

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1967
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) BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND OHIO LDC&C PENSION FUND OF OHIO 800 HILLSDOWNE ROAD WESTERVILLE, OH 43081-3302
2b Employer Identification Number (EIN) 31-6129964
2c Plan Sponsor's telephone number 614-898-9006
2d Business code (see instructions) 237310

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for CLINT POWELL (10/12/2025) and JAMES L. RUHLIN (10/14/2025).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	29825
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)	14573
	6a(2)	15028
	6b	10017
	6c	5494
	6d	30539
	6e	
	6f	30539
	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	1001

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO

B Three-digit plan number (PN) ▶ **001**

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND

D Employer Identification Number (EIN)
31-6129964

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02040	1	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 25423	(b) Total amount of fees paid 236490
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ULLICO INVESTMENT COMPANY 8403 COLEVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25423	236490	ASSET MANAGEMENT FEES	7

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	44093501

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan <u>LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND</u>	D Employer Identification Number (EIN) <u>31-6129964</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>2679085599</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>2820495577</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>2615413697</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>2615413697</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>4677821336</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>133878090</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>186497506</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>192966040</u>

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

SIGN HERE <u>KEVIN WOODRICH</u> Type or print name of actuary <u>CHEIRON, INC.</u> Firm name <u>9115 HARRIS CORNERS PARKWAY, 380 CHARLOTTE, NC 28269</u> Address of the firm	<u>10/09/2025</u> Date <u>23-07086</u> Most recent enrollment number <u>703-893-1456</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2679085599
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	9897	2347345835
(2) For terminated vested participants	5355	600466463
(3) For active participants:		
(a) Non-vested benefits		188709718
(b) Vested benefits		1541299320
(c) Total active	14573	1730009038
(4) Total	29825	4677821336
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.27 %

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	
01/15/2024	4637670		06/15/2024	9411699		
02/15/2024	5342817		07/15/2024	9103301		
03/15/2024	6714513		08/15/2024	11440495		
04/15/2024	7831725		09/15/2024	9572637		
05/15/2024	9187235		11/15/2024	24766623		
			Totals ▶	3(b)	3(c)	
				98008715		
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	59171

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	107.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.25 % 7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	4.79 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.8 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	3925330
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	22001330	2288029
3	14917682	14917682

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	55400513

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	528221164	113735080
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		12262330
e Total charges. Add lines 9a through 9d.....	9e		181397923
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		327930050
g Employer contributions. Total from column (b) of line 3.....	9g		98008715
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	200291114	55911010
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		31083119
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	342833914	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1474491123	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		512932894
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		331534971
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

A Name of plan LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND	D Employer Identification Number (EIN) 31-6129964	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MAKETA 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		1470949	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BASYS INC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49		647558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HYLANT GROUP

34-1880366

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23		427939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		370394	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARTEMIS REAL ESTATE PARTNERS FUND I

82-3655782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		352286	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENERGY CAPITAL PARTNERS IV, L.P.

61-1860827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		329540	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FOCUS SENIOR HOUSING FUND II, L.P.

87-0994568

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		281593	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAG ASIA II, LP

98-1268803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		273779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STERLING VALUE ADD PARTNERS IV, L.P

47-4187308

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		262621	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JENNISON ASSOCIATES

52-2066785

(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		241465	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYDEN & RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52		236133	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIERRA INVESTMENT PARTNERS

68-0370668

(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		233572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BAIRD ASSOCIATES

39-6037917

(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		214589	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHEQUERS CAPITAL XVII, FCPR

98-1379472

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		199089	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON MANAGEMENT

20-3460618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		198739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHARLESBANK EQUITY FUND X, L.P.

85-3094426

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		182829	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CIUNI & PANICHI

34-1322309

(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		156037	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

K5 PRIVATE INVESTORS, L.P.

84-4692327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		154353	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PATRIA - PRIVATE EQUITY FUND VI, L.

98-1411668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		154000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMESQUARE CAPITAL MANAGEMENT, LLC

20-1665304

(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		153612	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VITRUVIAN INVESTMENT PARTNERSHIP V

105 WIGMORE STREET G
LONDON, UNITED KINGDOM W1U 1QY GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		150972	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GLOBAL INFRASTRUCTURE PARTNERS V, L 1345 AVENUE OF THE AMERICAS
30TH FLOOR
NEW YORK, NY 10105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		149565	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JLC INFRASTRUCTURE FUND II

88-4296488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		140625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATLAS VENTURE FUND XIII, L.P.

88-0678984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		139585	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ARA INFRASTRUCTURE FUND I, L.P.

