063.000	45,830.64 11.2800	67,372.36	- 21,541.72 - 13,754.98	63,439.14 - 17,608.50	40.63 0.35

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SHEET METAL WORKERS PEN-CONSOLIDATED

Period from January 1, 2024 to December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Dril Quip Inc 262037104 Asset Minor Code 42	.000	.00 16.0600	.00	.00 - 15,146.22	.00	.00
Element Solutions Inc 28618M106 Asset Minor Code 42	3,377.000	85,877.11 25.4300	64,695.37	21,181.74 4,888.26	80,988.85 4,888.26	.00 1.26
Empire State Realty Trust In 292104106 Asset Minor Code 42	3,098.000	31,971.36 10.3200	42,905.30	- 10,933.94 1,951.74	30,019.62 1,951.74	.00 1.36
Energys 29275Y102 Asset Minor Code 42	1,062.000	98,160.66 92.4300	82,914.24	15,246.42 - 10,132.60	105,723.52	.00
Enerpac Tool Group Corp 292765104 Asset Minor Code 42	711.000	29,214.99 41.0900	18,062.52	11,152.47 4,568.82	22,104.99 7,110.00	.00 0.10
Equity Commonwealth 294628102 Asset Minor Code 42	.000	.00 1.7700	.00	.00 105,943.11	.00 .00	.00 0.00
Foot Locker Inc 344849104 Asset Minor Code 42	2,501.000	54,421.76 21.7600	55,380.61	- 958.85 - 958.85	55,380.61 - 958.85	.00 0.00
Gentherm Inc 37253A103 Asset Minor Code 42	1,488.000	59,408.40 39.9250	78,446.93	- 19,038.53 - 11,895.16	71,303.56	.00
Geron Corp 374163103 Asset Minor Code 42	23,695.000	83,880.30 3.5400	82,709.20	1,171.10 13,925.61	69,954.69	.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Glacier Bancorp Inc New 37637Q105 Asset Minor Code 42	1,927.000	96,773.94 50.2200	67,581.40	29,192.54 17,150.30	79,623.64 17,150.30	.00 2.63
Goodyear Tire Rubber Co 382550101 Asset Minor Code 42	11,511.000	103,599.00 9.0000	148,935.31	- 45,336.31 - 45,769.61	149,368.61 - 45,769.61	.00 0.00
Green Dot Corp Cl A 39304D102 Asset Minor Code 42	.000	.00 10.6400	.00	.00 27,441.48	.00 .00	.00 0.00
Hain Celestial Group Inc 405217100 Asset Minor Code 42	5,461.000	33,585.15 6.1500	130,873.15	- 97,288.00 - 26,212.80	59,797.95 - 26,212.80	.00 0.00
Hancock Whitney Corp 410120109 Asset Minor Code 42	1,550.000	84,816.00 54.7200	78,996.19	5,819.81 8,165.63	76,650.37 8,165.63	.00 2.92
Healthpeak Properties Inc 42250P103 Asset Minor Code 42	.000	.00 20.2700	.00	.00 15,191.65	.00 .00	.00 0.00
Helmerich Payne Inc 423452101 Asset Minor Code 42	2,318.000	74,222.36 32.0200	83,207.67	- 8,985.31 - 7,621.98	81,844.34 - 7,621.98	.00 3.12
Hub Group Inc Cl A 443320106 Asset Minor Code 42	768.000	34,222.08 44.5600	34,397.65	- 175.57 - 175.57	34,397.65 - 175.57	.00 1.12

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Icu Medical Inc 44930G107 Asset Minor Code 42	950.000	147,411.50 155.1700	160,200.10	- 12,788.60 83,219.24	94,796.30 52,615.20	.00 0.00
Crescent Energy Company Cl A Com 44952J104 Asset Minor Code 42	9,731.000	142,169.91 14.6100	115,933.99	26,235.92 26,235.92	115,933.99 26,235.92	.00 3.29
Ingevity Corp 45688C107 Asset Minor Code 42	3,476.000	141,647.00 40.7500	146,835.59	- 5,188.59 - 5,188.59	146,835.59	.00
Innovex International Inc Com 457651107 Asset Minor Code 42	1,491.000	20,829.27 13.9700	45,416.06	- 24,586.79 4,135.81	22,976.31 - 2,147.04	.00 0.00
Kbr Inc 48242W106 Asset Minor Code 42	.000	.00 57.9300	.00	.00 - 26,598.96	.00	.00
Lakeland Financial Corp 511656100 Asset Minor Code 42	343.000	23,584.68 68.7600	11,174.07	12,410.61 1,234.80	22,349.88 1,234.80	.00 2.91
Littelfuse Inc 537008104 Asset Minor Code 42	405.000	95,438.25 235.6500	102,472.43	- 7,034.18 - 7,034.18	102,472.43	.00
Louisiana Pac Corp 546347105 Asset Minor Code 42	.000	.00 103.5500	.00	.00 - 11,523.80	.00 .00	.00 0.00
Mp Matls Corp 553368101 Asset Minor Code 42	4,191.000	65,379.60 15.6000	82,152.41	- 16,772.81 - 5,489.90	70,869.50	.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Madden Steven Ltd 556269108 Asset Minor Code 42	1,068.000	45,411.36 42.5200	37,880.40	7,530.96 - 2,002.23	45,504.30 - 92.94	.00 1.98
Matador Resources Co 576485205 Asset Minor Code 42	792.000	44,557.92 56.2600	43,294.19	1,263.73 - 1,451.39	45,033.12 - 475.20	.00 1.78
Pediatric Medical Group Inc 58502B106 Asset Minor Code 42	2,355.000	30,897.60 13.1200	33,135.09	- 2,237.49 23,673.13	21,901.50 8,996.10	.00 0.00
Mercury Systems Inc 589378108 Asset Minor Code 42	4,086.000	171,612.00 42.0000	169,549.60	2,062.40 28,982.08	142,629.92 28,982.08	.00 0.00
Modine Manufacturing Co 607828100 Asset Minor Code 42	.000	.00 115.9300	.00	.00 - 116,997.61	.00 .00	.00 0.00
Murphy Oil Corp 626717102 Asset Minor Code 42	3,474.000	105,123.24 30.2600	130,134.95	- 25,011.71 - 33,293.13	138,416.37 - 33,293.13	.00 3.97
National Bank Hold CI A 633707104 Asset Minor Code 42	2,513.000	108,209.78 43.0600	68,647.75	39,562.03 14,751.31	93,458.47 14,751.31	.00 2.69
Neogenomics Inc 64049M209 Asset Minor Code 42	6,507.000	107,235.36 16.4800	85,864.78	21,370.58 5,039.94	102,195.42 5,039.94	.00 0.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
New Jersey Resources Corp 646025106 Asset Minor Code 42	1,400.000	65,310.00 46.6500	51,199.78	14,110.22 3,048.74	62,261.26 3,048.74	630.00 3.86
Nlight Inc 65487K100 Asset Minor Code 42	943.000	9,892.07 10.4900	9,711.64	180.43 180.43	9,711.64	.00
O G E Energy Corp 670837103 Asset Minor Code 42	1,845.000	76,106.25 41.2500	68,276.48	7,829.77 11,660.40	64,445.85 11,660.40	.00 4.08
O I Glass Inc 67098H104 Asset Minor Code 42	9,199.000	99,717.16 10.8400	116,039.84	- 16,322.68 - 16,322.68	116,039.84	.00
Chord Energy Corporation 674215207 Asset Minor Code 42	.000	.00 116.9200	.00	.00 - 4,339.95	.00 .00	.00 0.00
Onespan Inc 68287N100 Asset Minor Code 42	.000	.00 18.5400	.00	.00 - 628.46	.00	.00
Orthofix Medical Inc 68752M108 Asset Minor Code 42	.000	.00 17.4600	.00	.00 21,190.87	.00 .00	.00 0.00
Txnm Energy Inc 69349H107 Asset Minor Code 42	1,745.000	85,801.65 49.1700	75,653.58	10,148.07 13,209.65	72,592.00 13,209.65	.00 3.32
Pvh Corporation 693656100 Asset Minor Code 42	619.000	65,459.25 105.7500	47,614.51	17,844.74 - 30,182.89	73,713.97 - 8,254.72	.00 0.14

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Pacific Premier Bancorp Inc 69478X105 Asset Minor Code 42	1,885.000	46,974.20 24.9200	66,927.65	- 19,953.45 - 7,898.15	54,872.35 - 7,898.15	.00 5.30
Papa Johns Intl Inc 698813102 Asset Minor Code 42	2,019.000	82,920.33 41.0700	107,263.65	- 24,343.32 - 30,715.87	113,636.20 - 30,715.87	.00 4.48
Physicians Realty Trust 71943U104 Asset Minor Code 42	.000	.00 11.2300	.00	.00 - 6,229.60	.00 .00	.00 0.00
Plexus Corp 729132100 Asset Minor Code 42	.000	.00 156.4800	.00	.00 - 7,754.02	.00	.00
Polaris Inc Com 731068102 Asset Minor Code 42	.000	.00 57.6200	.00	.00 - 538.04	.00 .00	.00 0.00
Premier Inc Class A 74051N102 Asset Minor Code 42	.000	.00 21.2000	.00	.00 12,902.17	.00 .00	.00 0.00
Progress Software Corp 743312100 Asset Minor Code 42	1,685.000	109,777.75 65.1500	77,476.58	32,301.17 16,297.77	93,479.98 16,297.77	.00 1.07
Quanex Bldg Prods Corp 747619104 Asset Minor Code 42	3,010.000	72,962.40 24.2400	37,301.22	35,661.18 - 18,158.15	91,120.55 - 18,158.15	.00 1.32

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Rev Group Inc 749527107 Asset Minor Code 42	6,803.000	216,811.61 31.8700	78,763.54	138,048.07 93,201.10	123,610.51	408.18
Rambus Inc 750917106 Asset Minor Code 42	323.000	17,073.78 52.8600	17,448.89	- 375.11 - 375.11	17,448.89	.00
Range Resources Corp 75281A109 Asset Minor Code 42	2,067.000	74,370.66 35.9800	37,605.00	36,765.66 6,351.42	62,919.48 11,451.18	.00 0.89
Regal Beloit Corp 758750103 Asset Minor Code 42	96.000	14,892.48 155.1300	9,955.03	4,937.45 - 55,887.42	14,209.92 682.56	33.60 0.90
Sp Plus Corp 78469C103 Asset Minor Code 42	.000	.00 53.9900	.00	.00 - 65,131.33	.00	.00
Spx Technologies Inc Com 78473E103 Asset Minor Code 42	17.000	2,473.84 145.5200	834.51	1,639.33 - 121,861.90	1,717.17 756.67	.00 0.00
Radius Recycling Inc 806882106 Asset Minor Code 42	2,411.000	36,695.42 15.2200	45,244.94	- 8,549.52 - 8,549.52	45,244.94 - 8,549.52	.00 4.93
Seacoast Banking Corp FI 811707801 Asset Minor Code 42	3,321.000	91,427.13 27.5300	63,682.75	27,744.38 - 3,088.53	94,515.66 - 3,088.53	.00 2.62
Sensient Technologies Corp 81725T100 Asset Minor Code 42	1,183.000	84,300.58 71.2600	79,442.52	4,858.06 7,156.84	77,143.74 7,156.84	.00 2.30