98-1691725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		138026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARCHER, MATTHEW

31-6129964

(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?
35	EMPLOYEE	135048	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRILANTIC CAPITAL PARTNERS VI (NORT

82-1904470

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		133763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OAKLEY CAPITAL FUND V, L.P.

98-1633834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		132000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FOUNDATION CAPITAL X, L.P.

87-1064035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		130536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAINE SCHWARTZ PARTNERS FOOD CHAIN

98-1663129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		129841	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BASALT INFRASTRUCTURE PARTNERS IV

98-1669601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		129705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHEIRON INC

13-4215617

(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		127247	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTEGRITY ASSET MANAGEMENT

68-0558066

(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		126136	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DBAG FUND VII

FIRST FLOOR, LA PLAIDERIE CHAMBERS LA PLAIDERIE
ST PETER PORT, GUERNSEY GY1 1WG GG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		124755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICE HALL JAMES

43-1992528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		123927	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WAUD CAPITAL PARTNERS IV, L.P.

47-5148970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		123248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

T ROWE PRICE

52-1067817

(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		121242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOUTHERN CROSS LTN AM PVT EQTY FD V

98-1406479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		119649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISQ GLOBAL INFRASTRUCTURE FUND II,

82-1458116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		115272	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GAUGE CAPITAL IV, L.P. (PE)

93-2621323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		114914	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARA FUND II, L.P.

98-1593567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		112500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HIG MIDDLE MARKET LBO FUND II

46-4144600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		111734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ROCKPOINT REAL ESTATE FUND VI, L.P.

83-4331018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		109324	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WYNNCHURCH CAPITAL PARTNERS VI, L.P.

6250 NORTH RIVER ROAD
SUITE10-100
ROSEMONT, IL 60018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		108434	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VITRUVIAN INVESTMENT PARTNERSHIP IV

105 WIGMORE STREET G
LONDON, UNITED KINGDOM W1U 1QY GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		107597	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JLC INFRASTRUCTURE FUND I, L.P.

81-3440020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		106605	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEIDLER EQUITY PARTNERS VIII,LP

92-1541383

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		106250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DRA GROWTH & INCOME FUND X, L.P.

84-2170090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		105817	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SCALE VENTURE PARTNERS VII, L.P.

85-3665389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		104885	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FISCHER, LEE

31-6129964

(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?
35	EMPLOYEE	104056	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BERKELEY PARTNERS VALUE INDUSTRIAL

93-1507695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		104048	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GRAIN COMMUNICATIONS OPPORTUNITY FU

82-3916284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		100821	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ONCAP IV, LP

98-1333732

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		99208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KSL CAPITAL PARTNERS IV, LP

47-2357860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		98758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Z CAPITAL SPECIAL SITUATIONS FUND I

45-5524193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		97763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLESBANK EQUITY FUND IX, LP

35-2600984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		96914	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ACTIS ENERGY 5, L.P.

98-1529176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		92750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GLOBAL INFRASTRUCTURE PARTNERS IV, 1345 AVENUE OF THE AMERICAS
30TH FLOOR
NEW YORK, NY 10105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		91308	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STERLING GROUP PARTNERS V, L.P.

98-1524114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		90430	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TAILWATER ENERGY FUND IV, L.P.

83-4185542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		90000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLUE OWL DIGITAL INFRASTRUCTURE FUN

98-1668482

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		90000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIVCOWEST FUND V, L.P.

36-4835530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		89772	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDRICK, PAULA

31-6129964

(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?
35	EMPLOYEE	89104	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

POINT 406 VENTURES IV, L.P.

83-3682394

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		87518	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FS EQUITY PARTNERS VIII, L.P.

83-0705300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		87197	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRAIN COMMUNICATIONS OPPORTUNITY FU

92-2564371

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		85446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LINDEN CAPITAL PARTNERS V, L.P.

86-2699666

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		84841	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIVCOWEST FUND VI-A, L.P.

84-3010353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		84157	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROCKPOINT REAL ESTATE FUND V, L.P.

47-2190213

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		83049	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GLOBAL INFRASTRUCTURE PARTNERS FD I

47-5349459

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		81585	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VITRUVIAN INVESTMENT PARTNERSHIP II

98-1141582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		81409	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIDGEMONT EQUITY PARTNERS IV, LP

87-3818625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		79983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GUILKEY, STEVE

31-6129964

(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?
35	EMPLOYEE	77221	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WAUD CAPITAL PARTNERS V, L.P.

83-4607691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		75578	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATRIA-BRAZILIAN PRIVATE EQUITY FUN

98-1179451

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		71905	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BCP FUND II, L.P.

82-2166255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		71596	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STONEPEAK INFRASTRUCTURE FUND IV, L

85-0805300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		70831	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLIMATE ADAPTIVE INFRASTRUCTURE FUN

85-2097710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		70742	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BROWN, WILLIAM

31-6129964

(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?
35	EMPLOYEE	69208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATLAS VENTURE FUND XII, L.P.

85-1040033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		68574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREENBRIAR EQUITY FUND VI, LP

88-4153218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		68358	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TURNBRIDGE CAPITAL PARTNERS I

61-1737694

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		66933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STONEPEAK INFRASTRUCTURE FUND III,

82-2982160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		65355	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLESBANK EQUITY FUND VIII

47-1109521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		64797	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ISQ GLOBAL INFRASTRUCTURE FUND, LP

46-3378207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		64725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUMPHREY, KRISTEN

31-6129964

(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?
35	EMPLOYEE	64464	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISTA FOUNDATION FUND III, LP

98-1285676

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		63620	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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		62411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPUS INVESTMENT ADVISORS LLC

41-2063321

(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		62120	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIDGE, JULIE

31-6129964

(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?
35	EMPLOYEE	61034	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DORSEY, LISA

31-6129964

(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?
35	EMPLOYEE	60769	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUE OWL DIGITAL INFRASTRUCTURE FUN

84-2975240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		60267	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LS POWER FUND V, L.P. (IS)

92-1322367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		60230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLACKROCK GLOBAL INFRASTRUCTURE FUN

88-1226121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		59889	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WHITE DEER ENERGY III

82-3572058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		59467	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

POWERS, JACOB

31-6129964

(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?
35	EMPLOYEE	59234	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SROA CAPITAL FUND IX, L.P

92-0679056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		58427	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HIDDEN HARBOR CAPITAL PARTNERS II,

87-3418979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		58098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JMI EQUITY FUND XI, LP

87-4301156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		57836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ARA FUND I, L.P.

82-3221691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		57676	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TILLRIDGE GLOBAL AGRIBUSINESS PARTN

81-4187520

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		57118	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRAIN COMMUNICATIONS OPPORTUNITY FU

85-3613750

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		56995	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HOMESTEAD CAPITAL USA FARMLAND FUND

81-3071474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		54918	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEYER UNKOVIC AND SCOTT LLP

25-1008021

(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		54753	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDEN CAPITAL PARTNERS IV, LP

82-3333009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		54482	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PATE, KEIZIYA

31-6129964

(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?
35	EMPLOYEE	54467	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLASS, SAMANTHA

31-6129964

(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?
35	EMPLOYEE	53904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

QUANTUM ENERGY PARTNERS VIII, LP

88-1574957

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		52500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KINTERRA BATTERY METALS MINING FUND

98-1650599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		52273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STG VII, LP

88-3348676

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		51643	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOMESTEAD CAPITAL USA FARMLAND FUND

83-2182975

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		51324	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ORION MINE FINANCE FUND IV, L.P.

81-1320456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		51216	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROFORMA

31-1172026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36		51196	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BAUMHACKL, JAMES

31-6129964

(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?
35	EMPLOYEE	47953	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MANGANO LAW OFFICES CO., LPA

20-5460196

(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		47599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIMMERIDGE FUND VI, L.P.

86-3409886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		47341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BP NATURAL GAS OPP PARTNERS II

82-4355214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		46945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TIGER INFRASTRUCTURE PARTNERS FUND

85-0689256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		46835	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SROA B&R CO-INVEST, L.P

99-0642185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		46741	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEMKER, CHERYL

31-6129964

(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?
35	EMPLOYEE	46080	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VISTA EQUITY PARTNERS FUND V

46-4852352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		44776	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOSSGROVE, DANIEL

31-6129964

(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?
35	EMPLOYEE	43248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRILANTIC CAPITAL PARTNERS V

45-3645729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		42416	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PAINE SCHWARTZ FOOD CHAIN FUND V, L

98-1373445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		39702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARA FUND III, LP

98-1691013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		39375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOWERBROOK INVESTORS IV

98-1075105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		38061	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TAILWATER ENERGY FUND III, L.P.

81-5391776

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		37962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITIC CAPITAL CHINA PARTNERS III, L

509 MADISON AVE, SUITE 808
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		37893	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GASTON, BRIAN

31-6129964

(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?
35	EMPLOYEE	37506	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MBK PARTNERS FUND IV, L.P.

98-1413338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		37223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUGUST EQUITY PARTNERS V-A L.P.