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Silgan Hldgs Inc 827048109 Asset Minor Code 42	2,270.000	118,153.50 52.0500	75,448.55	42,704.95 13,422.32	102,802.28 15,351.22	.00 1.46
South State Corp 840441109 Asset Minor Code 42	1,011.000	100,574.28 99.4800	78,386.18	22,188.10 15,195.33	85,378.95 15,195.33	.00 2.17
Stag Industrial Inc 85254J102 Asset Minor Code 42	1,666.000	56,344.12 33.8200	50,857.94	5,486.18 - 9,063.04	65,407.16 - 9,063.04	205.47 4.41
Summit Materials Inc Cl A 86614U100 Asset Minor Code 42	2,785.000	140,921.00 50.6000	82,588.09	58,332.91 33,328.38	107,592.62 33,328.38	.00 0.00
Surmodics Inc 868873100 Asset Minor Code 42	.000	.00 39.6000	.00	.00 5,905.82	.00	.00
Terreno Realty Corp 88146M101 Asset Minor Code 42	854.000	50,505.56 59.1400	48,010.65	2,494.91 - 3,014.62	53,520.18 - 3,014.62	418.46 3.31
Texas Capital Bancshares Inc 88224Q107 Asset Minor Code 42	1,429.000	111,747.80 78.2000	89,925.18	21,822.62 16,492.25	95,255.55 16,492.25	.00 0.00
Treehouse Foods Inc 89469A104 Asset Minor Code 42	.000	.00 35.1300	.00	.00 776.13	.00 .00	.00 0.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
United Community Banks Inc 90984P303 Asset Minor Code 42	2,073.000	66,978.63 32.3100	48,754.35	18,224.28 5,407.50	61,571.13 5,407.50	497.52 2.97
V F Corp Com 918204108 Asset Minor Code 42	12,150.000	260,739.00 21.4600	204,304.57	56,434.43 50,143.07	210,595.93	.00
Valmont Inds Inc 920253101 Asset Minor Code 42	640.000	196,268.80 306.6700	149,794.23	46,474.57 46,474.57	149,794.23 46,474.57	384.00 0.78
Viavi Solutions Inc 925550105 Asset Minor Code 42	5,649.000	57,054.90 10.1000	58,126.07	- 1,071.17 - 1,071.17	58,126.07 - 1,071.17	.00 0.00
Wesbanco Inc 950810101 Asset Minor Code 42	2,663.000	86,654.02 32.5400	94,679.10	- 8,025.08 1,993.28	84,660.74	985.31
Total Domestic Common Stocks	236,465.000	6,356,398.79	5,666,566.63	689,832.16 300,845.89	5,926,122.62 430,276.17	5,915.20 1.52
Foreign Stocks						
Alkermes Plc G01767105 Asset Minor Code 53	.000	.00 28.7600	.00	.00 - 14,593.15	.00	.00
Capri Holdings Limited G1890L107 Asset Minor Code 53	3,560.000	74,973.60 21.0600	73,383.48	1,590.12 1,590.12	73,383.48 1,590.12	.00 0.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Ichor Holdings Shs G4740B105 Asset Minor Code 53	1,425.000	45,913.50 32.2200	52,770.13	- 6,856.63 - 6,856.63	52,770.13 - 6,856.63	.00 0.00
Valaris Ltd G9460G101 Asset Minor Code 53	821.000	36,321.04 44.2400	41,099.26	- 4,778.22 - 4,778.22	41,099.26	.00
Alamos Gold Inc New Class A 011532108 Asset Minor Code 53	4,677.000	86,243.88 18.4400	36,717.24	49,526.64 24,975.28	61,268.60 24,975.28	.00 0.54
Galapagos Nv Spon A D R 36315X101 Asset Minor Code 53	2,322.000	63,855.00 27.5000	88,484.26	- 24,629.26 - 30,534.30	94,389.30 - 30,534.30	.00 0.00
Gildan Activewear Inc 375916103 Asset Minor Code 53	.000	.00 47.0500	.00	.00 - 17,833.43	.00 .00	.00 0.00
Total Foreign Stocks	12,805.000	307,307.02	292,454.37	14,852.65 - 48,030.33	322,910.77 - 15,603.75	.00 0.15

Mutual Funds

Mutual Funds-Equity

Vanguard Developed Markets Index Ins 921943882 Asset Minor Code 98	1,507,005.423	23,177,743.41 15.3800	22,304,594.87	873,148.54 - 652,183.41	23,753,936.95 - 576,193.54	.00 3.36
Vanguard Instl Index Instl#94 922040100 Asset Minor Code 98	100,838.487	48,291,551.42 478.9000	23,586,079.56	24,705,471.86 8,426,969.52	39,864,581.90 8,426,969.52	.00 1.27

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Total Mutual Funds-Equity	1,607,843.910	71,469,294.83	45,890,674.43	25,578,620.40 7,774,786.11	63,618,518.85 7,850,775.98	.00 1.94
Mutual Funds-Fixed Income						
American Century High Income Fund R6 024932121 Asset Minor Code 99	478,751.155	4,136,409.98 8.6400	4,369,835.27	- 233,425.29 23,750.57	4,112,659.41 23,750.57	.00 6.63
Vanguard Long Term Treasury Fund 922031786 Asset Minor Code 99	1,412,585.447	11,145,299.18 7.8900	15,574,804.75	- 4,429,505.57 - 1,089,414.74	12,234,713.92 - 1,089,414.74	13.32 4.14
Total Mutual Funds-Fixed Income	1,891,336.602	15,281,709.16	19,944,640.02	- 4,662,930.86 - 1,065,664.17	16,347,373.33 - 1,065,664.17	13.32 4.81
Total Mutual Funds	3,499,180.512	86,751,003.99	65,835,314.45	20,915,689.54 6,709,121.94	79,965,892.18 6,785,111.81	13.32 2.44

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					178,870,771.07		
COMPARATIVE VALUE (5%)					8,943,538.55		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 9SPMTHYZ3 - Eaton Vance Trust Co Collective							
06/05/2024 90710226	S	- 782,068.728	12.7866		10,000,000 *	8,889,454	1,110,546
Issue: 921943882 - Vanguard Developed Markets Index Ins							
06/05/2024 90710221	B	551,470.588	16.3200		- 9,000,000 *	9,000,000	
GRAND TOTAL				0	19,000,000	17,889,454	1,110,546

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

Issue: 9SPMTGP10 - Ssga US Tips Indx NI Fd							
01/05/2024 90710213	S	- 22.339	28.6602		640	470	171
Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd							
01/31/2024 90710205	S	- 2,310.603	75.7378		175,000	87,810	87,190
Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd							
01/31/2024 90710207	S	- 4,740.276	31.6437		150,000	129,866	20,134
Issue: 98MSCSR06 - First Eagle Int'L. Value Fd, LP							
01/31/2024 90710225	S	- 863.222	2,548.5912		2,200,000	1,398,351	801,649

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/29/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 3,521.082	78.1010		275,000	133,813	141,187
02/29/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 7,195.517	31.2695		225,000	197,131	27,869
03/31/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 20.076	79.2907		1,592	763	829
03/31/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 3,088.708	80.9400		250,000	117,381	132,619
03/31/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 3.589	153.4466		551	186	365
03/31/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 46.104	31.3060		1,443	1,263	180
03/31/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 6,322.998	31.6306		200,000	173,227	26,773
03/31/2024 90710213	Issue: 9SPMTGTP10 - Ssga US Tips Indx NI Fd S	- 22.193	28.9501		642	467	176
03/31/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	3.640	1.0000		- 4	4	
04/29/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 1,268.118	78.8570		100,000	48,193	51,807
04/29/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 3,230.706	30.9530		100,000	88,509	11,491

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

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05/31/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 3,100.660	80.6280		250,000	117,835	132,165
06/05/2024 90710226	Issue: 9SPMTHYZ3 - Eaton Vance Trust Co Collective S	- 782,068.728	12.7866		10,000,000 *	8,889,454	1,110,546
06/06/2024 90710226	Issue: 9SPMTHYZ3 - Eaton Vance Trust Co Collective S	- 323,771.186	13.8876		4,496,407	4,289,628	206,779
06/30/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 20.587	84.0147		1,730	782	947
06/30/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 3,443.688	84.2120		290,000	130,871	159,129
06/30/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 4.003	153.8021		616	207	408
06/30/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd B	138,489.968	31.7453		- 4,396,407	4,396,407	
06/30/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S	- 51.453	31.7958		1,636	1,458	178
06/30/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S	- 7,861.873	31.7990		250,000	222,705	27,295
06/30/2024 90710213	Issue: 9SPMTGP10 - Ssga US Tips Indx NI Fd S	- 22.296	29.5179		658	469	189
06/30/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	3.680	1.0000		- 4	4	

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08/05/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 1,898.828	84.2625		160,000	72,162	87,838
08/30/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 13,049.126	32.9524		430,000	369,645	60,355
09/03/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 5,793.877	86.2980		500,000	220,186	279,814
09/30/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 1,691.420	88.6829		150,000	64,279	85,721
09/30/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	4.040	1.0000		- 4	4	
10/31/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 19.100	90.6476		1,731	726	1,006
10/31/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 2,776.914	90.0280		250,000	105,532	144,468
10/31/2024 90710213	Issue: 9SPMTGTP10 - Ssga US Tips Indx NI Fd S	- 21.553	30.4974		657	453	204
11/05/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 3.577	171.7333		614	185	429
11/05/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 52.631	32.8299		1,728	1,491	237
11/05/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 3,075.741	32.5125		100,000	87,127	12,873

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11/30/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 2,670.512	93.6150		250,000	101,488	148,512
11/30/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S	- 3,058.797	32.6926		100,000	86,647	13,353
12/31/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 18.724	95.0641		1,780	712	1,068
12/31/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 3.679	184.3327		678	191	488
12/31/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S	- 62.772	32.9819		2,070	1,778	292
12/31/2024 90710213	Issue: 9SPMTGP10 - Ssga US Tips Indx NI Fd S	- 22.472	30.4103		683	472	211
12/31/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	3.680	1.0000		- 4	4	
Total For Direct From Issuer				0	25,317,279	21,540,336	3,776,945
GRAND TOTAL				0	25,317,279	21,540,336	3,776,945