98-1500773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		35154	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EIF OREGON, LLC

36-4811699

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		35000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PACIFIC ROAD RESOURCES FUND II

98-0700836

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		33815	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLOBAL INFRASTRUCTURE PARTNERS FUND

45-1475809

(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?
57		33570	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PENSION BENEFIT INFORMATION, LLC

82-4722389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49		33325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SCALE VENTURE PARTNERS VIII, L.P.

88-3959203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		32965	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GAMUT INVESTMENT FUND I

98-1275413

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		32924	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STERLING GROUP PARTNERS IV, LP

47-4187308

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		32643	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MSOUTH EQUITY PARTNERS III, LP

47-4679571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		31724	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENERGY TRUST PARTNERS V, L.P.

81-2984721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		31634	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CREATIVE FINANCIAL STAFFING

47-1494756

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49		31573	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ENCAP ENERGY CAPITAL FUND XI, L.P.

81-4648210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		31544	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOMESTEAD CAPITAL USA FARMLAND FUND

81-3071474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		31257	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MITCHELL, SAMANTHA

31-6129964

(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?
35	EMPLOYEE	30955	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DRA GROWTH AND INCOME FUND IX

35-2566024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		30072	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UHL, WILLIAM

31-6129964

(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?
35	EMPLOYEE	29764	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SK CAPITAL PARTNERS V, L.P.

98-1409138

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		29182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VITRUVIAN INVESTMENT PARTNERSHIP II

98-1141582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		27012	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FOUNDATION CAPITAL LEADERSHIP FUND

87-1099683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		25999	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COLOPY, NICHOLAS

31-6129964

(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?
35	EMPLOYEE	25974	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KLARITY FX INC

20-0784004

(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		25608	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISTA EQUITY PARTNERS FUND IV

45-2458119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		24696	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SROA RED DOT CO-INVEST, L.P.

99-1835567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		23621	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JMI EQUITY FUND X, L.P.

85-4030356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		23527	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENERGY & MINERALS GROUP FUND III

46-3816664

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		23514	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BEAIR-WATSON, TRICIA

31-6129964

(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?
35	EMPLOYEE	22750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RICHARDSON, KEITH

31-6129964

(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?
35	EMPLOYEE	22564	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATLAS VENTURE OPPORTUNITY FUND II,

87-2809161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		22551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NYE, ALEXIS

31-6129964

(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?
35	EMPLOYEE	22442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WOOD, JEFFREY

31-6129964

(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?
35	EMPLOYEE	21773	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STRATUS BUILDING

85-1317233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49		20963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLOBAL RENEWABLE POWER INFRASTRUCTU

84-2984097

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		20703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KEROGEN ENERGY FUND II, LP

98-1231359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		20691	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GSO CAPITAL SOLUTIONS FUND III, L.P

31-6129964

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		20686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISQ GLOBAL INFRASTRUCTURE FUND III,

98-1550767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		20602	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLS, DAWN

31-6129964

(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?
35	EMPLOYEE	20459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RHUMBLINE

04-3118582

(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		20223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FLAGSHIP PIONEERING FUND VIII, L.P.

93-4657118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		19522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILSON, MEGAN

31-6129964

(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?
35	EMPLOYEE	18067	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADKINS, JENNIFER

31-6129964

(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?
35	EMPLOYEE	17415	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAMS, ERIC

31-6129964

(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?
35	EMPLOYEE	16561	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLS, RYAN

31-6129964

(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?
35	EMPLOYEE	16222	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAMPOLO, NATHAN

31-6129964

(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?
35	EMPLOYEE	15789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIVERSIDE FUND V

80-0789148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		15373	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UHRIG, SAMANTHA

31-6129964

(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?
35	EMPLOYEE	15303	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENCAP ENERGY CAPITAL FUND XII, L.P.

92-3054972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		15184	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIAMOND HILL

65-0190407

(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		15111	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THIRD ROCK VENTURES VI, L.P.

88-2485899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		15000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENTERBRIDGE PARTNERS REAL ESTATE F

82-0835740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		13995	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIDGEWOOD ENERGY OIL & GAS FUND III

47-2652072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		12387	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BCP ENERGY SERVICES FUND LP

47-1961471

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENERGY VENTURES IV

98-0701954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		11814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUE OWL ASSET INCOME FUND EVERGREE

87-3063695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		11714	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALTERNATIVE BUSINESS SYSTEMS

46-1626056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49		11196	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ACTIS ENERGY 3

98-1084587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		10945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHSTAR MEZZANINE VI

32-0403788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		10795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CENTERBRIDGE PARTNERS REAL ESTATE F

85-2615113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		10185	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIDGEWOOD ENERGY OIL & GAS FUND IV,

35-2661218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		10125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROXY VOTE PLUS LLC

20-0509976

(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?
38		10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ACTIS ENERGY 4

98-1305189

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		9613	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENERGY CAPITAL PARTNERS III

90-1007877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		7725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIDGEWOOD ENERGY STINGRAY, L.P.

99-4169646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		7468	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HANCOCK CAPITAL PARTNERS V

45-4244541

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		6875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOUTHERN CROSS FUND IV

98-1081856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		6178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SK CAPITAL PARTNERS VI, L.P.

98-1615165

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		5259	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PAG ASIA III, LP

98-1446207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		195551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DRIEHAUS

17 EAST ERIE ST
CHICAGO, IL 60611

(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		193568	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DODGE & COX

94-1441976

(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		192761	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND</u>	D Employer Identification Number (EIN) <u>31-6129964</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: US SHORT TERM GOVERNMENT

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN <u>90-0337987-284</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26188787</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ENTRUSTPERMAL SPCL OPPORT FD IV LTD

b Name of sponsor of entity listed in (a): ENTRUST PARTNERS LLC

c EIN-PN <u>90-0644478-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21820560</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX NON LENDING

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN <u>90-0337987-160</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52546175</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ENTRUST SPCL OPPORT FD III LTD

b Name of sponsor of entity listed in (a): ENTRUSTPERMAL MANAGEMENT LLC

c EIN-PN <u>41-2048502-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7597689</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ENTRUSTPERMAL SOE FUND LTD

b Name of sponsor of entity listed in (a): ENTRUSTPERMAL MANAGEMENT LLC

c EIN-PN <u>41-2048502-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14178695</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DRIEHAUS INTL SMALL CAP GROWTH CIT

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

c EIN-PN <u>37-6553761-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15805220</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN DEVELOPING WORLD TRUST

b Name of sponsor of entity listed in (a): ARTISAN PARTNERS LIMITED PARTNERSHIP

c EIN-PN <u>30-0551775-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48292526</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: THL CREDIT BANK LOAN SELECT FUND		
b Name of sponsor of entity listed in (a): THL CRDIT ADVISORS, LLC		
c EIN-PN 27-0890036-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24360415
a Name of MTIA, CCT, PSA, or 103-12 IE: WCM FOCUSED INTERNATIONAL GROWTH FD		
b Name of sponsor of entity listed in (a): WCM INVESTMENT MANAGEMENT		
c EIN-PN 20-8941519-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45433889
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON OPPORTUNISTIC EMG MKT		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 20-3460618-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37189220
a Name of MTIA, CCT, PSA, or 103-12 IE: CTF MICRO CAPITAL EQUITY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 20-3460618-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20951521
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-209	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24019990
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT FOR JOBS		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20073511
a Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE SMALL CAP INVESTMENT TRST		
b Name of sponsor of entity listed in (a): ARISTOTLE INTERNATIONAL, INC.		
c EIN-PN 06-1022613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19894480
a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMBLINE QSI INDEX LLC		
b Name of sponsor of entity listed in (a): RHUMBLINE ADVISORS		
c EIN-PN 04-3118582-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49522866
a Name of MTIA, CCT, PSA, or 103-12 IE: JUNIPERUS INSURANCE OPP FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST		
c EIN-PN 04-0025081-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46233147
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDEX		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST		
c EIN-PN 04-0025081-241	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44467442

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. TIPS INDX NL CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

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) 20602106
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET BANK AND TRUST COMPANY

b Name of sponsor of entity listed in (a): STATE STREET BANK AND 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) 13453652
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALPSTONE GLOBAL MACRO FUND

b Name of sponsor of entity listed in (a): ALPSTONE GLOBAL MACRO FUND

c EIN-PN 01-0000000-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41606491
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a Name of MTIA, CCT, PSA, or 103-12 IE: BH DG SYSTEMATIC TRADING

b Name of sponsor of entity listed in (a): DG PARTNERS LLP

c EIN-PN 01-0000000-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18220888
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a Name of MTIA, CCT, PSA, or 103-12 IE: SP GLBL LMC NTRL RSRCS

b Name of sponsor of entity listed in (a): SP GLBL LMC NTRL RSRCS

c EIN-PN 01-0000000-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18327928
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a Name of MTIA, CCT, PSA, or 103-12 IE: KOHINOOR CORE FUND

b Name of sponsor of entity listed in (a): KOHINOOR CORE FUND

c EIN-PN 01-0000000-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8034678
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a Name of MTIA, CCT, PSA, or 103-12 IE: ONE RIVER RISK RESPONDERS

b Name of sponsor of entity listed in (a): ONE RIVER RISK RESPONDERS

c EIN-PN 01-0000000-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22139793
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a Name of MTIA, CCT, PSA, or 103-12 IE: JUNIPERUS INSURANCE OPP FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN 04-0025081-241	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1579688
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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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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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	
A Name of plan LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND	D Employer Identification Number (EIN) 31-6129964