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V542 - First Am Treas Ob Fd CI Z							
01/02/2024 90710215	B	157.040	1.0000		- 157	157	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/03/2024 90710205	B	.750	1.0000		- 1	1	
01/03/2024 90710206	B	.020	1.0000				
01/03/2024 90710207	B	3.790	1.0000		- 4	4	
01/03/2024 90710214	B	.010	1.0000				
01/03/2024 90710215	B	1,650.520	1.0000		- 1,651	1,651	
01/03/2024 90710216	B	.870	1.0000		- 1	1	
01/03/2024 90710217	B	.740	1.0000		- 1	1	
01/03/2024 90710219	B	.010	1.0000				
01/03/2024 90710220	B	15.210	1.0000		- 15	15	
01/03/2024 90710221	B	.190	1.0000				
01/03/2024 90710223	B	2.930	1.0000		- 3	3	
01/03/2024 90710224	B	25.810	1.0000		- 26	26	
01/04/2024 90710215	B	9,172.900	1.0000		- 9,173	9,173	
01/05/2024 90710225	B	2,200,000.000	1.0000		- 2,200,000	2,200,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

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01/08/2024 90710215	B	1,167.860	1.0000		- 1,168	1,168	
01/08/2024 90710216	B	2,500,000.000	1.0000		- 2,500,000	2,500,000	
01/08/2024 90710221	B	300,000.000	1.0000		- 300,000	300,000	
01/09/2024 90710215	B	8,760.090	1.0000		- 8,760	8,760	
01/10/2024 90710215	B	12,871.790	1.0000		- 12,872	12,872	
01/12/2024 90710215	B	11,237.080	1.0000		- 11,237	11,237	
01/18/2024 90710215	B	1,466.850	1.0000		- 1,467	1,467	
01/22/2024 90710215	B	1,139.030	1.0000		- 1,139	1,139	
01/24/2024 90710215	B	2,574.680	1.0000		- 2,575	2,575	
01/25/2024 90710215	B	1,262.560	1.0000		- 1,263	1,263	
01/26/2024 90710215	B	798.820	1.0000		- 799	799	
01/29/2024 90710215	B	11,952.980	1.0000		- 11,953	11,953	
01/31/2024 90710205	B	175,000.000	1.0000		- 175,000	175,000	
01/31/2024 90710207	B	150,000.000	1.0000		- 150,000	150,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

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01/31/2024 90710215	B	2,515.110	1.0000		- 2,515	2,515	
02/01/2024 90710215	B	1,792.730	1.0000		- 1,793	1,793	
02/02/2024 90710205	B	25.750	1.0000		- 26	26	
02/02/2024 90710206	B	.020	1.0000				
02/02/2024 90710207	B	25.210	1.0000		- 25	25	
02/02/2024 90710214	B	.010	1.0000				
02/02/2024 90710216	B	357.510	1.0000		- 358	358	
02/02/2024 90710217	B	.740	1.0000		- 1	1	
02/02/2024 90710219	B	.010	1.0000				
02/02/2024 90710220	B	15.210	1.0000		- 15	15	
02/02/2024 90710221	B	.190	1.0000				
02/02/2024 90710223	B	2.930	1.0000		- 3	3	
02/02/2024 90710224	B	25.820	1.0000		- 26	26	
02/02/2024 90710225	B	941.280	1.0000		- 941	941	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

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02/05/2024 90710215	B	4,408.150	1.0000		- 4,408	4,408	
02/12/2024 90710215	B	24,090.030	1.0000		- 24,090	24,090	
02/14/2024 90710215	B	11,985.230	1.0000		- 11,985	11,985	
02/16/2024 90710215	B	62,864.300	1.0000		- 62,864	62,864	
02/20/2024 90710215	B	11,953.500	1.0000		- 11,954	11,954	
02/22/2024 90710215	B	12,780.380	1.0000		- 12,780	12,780	
02/23/2024 90710215	B	3,959.610	1.0000		- 3,960	3,960	
02/26/2024 90710215	B	380.540	1.0000		- 381	381	
02/27/2024 90710215	B	1,056.280	1.0000		- 1,056	1,056	
02/29/2024 90710215	B	20,727.050	1.0000		- 20,727	20,727	
03/01/2024 90710215	B	8,229.070	1.0000		- 8,229	8,229	
03/04/2024 90710205	B	25.680	1.0000		- 26	26	
03/04/2024 90710206	B	.020	1.0000				
03/04/2024 90710207	B	24.960	1.0000		- 25	25	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

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03/04/2024 90710214	B	.010	1.0000				
03/04/2024 90710215	B	7,025.670	1.0000		- 7,026	7,026	
03/04/2024 90710216	B	2.240	1.0000		- 2	2	
03/04/2024 90710217	B	.690	1.0000		- 1	1	
03/04/2024 90710219	B	.010	1.0000				
03/04/2024 90710220	B	14.240	1.0000		- 14	14	
03/04/2024 90710221	B	.180	1.0000				
03/04/2024 90710223	B	2.740	1.0000		- 3	3	
03/04/2024 90710224	B	24.160	1.0000		- 24	24	
03/04/2024 90710225	B	3.740	1.0000		- 4	4	
03/07/2024 90710215	B	6,067.440	1.0000		- 6,067	6,067	
03/11/2024 90710215	B	3,800.370	1.0000		- 3,800	3,800	
03/12/2024 90710215	B	12,418.180	1.0000		- 12,418	12,418	
03/13/2024 90710215	B	2,236.050	1.0000		- 2,236	2,236	

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03/14/2024 90710215	B	11,299.790	1.0000		- 11,300	11,300	
03/15/2024 90710215	B	9,243.790	1.0000		- 9,244	9,244	
03/15/2024 90710215	B	10.800	1.0000		- 11	11	
03/19/2024 90710215	B	9,469.080	1.0000		- 9,469	9,469	
03/19/2024 90710215	B	500.000	1.0000		- 500	500	
03/20/2024 90710215	B	1,196.880	1.0000		- 1,197	1,197	
03/21/2024 90710215	B	3,270.820	1.0000		- 3,271	3,271	
03/22/2024 90710215	B	2,963.750	1.0000		- 2,964	2,964	
04/02/2024 90710205	B	.960	1.0000		- 1	1	
04/02/2024 90710206	B	.020	1.0000				
04/02/2024 90710207	B	3.970	1.0000		- 4	4	
04/02/2024 90710214	B	.010	1.0000				
04/02/2024 90710215	B	116.930	1.0000		- 117	117	
04/02/2024 90710216	B	2.450	1.0000		- 2	2	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/02/2024 90710217	B	.740	1.0000		- 1	1	
04/02/2024 90710219	B	.010	1.0000				
04/02/2024 90710220	B	15.250	1.0000		- 15	15	
04/02/2024 90710221	B	.190	1.0000				
04/02/2024 90710223	B	2.940	1.0000		- 3	3	
04/02/2024 90710224	B	25.870	1.0000		- 26	26	
04/02/2024 90710225	B	4.150	1.0000		- 4	4	
04/05/2024 90710215	B	7,683.090	1.0000		- 7,683	7,683	
04/08/2024 90710215	B	350.960	1.0000		- 351	351	
04/23/2024 90710215	B	6,828.710	1.0000		- 6,829	6,829	
04/25/2024 90710215	B	10,501.350	1.0000		- 10,501	10,501	
04/26/2024 90710215	B	2,117.690	1.0000		- 2,118	2,118	
05/01/2024 90710215	B	7,394.900	1.0000		- 7,395	7,395	
05/02/2024 90710205	B	.940	1.0000		- 1	1	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/2024 90710206	B	.020	1.0000				
05/02/2024 90710207	B	3.870	1.0000		- 4	4	
05/02/2024 90710214	B	.010	1.0000				
05/02/2024 90710215	B	1,707.820	1.0000		- 1,708	1,708	
05/02/2024 90710215	B	34,086.690	1.0000		- 34,087	34,087	
05/02/2024 90710216	B	2.380	1.0000		- 2	2	
05/02/2024 90710217	B	.720	1.0000		- 1	1	
05/02/2024 90710219	B	.010	1.0000				
05/02/2024 90710220	B	14.800	1.0000		- 15	15	
05/02/2024 90710221	B	.180	1.0000				
05/02/2024 90710223	B	2.850	1.0000		- 3	3	
05/02/2024 90710224	B	25.110	1.0000		- 25	25	
05/02/2024 90710225	B	4.030	1.0000		- 4	4	
05/06/2024 90710215	B	526.330	1.0000		- 526	526	

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05/06/2024 90710215	B	35,185.560	1.0000		- 35,186	35,186	
05/07/2024 90710215	B	6,046.780	1.0000		- 6,047	6,047	
05/08/2024 90710215	B	6,315.460	1.0000		- 6,315	6,315	
05/17/2024 90710215	B	1,131.120	1.0000		- 1,131	1,131	
05/30/2024 90710215	B	37,140.720	1.0000		- 37,141	37,141	
05/31/2024 90710215	B	8,160.120	1.0000		- 8,160	8,160	
06/04/2024 90710205	B	.980	1.0000		- 1	1	
06/04/2024 90710206	B	.020	1.0000				
06/04/2024 90710207	B	4.010	1.0000		- 4	4	
06/04/2024 90710214	B	.010	1.0000				
06/04/2024 90710215	B	7,658.390	1.0000		- 7,658	7,658	
06/04/2024 90710216	B	2.470	1.0000		- 2	2	
06/04/2024 90710217	B	.740	1.0000		- 1	1	
06/04/2024 90710219	B	.010	1.0000				