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	18380177	23214031
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6912424	6361418
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5237189	6351107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	33994332	38957079
(2) U.S. Government securities	1c(2)	145454651	138427228
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	43968660	36749984
(B) All other	1c(3)(B)	102586329	111024257
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	342338	212481
(B) Common	1c(4)(B)	191869988	228208164
(5) Partnership/joint venture interests	1c(5)	1286366225	1317394204
(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)	614768027	618447856
(10) Value of interest in pooled separate accounts	1c(10)	41875633	44093501
(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)	198287085	133287709
(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	1568235	1460883
f Total assets (add all amounts in lines 1a through 1e).....	1f	2691611293	2704189902
Liabilities			
g Benefit claims payable.....	1g	335091	306213
h Operating payables.....	1h	5432280	7250876
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	6595610	7982247
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12362981	15539336
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2679248312	2688650566

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)	98037592	
(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)		98037592
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3422460	
(B) U.S. Government securities.....	2b(1)(B)	11258307	
(C) Corporate debt instruments.....	2b(1)(C)	15345522	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	76235046	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		106261335
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	8573	
(B) Common stock.....	2b(2)(B)	8704674	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5975214	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14688461
(3) Rents.....	2b(3)		147000
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	496655007	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	468216325	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	31777	
(B) Other.....	2b(5)(B)	-59523525	
(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)		42132679
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		82964
(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)		-2300280
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		227996685

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	198847053	
(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)		198847053
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	75000	
(5) Investment advisory and investment management fees	2i(5)	15005478	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	127003	
(8) Legal fees	2i(8)	54254	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4485643	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		19747378
j Total expenses. Add all expense amounts in column (b) and enter total	2j		218594431

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9402254
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: **CIUNI & PANICHI, INC.**

(2) EIN: **34-1322309**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		1317394204
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 563047.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND</u>	D Employer Identification Number (EIN) <u>31-6129964</u>	

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

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

1	
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-6129964

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	100
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SHELLY COMPANY**

b EIN **31-1279704** **c** Dollar amount contributed by employer **1459998**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.15**

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

a Name of contributing employer **SHELLY AND SANDS**

b EIN **31-4351261** **c** Dollar amount contributed by employer **2590364**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.15**

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

a Name of contributing employer **RLA INVESTMENTS**

b EIN **31-1456664** **c** Dollar amount contributed by employer **1277229**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.15**

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

a Name of contributing employer **MILLER PIPELINE INDIANA**

b EIN **35-1959522** **c** Dollar amount contributed by employer **3309599**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.15**

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

a Name of contributing employer **KOKOSING CONSTRUCTION CO**

b EIN **31-1023518** **c** Dollar amount contributed by employer **2035876**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.15**

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

a Name of contributing employer **GEORGE J IGEL & CO**

b EIN **31-4214570** **c** Dollar amount contributed by employer **2045175**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.15**

(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 SHELLY COMPANY		
b	EIN 31-1279704	c	Dollar amount contributed by employer 1459998
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 4.15		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer SHELLY AND SANDS		
b	EIN 31-4351261	c	Dollar amount contributed by employer 2590364
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 4.15		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer RLA INVESTMENTS		
b	EIN 31-1456664	c	Dollar amount contributed by employer 1277229
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 4.15		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer MILLER PIPELINE INDIANA		
b	EIN 35-1959522	c	Dollar amount contributed by employer 3309599
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 4.15		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer KOKOSING CONSTRUCTION CO		
b	EIN 31-1023518	c	Dollar amount contributed by employer 2035876
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 4.15		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer GEORGE J IGEL & CO		
b	EIN 31-4214570	c	Dollar amount contributed by employer 2045175
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) 4.15		
(2)	Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 **COMPLETE GENERAL CONSTRUCTION**

b EIN **31-4366382** **c** Dollar amount contributed by employer **1285631**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) **4.15**
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **BECHTEL CONSTR CO**

b EIN **94-2239710** **c** Dollar amount contributed by employer **1436331**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) **4.15**
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **BLATTNER ENERGY LLC**

b EIN **26-3774732** **c** Dollar amount contributed by employer **1220199**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) **4.15**
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **AMS CONSTRUCTION CO**

b EIN **31-1329392** **c** Dollar amount contributed by employer **1227430**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) **4.15**
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	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	113.14
b The corresponding number for the second preceding plan year	15b	116.71

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: 22.9 % Private Equity: 22.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 15.8 %
 High-Yield Debt: 2.9 % Real Assets: 24.9 % Cash or Cash Equivalents: 1.3 % Other: 9.5 %

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 _____.