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/04/2024 90710220	B	15.360	1.0000		- 15	15	
06/04/2024 90710221	B	.190	1.0000				
06/04/2024 90710223	B	2.960	1.0000		- 3	3	
06/04/2024 90710224	B	26.070	1.0000		- 26	26	
06/04/2024 90710225	B	4.180	1.0000		- 4	4	
06/05/2024 90710215	B	676.000	1.0000		- 676	676	
06/05/2024 90710216	B	564.610	1.0000		- 565	565	
06/05/2024 90710221	B	43.780	1.0000		- 44	44	
06/06/2024 90710216	B	564.610	1.0000		- 565	565	
06/17/2024 90710215	B	350.960	1.0000		- 351	351	
06/21/2024 90710215	B	216.090	1.0000		- 216	216	
06/25/2024 90710215	B	4,514.440	1.0000		- 4,514	4,514	
06/26/2024 90710215	B	26,682.150	1.0000		- 26,682	26,682	
06/27/2024 90710215	B	29,853.190	1.0000		- 29,853	29,853	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/27/2024 90710215	B	116.930	1.0000		- 117	117	
06/28/2024 90710215	B	1,351.170	1.0000		- 1,351	1,351	
07/01/2024 90710215	B	1,992.030	1.0000		- 1,992	1,992	
07/02/2024 90710205	B	.950	1.0000		- 1	1	
07/02/2024 90710206	B	.020	1.0000				
07/02/2024 90710207	B	3.900	1.0000		- 4	4	
07/02/2024 90710214	B	.010	1.0000				
07/02/2024 90710215	B	15,363.790	1.0000		- 15,364	15,364	
07/02/2024 90710216	B	2.400	1.0000		- 2	2	
07/02/2024 90710217	B	.720	1.0000		- 1	1	
07/02/2024 90710219	B	.010	1.0000				
07/02/2024 90710220	B	14.920	1.0000		- 15	15	
07/02/2024 90710221	B	.190	1.0000				
07/02/2024 90710223	B	2.870	1.0000		- 3	3	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/02/2024 90710224	B	25.330	1.0000		- 25	25	
07/02/2024 90710225	B	4.060	1.0000		- 4	4	
07/05/2024 90710215	B	412.850	1.0000		- 413	413	
07/08/2024 90710215	B	178.500	1.0000		- 179	179	
07/15/2024 90710215	B	30,097.580	1.0000		- 30,098	30,098	
07/16/2024 90710215	B	67,997.350	1.0000		- 67,997	67,997	
07/17/2024 90710215	B	5,394.540	1.0000		- 5,395	5,395	
07/18/2024 90710215	B	635.910	1.0000		- 636	636	
07/23/2024 90710215	B	22,944.220	1.0000		- 22,944	22,944	
07/23/2024 90710215	B	1,959.660	1.0000		- 1,960	1,960	
07/26/2024 90710215	B	15,693.780	1.0000		- 15,694	15,694	
07/29/2024 90710215	B	30,544.440	1.0000		- 30,544	30,544	
08/02/2024 90710205	B	.990	1.0000		- 1	1	
08/02/2024 90710206	B	.020	1.0000				

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/02/2024 90710207	B	4.040	1.0000		- 4	4	
08/02/2024 90710214	B	.010	1.0000				
08/02/2024 90710216	B	2.480	1.0000		- 2	2	
08/02/2024 90710217	B	.750	1.0000		- 1	1	
08/02/2024 90710219	B	.010	1.0000				
08/02/2024 90710220	B	15.470	1.0000		- 15	15	
08/02/2024 90710221	B	.190	1.0000				
08/02/2024 90710223	B	2.980	1.0000		- 3	3	
08/02/2024 90710224	B	26.260	1.0000		- 26	26	
08/02/2024 90710225	B	4.210	1.0000		- 4	4	
08/08/2024 90710215	B	20,446.880	1.0000		- 20,447	20,447	
08/09/2024 90710215	B	6,083.370	1.0000		- 6,083	6,083	
08/15/2024 90710215	B	737.690	1.0000		- 738	738	
08/16/2024 90710215	B	15,487.850	1.0000		- 15,488	15,488	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/23/2024 90710215	B	1,927.560	1.0000		- 1,928	1,928	
08/28/2024 90710215	B	12,563.160	1.0000		- 12,563	12,563	
08/30/2024 90710207	B	500,000.000	1.0000		- 500,000	500,000	
09/03/2024 90710205	B	225.790	1.0000		- 226	226	
09/03/2024 90710215	B	2,749.690	1.0000		- 2,750	2,750	
09/04/2024 90710205	B	.920	1.0000		- 1	1	
09/04/2024 90710206	B	.020	1.0000				
09/04/2024 90710207	B	144.710	1.0000		- 145	145	
09/04/2024 90710214	B	.010	1.0000				
09/04/2024 90710216	B	2.490	1.0000		- 2	2	
09/04/2024 90710217	B	.750	1.0000		- 1	1	
09/04/2024 90710219	B	.010	1.0000				
09/04/2024 90710220	B	15.480	1.0000		- 15	15	
09/04/2024 90710221	B	.190	1.0000				

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/04/2024 90710223	B	2.980	1.0000		- 3	3	
09/04/2024 90710224	B	26.270	1.0000		- 26	26	
09/04/2024 90710225	B	4.220	1.0000		- 4	4	
09/06/2024 90710215	B	29.810	1.0000		- 30	30	
09/09/2024 90710215	B	13,416.730	1.0000		- 13,417	13,417	
09/11/2024 90710215	B	11,228.080	1.0000		- 11,228	11,228	
09/12/2024 90710215	B	141.180	1.0000		- 141	141	
09/13/2024 90710220	B	573.200	1.0000		- 573	573	
09/16/2024 90710215	B	7,168.430	1.0000		- 7,168	7,168	
09/17/2024 90710215	B	11,167.050	1.0000		- 11,167	11,167	
09/18/2024 90710215	B	1,001.790	1.0000		- 1,002	1,002	
09/20/2024 90710215	B	151.280	1.0000		- 151	151	
09/24/2024 90710215	B	6,769.960	1.0000		- 6,770	6,770	
09/25/2024 90710215	B	596.570	1.0000		- 597	597	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/26/2024 90710215	B	116.930	1.0000		- 117	117	
10/01/2024 90710205	B	226.710	1.0000		- 227	227	
10/02/2024 90710205	B	.830	1.0000		- 1	1	
10/02/2024 90710206	B	.020	1.0000				
10/02/2024 90710207	B	144.990	1.0000		- 145	145	
10/02/2024 90710214	B	.010	1.0000				
10/02/2024 90710216	B	2.340	1.0000		- 2	2	
10/02/2024 90710217	B	.700	1.0000		- 1	1	
10/02/2024 90710219	B	.010	1.0000				
10/02/2024 90710220	B	15.930	1.0000		- 16	16	
10/02/2024 90710221	B	.180	1.0000				
10/02/2024 90710223	B	2.800	1.0000		- 3	3	
10/02/2024 90710224	B	24.700	1.0000		- 25	25	
10/02/2024 90710225	B	3.960	1.0000		- 4	4	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/03/2024 90710215	B	9,344.520	1.0000		- 9,345	9,345	
10/09/2024 90710215	B	6,742.620	1.0000		- 6,743	6,743	
10/15/2024 90710215	B	7,498.050	1.0000		- 7,498	7,498	
10/17/2024 90710215	B	635.910	1.0000		- 636	636	
10/17/2024 90710215	B	180.960	1.0000		- 181	181	
10/18/2024 90710215	B	13,103.630	1.0000		- 13,104	13,104	
10/23/2024 90710215	B	799.740	1.0000		- 800	800	
10/24/2024 90710215	B	2,930.970	1.0000		- 2,931	2,931	
10/25/2024 90710215	B	41,446.040	1.0000		- 41,446	41,446	
10/30/2024 90710215	B	22,591.740	1.0000		- 22,592	22,592	
11/04/2024 90710205	B	.910	1.0000		- 1	1	
11/04/2024 90710206	B	.020	1.0000				
11/04/2024 90710207	B	4.850	1.0000		- 5	5	
11/04/2024 90710214	B	.010	1.0000				

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/04/2024 90710215	B	26,123.490	1.0000		- 26,123	26,123	
11/04/2024 90710216	B	2.300	1.0000		- 2	2	
11/04/2024 90710217	B	.690	1.0000		- 1	1	
11/04/2024 90710219	B	.010	1.0000				
11/04/2024 90710220	B	16.600	1.0000		- 17	17	
11/04/2024 90710221	B	.180	1.0000				
11/04/2024 90710223	B	2.760	1.0000		- 3	3	
11/04/2024 90710224	B	24.270	1.0000		- 24	24	
11/04/2024 90710225	B	3.890	1.0000		- 4	4	
11/12/2024 90710215	B	2,699.870	1.0000		- 2,700	2,700	
11/13/2024 90710215	B	41,731.520	1.0000		- 41,732	41,732	
11/14/2024 90710215	B	4,965.030	1.0000		- 4,965	4,965	
11/14/2024 90710215	B	9,025.910	1.0000		- 9,026	9,026	
11/19/2024 90710215	B	4,087.850	1.0000		- 4,088	4,088	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/22/2024 90710215	B	14,050.510	1.0000		- 14,051	14,051	
11/26/2024 90710207	B	4,341.850	1.0000		- 4,342	4,342	
11/27/2024 90710215	B	34,045.640	1.0000		- 34,046	34,046	
11/29/2024 90710215	B	2,111.760	1.0000		- 2,112	2,112	
12/02/2024 90710215	B	12,711.940	1.0000		- 12,712	12,712	
12/03/2024 90710205	B	.850	1.0000		- 1	1	
12/03/2024 90710206	B	.020	1.0000				
12/03/2024 90710207	B	7.250	1.0000		- 7	7	
12/03/2024 90710214	B	.010	1.0000				
12/03/2024 90710215	B	80,901.540	1.0000		- 80,902	80,902	
12/03/2024 90710216	B	2.160	1.0000		- 2	2	
12/03/2024 90710217	B	.540	1.0000		- 1	1	
12/03/2024 90710219	B	.010	1.0000				
12/03/2024 90710220	B	13.010	1.0000		- 13	13	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/03/2024 90710221	B	.170	1.0000				
12/03/2024 90710223	B	2.590	1.0000		- 3	3	
12/03/2024 90710224	B	22.790	1.0000		- 23	23	
12/03/2024 90710225	B	3.660	1.0000		- 4	4	
12/05/2024 90710215	B	7,179.830	1.0000		- 7,180	7,180	
12/09/2024 90710215	B	2,456.120	1.0000		- 2,456	2,456	
12/10/2024 90710215	B	22,691.950	1.0000		- 22,692	22,692	
12/12/2024 90710207	B	13.550	1.0000		- 14	14	
12/12/2024 90710215	B	3,483.200	1.0000		- 3,483	3,483	
12/19/2024 90710215	B	116.930	1.0000		- 117	117	
12/20/2024 90710215	B	1,704.740	1.0000		- 1,705	1,705	
12/23/2024 90710215	B	46,616.490	1.0000		- 46,616	46,616	
12/31/2024 90710215	B	14,665.680	1.0000		- 14,666	14,666	
Total For Buys				0	7,112,705	7,112,705	0

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/05/2024 90710215	S	- 16,348.980	1.0000		16,349	16,349	
01/08/2024 90710221	S	- 300,000.000	1.0000		300,000	300,000	
01/08/2024 90710225	S	- 2,200,000.000	1.0000		2,200,000	2,200,000	
01/09/2024 90710216	S	- 2,500,000.000	1.0000		2,500,000	2,500,000	
01/11/2024 90710215	S	- 12,894.310	1.0000		12,894	12,894	
01/16/2024 90710215	S	- 2,277.310	1.0000		2,277	2,277	
01/17/2024 90710215	S	- 5,669.340	1.0000		5,669	5,669	
01/19/2024 90710215	S	- 211.310	1.0000		211	211	
01/23/2024 90710215	S	- 10,287.580	1.0000		10,288	10,288	
01/30/2024 90710215	S	- 8,095.330	1.0000		8,095	8,095	
02/02/2024 90710205	S	- 175,000.000	1.0000		175,000	175,000	
02/02/2024 90710207	S	- 150,000.000	1.0000		150,000	150,000	
02/02/2024 90710215	S	- 8,932.130	1.0000		8,932	8,932	
02/06/2024 90710215	S	- 22,539.610	1.0000		22,540	22,540	