Independent Auditor's Report

Board of Trustees
Laborers' District Council and Contractors' Pension Fund of Ohio

Opinion

We have audited the financial statements of Laborers' District Council and Contractors' Pension Fund of Ohio (the "Fund"), 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 the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Board of Trustees
Laborers' District Council and Contractors' Pension Fund of Ohio

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Board of Trustees
Laborers' District Council and Contractors' Pension Fund of Ohio

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 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.



Cleveland, Ohio
September 19, 2025

Laborers' District Council and Contractors' Pension Fund of Ohio

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>Assets</u>	
	2024	2023
Investments, at fair value:		
Short-term investments	\$ 17,512,535	\$ 15,751,157
U.S. government obligations	67,068,111	68,419,649
Asset-backed securities	71,359,117	77,035,002
Equity investments	228,420,645	192,212,326
Private equity limited partnerships	1,317,394,204	1,286,366,225
Corporate and foreign sovereign debt	147,774,241	146,554,989
Registered investment companies	133,287,709	198,287,085
Common collective trusts and other collective investment funds	662,541,357	656,643,660
	2,645,357,919	2,641,270,093
Securities lending collateral and cash awaiting investment	21,444,544	18,243,175
Total investments	2,666,802,463	2,659,513,268
Receivables:		
Amounts due from brokers	2,048,785	575,568
Accrued interest and dividends	3,469,302	3,318,914
Contributions due from employers	6,361,418	6,912,424
Other	158,597	90,781
Total receivables	12,038,102	10,897,687
Land, buildings, and improvements, at cost	1,227,817	1,227,817
Less accumulated depreciation	(596,398)	(564,621)
Net land, buildings, and improvements	631,419	663,196
Cash	17,900,477	15,738,489
Prepaid expenses	169,981	175,329
	2,697,542,442	2,686,987,969
Self-Administration Program assets (Note 7):		
Cash	5,313,554	2,641,688
Furniture, equipment and improvements, at cost less accumulated depreciation of \$526,786 (2024) and \$483,391 (2023)	283,228	355,734
Computer software costs, net of accumulated amortization of \$1,161,632 (2024) and \$1,141,412 (2023)	16,655	51,501
Other	504,442	1,076,597
	6,117,879	4,125,520
Total assets	2,703,660,321	2,691,113,489

The accompanying notes are an integral part of these financial statements

Laborers' District Council and Contractors' Pension Fund of Ohio

Statements of Net Assets Available for Benefits (continued)

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Total assets, carried forward	<u>2,703,660,321</u>	<u>2,691,113,489</u>
<u>Liabilities</u>		
Amounts due to brokers	4,652,923	982,979
Other investment payables	3,329,324	5,612,631
Accounts payable and accrued liabilities	<u>1,377,457</u>	<u>1,306,425</u>
	<u>9,359,704</u>	<u>7,902,035</u>
Self-Administration Program liabilities (Note 7):		
Accounts payable and accrued liabilities	1,801,792	2,213,663
Contractor contributions pending distributions	356,639	304,359
Deferred contributions from affiliated funds	165,354	220,778
Amounts due to affiliated funds, net	<u>3,549,634</u>	<u>1,387,055</u>
	<u>5,873,419</u>	<u>4,125,855</u>
Total liabilities	<u>15,233,123</u>	<u>12,027,890</u>
Net assets available for benefits	<u>\$ 2,688,427,198</u>	<u>\$ 2,679,085,599</u>

The accompanying notes are an integral part of these financial statements

Laborers' District Council and Contractors' Pension Fund of Ohio

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2024 and 2023

	2024	2023
Additions:		
Investment income:		
Dividends	\$ 14,688,461	\$ 15,360,089
Interest and other investment income	106,408,334	85,706,857
Net appreciation in fair value of investments	8,830,520	63,067,357
	129,927,315	164,134,303
Less investment expenses	(15,005,478)	(13,565,855)
Net investment income	114,921,837	150,568,448
Employer contributions	98,008,715	92,599,441
Total additions	212,930,552	243,167,889
Deductions:		
Benefits paid to participants and beneficiaries	198,847,053	193,383,565
General and administrative expenses	1,980,869	1,955,941
Self-Administration Program expenses, net	2,761,031	2,553,254
Total deductions	203,588,953	197,892,760
Net increase in net assets available for benefits	9,341,599	45,275,129
Net assets available for benefits:		
Beginning of year	2,679,085,599	2,633,810,470
End of year	\$ 2,688,427,198	\$ 2,679,085,599

The accompanying notes are an integral part of these financial statements

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan

The following description of the Laborers' District Council and Contractors' Pension Fund of Ohio (the "Fund") provides only general information. Participants should refer to the plan agreement for a more complete description of the Fund's provisions.