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02/07/2024 90710215	S	- 2,935.550	1.0000		2,936	2,936	
02/08/2024 90710215	S	- 8,959.210	1.0000		8,959	8,959	
02/09/2024 90710215	S	- 59,283.000	1.0000		59,283	59,283	
02/13/2024 90710215	S	- 18,219.920	1.0000		18,220	18,220	
02/15/2024 90710215	S	- 15,086.240	1.0000		15,086	15,086	
02/21/2024 90710215	S	- 14,783.910	1.0000		14,784	14,784	
02/27/2024 90710215	S	- .660	1.0000		1	1	
02/28/2024 90710215	S	- 11,474.060	1.0000		11,474	11,474	
03/05/2024 90710215	S	- 3,077.440	1.0000		3,077	3,077	
03/06/2024 90710215	S	- 1,698.250	1.0000		1,698	1,698	
03/08/2024 90710215	S	- 15,356.720	1.0000		15,357	15,357	
03/18/2024 90710215	S	- 19,989.750	1.0000		19,990	19,990	
03/25/2024 90710215	S	- 820.860	1.0000		821	821	
03/27/2024 90710215	S	- 2,487.360	1.0000		2,487	2,487	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/28/2024 90710215	S	- 23,088.650	1.0000		23,089	23,089	
04/01/2024 90710215	S	- 2,052.540	1.0000		2,053	2,053	
04/02/2024 90710215	S	- 28,645.050	1.0000		28,645	28,645	
04/04/2024 90710215	S	- 22,858.780	1.0000		22,859	22,859	
04/08/2024 90710215	S	- 2,208.230	1.0000		2,208	2,208	
04/09/2024 90710215	S	- 920.020	1.0000		920	920	
04/10/2024 90710215	S	- 9,837.170	1.0000		9,837	9,837	
04/11/2024 90710215	S	- 3,496.330	1.0000		3,496	3,496	
04/12/2024 90710215	S	- 19,845.950	1.0000		19,846	19,846	
04/15/2024 90710215	S	- 3,305.220	1.0000		3,305	3,305	
04/16/2024 90710215	S	- 2,130.870	1.0000		2,131	2,131	
04/17/2024 90710215	S	- 1,456.270	1.0000		1,456	1,456	
04/18/2024 90710215	S	- 3,525.540	1.0000		3,526	3,526	
04/19/2024 90710215	S	- 1,004.370	1.0000		1,004	1,004	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/22/2024 90710215	S	- 1,027.620	1.0000		1,028	1,028	
04/30/2024 90710215	S	- 1,632.740	1.0000		1,633	1,633	
05/07/2024 90710215	S	- 11,301.960	1.0000		11,302	11,302	
05/09/2024 90710215	S	- 9,224.550	1.0000		9,225	9,225	
05/09/2024 90710215	S	- 11,532.720	1.0000		11,533	11,533	
05/10/2024 90710215	S	- 1,308.060	1.0000		1,308	1,308	
05/13/2024 90710215	S	- 6,966.640	1.0000		6,967	6,967	
05/14/2024 90710215	S	- 22,001.170	1.0000		22,001	22,001	
05/15/2024 90710215	S	- 2,107.740	1.0000		2,108	2,108	
05/21/2024 90710215	S	- 8,957.230	1.0000		8,957	8,957	
05/24/2024 90710215	S	- 19,475.570	1.0000		19,476	19,476	
05/28/2024 90710215	S	- 3,114.410	1.0000		3,114	3,114	
05/29/2024 90710215	S	- 6,573.270	1.0000		6,573	6,573	
06/03/2024 90710215	S	- 265.810	1.0000		266	266	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/05/2024 90710215	S	- 28,672.300	1.0000		28,672	28,672	
06/05/2024 90710216	S	- 564.610	1.0000		565	565	
06/05/2024 90710221	S	- 43.780	1.0000		44	44	
06/06/2024 90710215	S	- 9,325.330	1.0000		9,325	9,325	
06/06/2024 90710216	S	- 564.610	1.0000		565	565	
06/07/2024 90710215	S	- 10,523.960	1.0000		10,524	10,524	
06/10/2024 90710215	S	- 3,715.610	1.0000		3,716	3,716	
06/11/2024 90710215	S	- 12,036.180	1.0000		12,036	12,036	
06/12/2024 90710215	S	- 2,823.900	1.0000		2,824	2,824	
06/13/2024 90710215	S	- 2,338.910	1.0000		2,339	2,339	
06/13/2024 90710215	S	- 1,100.910	1.0000		1,101	1,101	
06/14/2024 90710215	S	- 15,196.990	1.0000		15,197	15,197	
06/17/2024 90710215	S	- 5,301.280	1.0000		5,301	5,301	
06/18/2024 90710215	S	- 2,705.070	1.0000		2,705	2,705	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/20/2024 90710215	S	- 3,968.700	1.0000		3,969	3,969	
07/09/2024 90710215	S	- 2,313.780	1.0000		2,314	2,314	
07/10/2024 90710215	S	- 11,356.400	1.0000		11,356	11,356	
07/11/2024 90710215	S	- 6,593.600	1.0000		6,594	6,594	
07/12/2024 90710215	S	- 975.490	1.0000		975	975	
07/19/2024 90710215	S	- 23,633.450	1.0000		23,633	23,633	
07/19/2024 90710215	S	- 1,959.660	1.0000		1,960	1,960	
07/22/2024 90710215	S	- 2,419.860	1.0000		2,420	2,420	
07/24/2024 90710215	S	- 2,750.870	1.0000		2,751	2,751	
07/25/2024 90710215	S	- 5,829.930	1.0000		5,830	5,830	
07/31/2024 90710215	S	- 1,914.170	1.0000		1,914	1,914	
08/01/2024 90710215	S	- 35,040.180	1.0000		35,040	35,040	
08/02/2024 90710215	S	- 15,831.970	1.0000		15,832	15,832	
08/05/2024 90710215	S	- 14,323.010	1.0000		14,323	14,323	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/06/2024 90710215	S	- 7,314.210	1.0000		7,314	7,314	
08/07/2024 90710215	S	- 10,327.830	1.0000		10,328	10,328	
08/12/2024 90710215	S	- 5,590.630	1.0000		5,591	5,591	
08/13/2024 90710215	S	- 5,913.550	1.0000		5,914	5,914	
08/14/2024 90710215	S	- 128.150	1.0000		128	128	
08/19/2024 90710215	S	- 1,695.460	1.0000		1,695	1,695	
08/21/2024 90710215	S	- 5,409.140	1.0000		5,409	5,409	
08/22/2024 90710215	S	- 1,003.980	1.0000		1,004	1,004	
08/26/2024 90710215	S	- 115.680	1.0000		116	116	
08/27/2024 90710215	S	- 8,439.790	1.0000		8,440	8,440	
08/29/2024 90710215	S	- 10,105.530	1.0000		10,106	10,106	
08/30/2024 90710205	S	- 225.790	1.0000		226	226	
08/30/2024 90710215	S	- 8,047.030	1.0000		8,047	8,047	
09/03/2024 90710207	S	- 500,000.000	1.0000		500,000	500,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/04/2024 90710215	S	- 5,481.530	1.0000		5,482	5,482	
09/05/2024 90710215	S	- 3,822.320	1.0000		3,822	3,822	
09/09/2024 90710215	S	- 5,222.170	1.0000		5,222	5,222	
09/12/2024 90710215	S	- 15,240.580	1.0000		15,241	15,241	
09/13/2024 90710215	S	- 3,826.560	1.0000		3,827	3,827	
09/19/2024 90710215	S	- 10,326.550	1.0000		10,327	10,327	
09/23/2024 90710215	S	- 1,786.700	1.0000		1,787	1,787	
09/26/2024 90710215	S	- 11,360.800	1.0000		11,361	11,361	
09/27/2024 90710215	S	- 1,133.660	1.0000		1,134	1,134	
09/30/2024 90710205	S	- 226.710	1.0000		227	227	
09/30/2024 90710215	S	- 6,859.790	1.0000		6,860	6,860	
10/01/2024 90710215	S	- 7,226.140	1.0000		7,226	7,226	
10/02/2024 90710215	S	- 440.720	1.0000		441	441	
10/04/2024 90710215	S	- 7,137.030	1.0000		7,137	7,137	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/07/2024 90710215	S	- 7,035.710	1.0000		7,036	7,036	
10/08/2024 90710215	S	- 3,143.300	1.0000		3,143	3,143	
10/10/2024 90710215	S	- 4,278.280	1.0000		4,278	4,278	
10/11/2024 90710215	S	- 2,170.590	1.0000		2,171	2,171	
10/15/2024 90710215	S	- 1,903.330	1.0000		1,903	1,903	
10/16/2024 90710215	S	- 1,054.430	1.0000		1,054	1,054	
10/22/2024 90710215	S	- 14,610.600	1.0000		14,611	14,611	
10/28/2024 90710215	S	- 5,372.390	1.0000		5,372	5,372	
10/29/2024 90710215	S	- 2,304.750	1.0000		2,305	2,305	
10/31/2024 90710215	S	- 30,858.470	1.0000		30,858	30,858	
11/01/2024 90710215	S	- 10,287.190	1.0000		10,287	10,287	
11/05/2024 90710215	S	- 23,950.050	1.0000		23,950	23,950	
11/06/2024 90710215	S	- 20,162.960	1.0000		20,163	20,163	
11/07/2024 90710215	S	- 70,474.780	1.0000		70,475	70,475	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/08/2024 90710215	S	- 33,027.700	1.0000		33,028	33,028	
11/12/2024 90710215	S	- 17,353.760	1.0000		17,354	17,354	
11/15/2024 90710215	S	- 17,611.410	1.0000		17,611	17,611	
11/18/2024 90710215	S	- 5,578.430	1.0000		5,578	5,578	
11/20/2024 90710215	S	- 9,065.900	1.0000		9,066	9,066	
11/21/2024 90710215	S	- 31,826.780	1.0000		31,827	31,827	
11/26/2024 90710215	S	- 18,920.900	1.0000		18,921	18,921	
11/26/2024 90710217	S	- 173.830	1.0000		174	174	
11/26/2024 90710220	S	- 4,167.470	1.0000		4,167	4,167	
11/26/2024 90710227	S	-.550	1.0000		1	1	
12/04/2024 90710215	S	- 3,975.190	1.0000		3,975	3,975	
12/06/2024 90710215	S	- 772.080	1.0000		772	772	
12/11/2024 90710215	S	- 11,922.000	1.0000		11,922	11,922	
12/12/2024 90710217	S	-.540	1.0000		1	1	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/12/2024 90710220	S	- 13.010	1.0000		13	13	
12/13/2024 90710215	S	- 48,506.860	1.0000		48,507	48,507	
12/16/2024 90710215	S	- 6,446.370	1.0000		6,446	6,446	
12/17/2024 90710215	S	- 6,861.290	1.0000		6,861	6,861	
12/18/2024 90710215	S	- 10,079.360	1.0000		10,079	10,079	
12/19/2024 90710215	S	- 28,871.510	1.0000		28,872	28,872	
12/24/2024 90710215	S	- 14,994.400	1.0000		14,994	14,994	
12/24/2024 90710215	S	- 46.440	1.0000		46	46	
12/26/2024 90710215	S	- 2,833.470	1.0000		2,833	2,833	
12/27/2024 90710215	S	- 10,992.310	1.0000		10,992	10,992	
12/30/2024 90710215	S	- 6,195.560	1.0000		6,196	6,196	
Total For Sells				0	7,172,373	7,172,373	0
Total First Am Treas Ob Fd Cl Z				0	14,285,078	14,285,078	0

Issue: 9SPMTHYZ3 - Eaton Vance Trust Co Collective

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/05/2024 90710226	S	- 782,068.728	12.7866		10,000,000 *	8,889,454	1,110,546
06/06/2024 90710226	S	- 323,771.186	13.8876		4,496,407	4,289,628	206,779
Total For Sells				0	14,496,407	13,179,082	1,317,325
Total Eaton Vance Trust Co Collective				0	14,496,407	13,179,082	1,317,325
Issue: 921943882 - Vanguard Developed Markets Index Ins							
06/05/2024 90710221	B	551,470.588	16.3200		- 9,000,000 *	9,000,000	
Total For Buys				0	9,000,000	9,000,000	0
03/15/2024 90710221	R	5,280.775	15.8900		- 83,912	83,912	
06/21/2024 90710221	R	13,786.016	15.7900		- 217,681	217,681	
09/20/2024 90710221	R	4,117.810	16.7200		- 68,850	68,850	
12/20/2024 90710221	R	22,247.129	15.3100		- 340,604	340,604	
Total For Reinvestments				0	711,047	711,047	0
01/08/2024 90710221	S	- 19,788.918	15.1600		300,000	229,353	70,647

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	300,000	229,353	70,647
Total Vanguard Developed Markets Index Ins				0	10,011,047	9,940,400	70,647
GRAND TOTAL				0	38,792,532	37,404,560	1,387,972

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

01/05/2024 90710213	Issue: 9SPMTGP10 - Ssga US Tips Indx NI Fd S - 22.339	28.6602	640	470	171
01/31/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S - 2,310.603	75.7378	175,000	87,810	87,190
01/31/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S - 4,740.276	31.6437	150,000	129,866	20,134
01/31/2024 90710225	Issue: 98MSCSR06 - First Eagle Int'L. Value Fd, LP S - 863.222	2,548.5912	2,200,000	1,398,351	801,649
02/29/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S - 3,521.082	78.1010	275,000	133,813	141,187
02/29/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S - 7,195.517	31.2695	225,000	197,131	27,869
03/31/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S - 20.076	79.2907	1,592	763	829

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/31/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 3,088.708	80.9400		250,000	117,381	132,619
03/31/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 3.589	153.4466		551	186	365
03/31/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S	- 46.104	31.3060		1,443	1,263	180
03/31/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S	- 6,322.998	31.6306		200,000	173,227	26,773
03/31/2024 90710213	Issue: 9SPMTGP10 - Ssga US Tips Indx NI Fd S	- 22.193	28.9501		642	467	176
03/31/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	3.640	1.0000		- 4	4	
04/29/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 1,268.118	78.8570		100,000	48,193	51,807
04/29/2024 90710207	Issue: 9SPMTGP28 - Ssga US Aggregate Bond Indx NI Fd S	- 3,230.706	30.9530		100,000	88,509	11,491
05/31/2024 90710205	Issue: 9SPMTGP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 3,100.660	80.6280		250,000	117,835	132,165
06/05/2024 90710226	Issue: 9SPMTHYZ3 - Eaton Vance Trust Co Collective S	- 782,068.728	12.7866		10,000,000 *	8,889,454	1,110,546
06/06/2024 90710226	Issue: 9SPMTHYZ3 - Eaton Vance Trust Co Collective S	- 323,771.186	13.8876		4,496,407	4,289,628	206,779

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/30/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 20.587	84.0147		1,730	782	947
06/30/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 3,443.688	84.2120		290,000	130,871	159,129
06/30/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 4.003	153.8021		616	207	408
06/30/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd B	138,489.968	31.7453		- 4,396,407	4,396,407	
06/30/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 51.453	31.7958		1,636	1,458	178
06/30/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 7,861.873	31.7990		250,000	222,705	27,295
06/30/2024 90710213	Issue: 9SPMTGTP10 - Ssga US Tips Indx NI Fd S	- 22.296	29.5179		658	469	189
06/30/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	3.680	1.0000		- 4	4	
08/05/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 1,898.828	84.2625		160,000	72,162	87,838
08/30/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 13,049.126	32.9524		430,000	369,645	60,355
09/03/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 5,793.877	86.2980		500,000	220,186	279,814

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 1,691.420	88.6829		150,000	64,279	85,721
09/30/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	4.040	1.0000		- 4	4	
10/31/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 19.100	90.6476		1,731	726	1,006
10/31/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 2,776.914	90.0280		250,000	105,532	144,468
10/31/2024 90710213	Issue: 9SPMTGTP10 - Ssga US Tips Indx NI Fd S	- 21.553	30.4974		657	453	204
11/05/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 3.577	171.7333		614	185	429
11/05/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 52.631	32.8299		1,728	1,491	237
11/05/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 3,075.741	32.5125		100,000	87,127	12,873
11/30/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 2,670.512	93.6150		250,000	101,488	148,512
11/30/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 3,058.797	32.6926		100,000	86,647	13,353
12/31/2024 90710205	Issue: 9SPMTGTP02 - Ssga Russell 1000 (R) Indx NI Fd S	- 18.724	95.0641		1,780	712	1,068

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/31/2024 90710206	Issue: 9SPMTGNZ7 - Ssga Russell 2000 (R) Indx NI Fd S	- 3.679	184.3327		678	191	488
12/31/2024 90710207	Issue: 9SPMTGTP28 - Ssga US Aggregate Bond Indx NI Fd S	- 62.772	32.9819		2,070	1,778	292
12/31/2024 90710213	Issue: 9SPMTGTP10 - Ssga US Tips Indx NI Fd S	- 22.472	30.4103		683	472	211
12/31/2024 90710223	Issue: 9SPMTJ904 - Asb-Blackrock Liquidity Fund B	3.680	1.0000		- 4	4	
Total For Direct From Issuer				0	25,317,279	21,540,336	3,776,945
GRAND TOTAL				0	25,317,279	21,540,336	3,776,945

Sheet Metal Workers' Local No. 9 Pension Plan

EIN: 84-0783596; Plan number 001

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

	Hourly rate
Journeyman	\$ 6.39
Foreman	\$ 6.39
Gen Foreman	\$ 6.39
Apprentices	
1st Yr. Apprentice	\$ 3.52
2nd Yr. Apprentice	\$ 4.16
3rd Yr. Apprentice	\$ 4.47
4th Yr. Apprentice	\$ 5.11
Classified Workers	
50% Classified Worker	\$ 3.20
55% Classified Worker	\$ 3.52
65% Classsified Worker	\$ 4.16
70% Classified Worker	\$ 4.47
80% Classsified Worker	\$ 5.11
90% Classified Worker	\$ 5.75

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

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

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

A Name of plan SHEET METAL WORKERS' LOCAL NO. 9 PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF THE SHEET METAL WORKERS LOCAL NO. 9 PENSION TRUST	D Employer Identification Number (EIN) 84-0783596
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	

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

b Assets

(1) Current value of assets	1b(1)	180,747,658
(2) Actuarial value of assets for funding standard account	1b(2)	195,783,373
c (1) Accrued liability for plan using immediate gain methods	1c(1)	200,699,762
(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)	200,699,762
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)	336,371,905
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	13,931,181
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	12,900,032
(3) Expected plan disbursements for the plan year	1d(3)	13,621,711

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 Jonathan Hassen Type or print name of actuary Rael & Letson Firm name 160 Bovet Road, Suite 203 San Mateo CA 94402 Address of the firm	<u>9/17/2025</u> Date 23-07913 Most recent enrollment number (650) 341-3311 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	180,747,658
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	842	149,747,794
(2) For terminated vested participants	398	42,669,454
(3) For active participants:		
(a) Non-vested benefits		19,354,036
(b) Vested benefits		124,600,621
(c) Total active	845	143,954,657
(4) Total	2,085	336,371,905
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.73 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	8,989,335				
Totals ►			3(b)	8,989,335	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

0

0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	97.6 %
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:	4f	
• 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."		

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)	6 - 1
(2) Females	6c(2)	6F - 1
d Valuation liability interest rate	6d	6.90 %
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)	6.90%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.9%
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)	493,589
(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	1,918,311	195,783

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	
b Employer's normal cost for plan year as of valuation date.....	9b	6,370,099

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	90,089,068	12,410,950
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 1,295,892**e** Total charges. Add lines 9a through 9d..... **9e** 20,076,941**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 35,974,470**g** Employer contributions. Total from column (b) of line 3..... **9g** 8,989,335

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	49,198,209	9,728,248

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 3,463,620**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	66,595,143	
9j(2)	118,449,531	
9j(3)		0

k (1) Waived funding deficiency **9k(1)** 0**(2)** Other credits **9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) **9l** 58,155,673**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 38,078,732**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**(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**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**(3)** Total as of valuation date

9o(1)		0
9o(2)(a)		0
9o(2)(b)		0
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

Attachment to:	2024 Schedule MB (Form 5500), Lines 3 and 9g
Plan Name:	Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number:	84-0783596
Plan Number:	001

Employer Contributions

Employer contributions were made periodically throughout the Plan Year pursuant to the terms of the collective bargaining agreements. Contributions have been assumed to occur mid-year.

Attachment to:2024 Schedule MB (Form 5500), Line 6

Plan Name:Sheet Metal Workers' Local No. 9 Pension Trust

Employer ID Number:84-0783596

Plan Number:001

Statement of Actuarial Assumptions/Methods

METHODOLOGY:	
Actuarial Value of Assets:	Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Actuarial Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.
Actuarial Cost Method:	<u>Unit Credit Cost Method</u> Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. This method requires that each year's contributions be applied first to the normal cost, and the balance of the contributions applied to amortize the Unfunded Accrued Liability. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS:	
Interest Discount Rate:	6.90% for funding and FASB ASC 960 and 3.29% for current liability.
Assumed Rate of Return on Investments:	6.90% compounded annually, net of investment expenses.
Derivation of Net Investment Return and Discount Rate for FASB ASC 960 Accounting:	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Operating Expenses:	A total annual amount of \$510,050 paid in monthly installments (\$493,589 at beginning of year). An annual increase of 1% is assumed in subsequent years to incorporate projected increases in PBGC premiums.
Justification for Demographic Assumptions:	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions.
Mortality:	Healthy Lives: RP-2014 Blue Collar Mortality Tables for employees and healthy annuitants with ages set back one year. Disabled Lives: RP-2014 Disabled Retiree Mortality Table with ages set forward one year. Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2023-73.
Mortality Improvement:	The current mortality assumption, with no additional mortality improvement, is assumed to be reasonable at this time.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS:

Termination Rates:

Termination of employees from participation in the Plan is discounted in advance in accordance with a scale based on age. The following is a sample of the termination rates.

Age	Turnover Rates	
	Less than 5 Pension Credits	5 or more Pension Credits
20	17.99%	8.75%
25	21.74%	8.75%
30	18.61%	4.84%
35	16.78%	5.02%
40	15.91%	4.15%
45	15.48%	3.73%
50	15.60%	3.49%
55	13.52%	0.88%
60	13.63%	0.20%

Termination rates stop when a participant is first eligible to retire.

Retirement Rates:

Active participants are assumed to retire based on the following rate table:

Age	Retirement Rates	(Prior to January 1, 2023)
Under 55	0.00%	0.00%
55-59	10.00%	10.00%
60-61	15.00%	15.00%
62	37.50%	37.50%
63-64	50.00%	100.00%
65 and over	100.00%	100.00%

Active participants under age 55 with a date of participation prior to January 1, 2005 are assumed to retire at a rate of 10% in the first two years of service pension eligibility upon earning 25 Pension Credits. Thereafter, the member's retirement rate is based on the age-based retirement table.

Inactive vested participants are assumed to retire at age 65.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS:

Disability Rates:	Employees are assumed to become disabled in accordance with a scale based on age. The following is a sample of the disability rates: <table><tr><th>Age</th><th>Disability Rates</th><th>Age</th><th>Disability Rates</th></tr><tr><td>20</td><td>0.03%</td><td>45</td><td>0.17%</td></tr><tr><td>25</td><td>0.04%</td><td>50</td><td>0.29%</td></tr><tr><td>30</td><td>0.06%</td><td>55</td><td>0.50%</td></tr><tr><td>35</td><td>0.07%</td><td>60</td><td>0.81%</td></tr><tr><td>40</td><td>0.11%</td><td></td><td></td></tr></table>	Age	Disability Rates	Age	Disability Rates	20	0.03%	45	0.17%	25	0.04%	50	0.29%	30	0.06%	55	0.50%	35	0.07%	60	0.81%	40	0.11%		
Age	Disability Rates	Age	Disability Rates																						
20	0.03%	45	0.17%																						
25	0.04%	50	0.29%																						
30	0.06%	55	0.50%																						
35	0.07%	60	0.81%																						
40	0.11%																								
Form of Benefit:	<u>Benefits accrued prior to January 1, 2017:</u> 50% of participants are assumed to elect a Single Life Annuity with a Five-Year Guarantee and 50% of participants are assumed to elect a Joint & Survivor payment form at retirement. <u>Benefits accrued on and after January 1, 2017:</u> 100% of participants are assumed to elect a Single Life Annuity with a Five-Year Guarantee. All other forms of payment are actuarially equivalent.																								
Late Retirement Behavior:	Actuarial increases are applied to the benefits of vested inactives who are currently past Normal Retirement Age and have not yet applied for benefits.																								
Marital Status:	85% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their spouses.																								
Future Benefit Accruals:	Future contributions are assumed to be made based on 1.50 million total hours worked each Plan Year.																								
Active Participant:	Those with at least 500 hours in the most recent Plan Year and a hire date on or before January 1, 2023.																								
Inactive Vested Participants Over Age 70:	Liabilities for vested inactives over age 70 without service reported in the last three years are excluded from the valuation. Counts are included for PBGC premium purposes.																								
Missing Data:	If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.																								

CHANGES SINCE PRIOR VALUATION

The current liability interest rate was changed from 2.55% to 3.29% due to a change in the allowable interest rate range, and the current liability mortality table and disability table were updated as required.

Attachment to:	2024 Schedule MB (Form 5500), Line 6
Plan Name:	Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number:	84-0783596
Plan Number:	001

Summary of Plan Provisions

The Sheet Metal Workers' Local No. 9 Pension Trust became effective July 1, 1967 as a result of collective bargaining between the contributing Employers and the Union. The Plan was last restated as of January 1, 2014, last amended effective June 2023, and received a favorable determination letter in 2015. The principal provisions of the Plan as of January 1, 2024 are summarized below.

NORMAL RETIREMENT

Eligibility	Later of age 65 and 5 years of plan participation.
Monthly Benefit	(a) \$25.80 for each year of Pension Credit earned prior to January 1, 1982; plus (b) 2.0% of contributions made on or after January 1, 1982 and before January 1, 2009; plus (c) 1.8% of contributions made on or after January 1, 2009. (d) Additionally, benefits accrued prior to January 1, 1993 are increased by 3% for Participants who have not incurred a Separation from Covered Employment as of January 1, 1993. The maximum benefit is determined based on the fifty consecutive plan years that would lead to the highest pension calculation.

EARLY RETIREMENT

Eligibility	Age 55 and 5 years of Vesting Service.
Monthly Benefit	Regular pension amount, reduced by: (a) 0.25% for each month of age less than age 62 to age 60; and (b) 0.50% for each month of age less than age 60.

SERVICE RETIREMENT

Eligibility	Age 55 and 30 Pension Credits for new participants on or after January 1, 2005. Otherwise, 25 Pension Credits.
Monthly Benefit	Regular Pension amount.

DISABILITY RETIREMENT

Eligibility	Totally disabled and entitled to a Social Security disability benefit. Also, must have 5 years of Vesting Service and 500 hours of service in each of the two consecutive Plan Years preceding the Plan Year in which the disability began.
Monthly Benefit	Regular Pension amount.

Attachment to:	2024 Schedule MB (Form 5500), Line 6
Plan Name:	Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number:	84-0783596
Plan Number:	001

Summary of Plan Provisions (Continued)

TERMINATION

Eligibility	Vested at Normal Retirement Age (later of age 65 and fifth anniversary of plan participation) or upon completion of 5 years of Vesting Service.
Monthly Benefit	Regular Pension payable upon attainment of Normal Retirement Age or; Early Pension payable upon attainment of Early Retirement Age.

PRE-RETIREMENT DEATH BENEFIT

Eligibility	(a) At least 2.5 years of Vesting Service after January 1, 1976 but less than 5 years of Vesting Service or; (b) At least 5 years of Vesting Service Death benefit determined based on eligibility condition satisfied above upon death.
Monthly Benefit	(a) For a Participant with at least 2.5 years of Vesting Service after January 1, 1976, but less than 5 years of Vesting Service — a lump sum payment equivalent to 50% of the contributions made on his or her behalf, up to a maximum of \$10,000, will be paid to his or her beneficiary upon his or her death. (b) For a Participant with at least 5 years of Vesting Service — If married, the surviving spouse is entitled to a Pre-retirement Surviving Spouse Pension. This pension is equal to the amount that would have been payable to the spouse had the Participant retired with a 50% Joint & Survivor Pension at the later of (1) the day before the Participant's death, and (2) the earliest possible date in which the Participant would have been eligible to retire, and died the next day. If the Participant is single, or if the surviving spouse elects to waive the Pre-retirement Surviving Spouse Pension, the beneficiary will receive 60 guaranteed monthly payments of the Participant's Regular Pension amount or the lump sum death benefit in (a).

FORMS OF ANNUITY PAYMENTS

Normal Form	50% Joint and Survivor Annuity with Pop-Up if married. Single Life Annuity with Five-Year Guarantee otherwise.
Optional Forms	75% Joint and Survivor Pension with Pop-Up.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Summary of Plan Provisions (Continued)

OTHER																																	
Participation	January 1 or July 1 following 500 hours of Service in Covered Employment in the twelve (12) month period from date of hire. If 500 Hours of Service in the first 12 months is not satisfied, the eligibility computation period shall be the Plan Year thereafter.																																
Vesting Service and Pension Credits	<table><tr><th>Hours</th><th>Vesting Service</th><th>Pension Credits</th></tr><tr><td>Less than 500</td><td>0</td><td>0</td></tr><tr><td>500-599</td><td>5/10</td><td>5/12</td></tr><tr><td>600-699</td><td>6/10</td><td>6/12</td></tr><tr><td>700-799</td><td>7/10</td><td>7/12</td></tr><tr><td>800-899</td><td>8/10</td><td>8/12</td></tr><tr><td>900-999</td><td>9/10</td><td>9/12</td></tr><tr><td>1,000-1,099</td><td>1</td><td>10/12</td></tr><tr><td>1,100-1,199</td><td>1</td><td>11/12</td></tr><tr><td>1,200 or more</td><td>1</td><td>1</td></tr></table>			Hours	Vesting Service	Pension Credits	Less than 500	0	0	500-599	5/10	5/12	600-699	6/10	6/12	700-799	7/10	7/12	800-899	8/10	8/12	900-999	9/10	9/12	1,000-1,099	1	10/12	1,100-1,199	1	11/12	1,200 or more	1	1
Hours	Vesting Service	Pension Credits																															
Less than 500	0	0																															
500-599	5/10	5/12																															
600-699	6/10	6/12																															
700-799	7/10	7/12																															
800-899	8/10	8/12																															
900-999	9/10	9/12																															
1,000-1,099	1	10/12																															
1,100-1,199	1	11/12																															
1,200 or more	1	1																															
Break in Service Rules	A One-Year Break-In-Service is incurred if the participant works less than 500 hours in a plan year. A non-vested Participant incurs a Permanent Break-in-Service when his consecutive One-Year Breaks-in-Service equal the greater of: (a) five years; or (b) the Participant's total Years of Vesting Service.																																
CHANGES SINCE PRIOR VALUATION	None.																																

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(1)
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 1,044,926	\$ 284,779	\$ 11,781,956	\$ 13,111,661
2025	1,624,997	408,394	11,447,835	13,481,226
2026	2,174,852	519,494	11,133,890	13,828,236
2027	2,664,668	679,251	10,809,249	14,153,168
2028	3,110,271	784,137	10,469,209	14,363,617
2029	3,469,784	963,954	10,134,009	14,567,747
2030	3,793,575	1,120,645	9,797,501	14,711,721
2031	4,120,072	1,270,318	9,450,647	14,841,037
2032	4,422,098	1,434,000	9,094,309	14,950,407
2033	4,718,638	1,502,479	8,729,507	14,950,624
2034	5,027,005	1,662,890	8,357,413	15,047,308
2035	5,312,842	1,809,334	7,979,320	15,101,496
2036	5,604,132	1,892,096	7,596,627	15,092,855
2037	5,907,593	2,050,332	7,210,829	15,168,754
2038	6,212,259	2,171,248	6,823,500	15,207,007
2039	6,499,376	2,246,079	6,436,242	15,181,697
2040	6,789,318	2,349,813	6,050,679	15,189,810
2041	7,065,249	2,370,338	5,668,407	15,103,994
2042	7,292,193	2,430,369	5,290,948	15,013,510
2043	7,498,479	2,498,185	4,919,736	14,916,400
2044	7,691,412	2,586,809	4,556,104	14,834,325
2045	7,836,546	2,598,194	4,201,251	14,635,991
2046	7,996,706	2,637,435	3,856,287	14,490,428
2047	8,139,975	2,632,963	3,522,276	14,295,214
2048	8,251,736	2,670,654	3,200,273	14,122,663
2049	8,331,386	2,629,803	2,891,356	13,852,545
2050	8,314,210	2,588,754	2,596,628	13,499,592
2051	8,258,873	2,561,429	2,317,187	13,137,489
2052	8,210,374	2,480,866	2,054,097	12,745,337
2053	8,139,930	2,392,198	1,808,335	12,340,463
2054	7,988,809	2,320,732	1,580,687	11,890,228
2055	7,827,714	2,245,320	1,371,690	11,444,724
2056	7,661,757	2,159,063	1,181,597	11,002,417
2057	7,482,946	2,041,536	1,010,347	10,534,829
2058	7,239,379	1,941,284	857,558	10,038,221
2059	7,005,883	1,828,235	722,530	9,556,648
2060	6,734,283	1,735,884	604,314	9,074,481
2061	6,444,559	1,627,737	501,766	8,574,062
2062	6,131,284	1,519,188	413,603	8,064,075
2063	5,814,879	1,407,327	338,472	7,560,678
2064	5,525,960	1,299,299	274,998	7,100,257
2065	5,236,230	1,193,617	221,817	6,651,664
2066	4,916,867	1,092,680	177,615	6,187,162
2067	4,586,693	996,241	141,159	5,724,093
2068	4,260,689	904,690	111,312	5,276,691
2069	3,934,380	817,912	87,047	4,839,339
2070	3,613,005	736,038	67,451	4,416,494
2071	3,302,566	659,161	51,735	4,013,462
2072	3,004,578	587,336	39,238	3,631,152
2073	2,719,511	520,583	29,400	3,269,494

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(2)
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Schedule of Active Participant Data

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND CREDITED SERVICE (FOR 2024 SCHEDULE MB)¹

Age Group	Years Of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	3	59	4	0	0	0	0	0	0	0	66
25 - 29	2	47	22	0	0	0	0	0	0	0	71
30 - 34	3	55	42	16	1	0	0	0	0	0	117
35 - 39	1	28	38	18	21	0	0	0	0	0	106
40 - 44	1	33	43	29	30	19	2	0	0	0	157
45 - 49	3	26	22	21	24	22	14	0	0	0	132
50 - 54	1	6	18	12	15	11	10	3	0	0	76
55 - 59	1	9	11	3	6	8	11	5	3	1	58
60 - 64	0	8	7	4	9	8	2	2	4	5	49
65 - 69	0	0	1	0	2	4	1	0	0	2	10
70 and Over	0	1	0	1	0	0	0	0	1	0	3
Total	15	272	208	104	108	72	40	10	8	8	845

¹ Excludes accrued benefit information due to less than 1,000 active participants.

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(3)
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

**Schedule of Projection of Employer Contributions and
Withdrawal Liability Payments ¹**

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 8,190,000	\$ 0	\$ 8,190,000
2025	8,190,000	0	8,190,000
2026	8,190,000	0	8,190,000
2027	8,190,000	0	8,190,000
2028	8,190,000	0	8,190,000
2029	8,190,000	0	8,190,000
2030	8,190,000	0	8,190,000
2031	8,190,000	0	8,190,000
2032	8,190,000	0	8,190,000
2033	8,190,000	0	8,190,000

¹ Reflects projected contributions from the Plan's 2024 Plan Year PPA Certification.

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Schedule of Funding Standard Account Bases

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Charges	3	Plan Amendment	7/1/1994	\$ 11,283	0.50	\$ 11,283
	3	Plan Amendment	1/1/1995	8,650	1.00	8,650
	3	Plan Amendment	7/1/1995	23,935	1.50	16,222
	3	Plan Amendment	1/1/1996	312,986	2.00	161,711
	4	Change in Assumptions	1/1/1997	54,602	3.00	19,428
	3	Plan Amendment	1/1/1997	651,335	3.00	231,748
	3	Plan Amendment	1/1/1998	147,559	4.00	40,660
	3	Plan Amendment	1/1/1999	956,850	5.00	217,720
	3	Plan Amendment	7/1/1999	946,121	5.00	215,279
	4	Change in Assumptions	1/1/2000	1,169,169	6.00	228,746
	3	Plan Amendment	1/1/2000	1,446,276	6.00	282,962
	3	Plan Amendment	1/1/2001	103,961	7.00	17,983
	3	Plan Amendment	1/1/2002	2,385,214	8.00	372,217
	3	Plan Amendment	1/1/2003	531,852	9.00	76,038
	3	Plan Amendment	1/1/2004	382,468	10.00	50,705
	3	Plan Amendment	1/1/2005	980,007	11.00	121,647
	3	Plan Amendment	1/1/2006	323,855	12.00	37,939
	3	Plan Amendment	1/1/2007	938,833	13.00	104,487
	8	Pension Relief (2008 Investment Loss)	1/1/2009	17,864,785	14.00	1,899,452
	3	Plan Amendment	1/1/2010	73,665	1.00	73,665
	3	Plan Amendment	1/1/2011	74,525	2.00	38,505
	8	Pension Relief (2008 Investment Loss)	1/1/2011	5,398,812	14.00	574,023
	4	Change in Assumptions	1/1/2011	1,124,786	2.00	581,149
	8	Pension Relief (2008 Investment Loss)	1/1/2012	9,966,199	14.00	1,059,645
	8	Pension Relief (2008 Investment Loss)	1/1/2013	4,749,161	14.00	504,949
	3	Plan Amendment	1/1/2014	624,063	5.00	141,998
	8	Pension Relief (2008 Investment Loss)	1/1/2014	4,038,786	14.00	429,419
	1	Experience Loss	1/1/2015	2,637,993	6.00	516,120
	3	Plan Amendment	1/1/2015	480,487	6.00	94,006
	1	Experience Loss	1/1/2016	4,552,215	7.00	787,404
	3	Plan Amendment	1/1/2016	856,038	7.00	148,070
	1	Experience Loss	1/1/2017	4,649,080	8.00	725,497
	1	Experience Loss	1/1/2018	3,349,833	9.00	478,924
	1	Experience Loss	1/1/2019	5,242,071	10.00	694,955
	1	Experience Loss	1/1/2020	3,420,207	11.00	424,546
	4	Assumption Change	1/1/2022	1,902,311	13.00	211,717
	1	Experience Loss	1/1/2023	5,790,784	14.00	615,698
	1	Experience Loss	1/1/2024	1,918,311	15.00	195,783
				<u>\$ 90,089,068</u>		<u>\$ 12,410,950</u>

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Schedule of Funding Standard Account Bases (Continued)

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Credits	4	Change in Assumptions	1/1/1995	\$ (48,275)	1.00	\$ (48,275)
	4	Change in Assumptions	1/1/2002	(836,430)	8.00	(130,526)
	4	Change in Assumptions	1/1/2006	(4,008,251)	12.00	(469,561)
	8	Pension Relief (2008 Investment Loss) ¹	1/1/2010	(7,680,098)	14.00	(816,578)
	1	Experience Gain (Balancing Base)	1/1/2010	(755,926)	1.00	(755,926)
	4	Change in Assumptions	1/1/2010	(309,513)	1.00	(309,513)
	1	Experience Gain (Balancing Base)	1/1/2011	(2,302,628)	2.00	(1,189,710)
	1	Experience Gain (Balancing Base)	1/1/2012	(1,852,398)	3.00	(659,092)
	1	Experience Gain (Balancing Base)	1/1/2013	(2,754,967)	4.00	(759,128)
	1	Experience Gain (Balancing Base)	1/1/2014	(1,860,277)	5.00	(423,284)
	4	Assumption Change	1/1/2015	(1,319,048)	6.00	(258,070)
	4	Assumption Change	1/1/2016	(866,311)	7.00	(149,847)
	4	Assumption Change	1/1/2017	(77,434)	8.00	(12,084)
	4	Assumption Change	1/1/2018	(926,119)	9.00	(132,406)
	4	Assumption Change	1/1/2019	(1,892,982)	10.00	(250,958)
	1	Experience Gain	1/1/2021	(1,313,860)	12.00	(153,917)
	4	Assumption Change	1/1/2021	(1,127,443)	12.00	(132,078)
	5	Method Change	1/1/2021	(15,201,547)	7.00	(2,629,438)
	1	Experience Gain	1/1/2022	(3,155,151)	13.00	(351,150)
	4	Assumption Change	1/1/2023	(909,551)	14.00	(96,707)
				<u>\$ (49,198,209)</u>		<u>\$ (9,728,248)</u>

¹ Reflects amortization relief on the 2008 Plan Year eligible net investment loss based on the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.

Attachment to: 2024 Schedule MB (Form 5500), Line 11
Plan Name: Sheet Metal Workers' Local No. 9 Pension Trust
Employer ID Number: 84-0783596
Plan Number: 001

Justification for Change in Actuarial Assumptions

The current liability interest rate was changed from 2.55% to 3.29% recognizing that the rate must be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

JUSTIFICATION FOR CHANGE IN ACTUARIAL
ASSUMPTION

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

ACTIVE PARTICIPANT DATA

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

SUMMARY OF PLAN PROVISIONS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

ACTUARIAL ASSUMPTION METHODS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

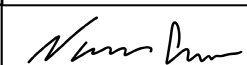
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
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 ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan SHEET METAL WORKERS' LOCAL UNION NO. 9 PENSION PLA
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/19/1967
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) TRUSTEES OF SHEET METAL WORKERS' LOCAL NO. 9 PENSI 1515 W. 47TH AVE DENVER CO 80211
2b	Employer Identification Number (EIN) 84-0783596
2c	Plan Sponsor's telephone number (303) 922-1213
2d	Business code (see instructions) 238220

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		09/17/2025	JON ALVINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/19/2025	NATHAN COOPER
	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 ☒ 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:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	2,054
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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)	845
a (2) Total number of active participants at the end of the plan year	6a(2)	825
b Retired or separated participants receiving benefits	6b	654
c Other retired or separated participants entitled to future benefits	6c	427
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,906
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	155
f Total. Add lines 6d and 6e	6f	2,061
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	66

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

1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ **R** (Retirement Plan Information)
(2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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