General

The Fund is a multiemployer collectively bargained defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Fund was established by an Agreement and Declaration of Trust (the "Trust") effective November 1, 1967, as a result of a collective bargaining agreement (CBA) between the Laborers' District Council of Ohio of the Laborers' International Union of the North America, AFL-CIO, and contractors operating primarily throughout the State of Ohio to provide for payment of retirement pension benefits, permanent and occupational disability pension benefits to eligible participants and, in certain cases, death benefits to designated beneficiaries.

Administration of the Trust

The administration of the Trust is the responsibility of the Fund's Board of Trustees, which comprises labor and management trustees. The Board of Trustees determines the appropriateness of the Fund's investment offerings and monitors investment performance. The investments of the Fund are managed by various investment managers who are overseen by a third party investment consultant and advisor. State Street Bank and Trust Company serves as the custodian of the Fund's investments, with the exception of the limited partnership investments and certain collective investment funds.

Funding Policy

Contributions are made by employers under provisions of various collective bargaining and other agreements. The contributions are designed to fund the Fund's current service cost on a current basis and to fund the past service liabilities arising from qualifying service. The yield on investments of the Fund serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Fund. The funding is dependent in part upon the level of employment in the construction industry.

Pension Benefits

Generally, participants with five or more years of vested service are entitled to annual pension benefits beginning at age 60. The Fund permits early retirement at ages 53-59 for these participants.

On October 17, 2017, the Board of Trustees amended the Fund to adjust the normal retirement age from 60 to 62 for participants who had not been credited with at least one-quarter of a pension credit prior to January 1, 2018 and to adjust the early retirement ages from 53-59 to 58-61 for these participants.

The pension benefits amount varies depending on the benefit level achieved when employment is terminated, earned pension credits, retirement age, and certain participant elections.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan (continued)

Pension Benefits (continued)

Participants generally will receive benefits under one of several spousal options, which guarantee payment of benefits during the lives of both the participant and participant's spouse, unless the participant, if unmarried or with spousal consent, elects the single life option. Alternatively, a participant may elect an option whereby pension payments are guaranteed for a certain period from the effective date of the pension, and if the pensioner dies prior to the end of the period, his or her beneficiary receives the remaining benefit as a lump sum distribution.

Death and Disability Benefits

Participants who become totally and permanently disabled, have at least 10 years of pension credit, and have been disabled for six months receive disability pension benefits that are equal to 75% of the normal retirement benefits they have accumulated as of the time they become disabled.

Participants who qualify for occupational disability, have at least 10 years of pension credit, and have been disabled for six months receive disability pension benefits that are equal to 50% of the normal retirement benefits they have accumulated as of the time they become disabled.

Vesting

Age requirement:	None
Service requirement:	5 vesting credits and 1 pension credit or 10 vesting credits for early retirement
Amount:	Regular or early pension accrued
Normal retirement age:	Age 62 with at least five years of vesting credit and one year of pension credit
Vesting service:	1,000 hours equals one pension credit
Pension credit:	Effective for Fund years beginning on or after January 1, 1968: 250 – 499 hours per calendar year equals 0.25 pension credits 500 – 749 hours per calendar year equals 0.50 pension credits 750 – 999 hours per calendar year equals 0.75 pension credits 1,000 or more hours per calendar year equals 1 pension credit

Beneficiaries of participants are eligible to receive a death benefit. When a participant dies following retirement, the death benefits available are based on the benefit option selected at the time of retirement. Pre-retirement death benefits are based on the participant's years of covered employment, marital status, and disability status.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Basis of Presentation

The Fund follows authoritative guidance issued by the Financial Accounting Standards Board (FASB), which established the FASB Accounting Standards Codification (ASC) as the single source of authoritative accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Fund's Investment Committee determines the Fund's valuation policies utilizing information provided by its investment advisors, investment managers, and custodians. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Consideration received or given on options is credited or charged to net appreciation (depreciation) in fair value of investments at the earlier of exercise or expiration date. Cash settlement is made on futures contracts and is credited or charged to net appreciation (depreciation) in fair value of investments on a daily basis. Interest and other investment income includes realized gains and losses and other income earned on private equity investments. Net appreciation (depreciation) in fair value of investments includes the Fund's gains and losses on investments bought and sold as well as held during the year, other than realized gains and losses on private equity investments.

Foreign Currency Translation

Investment securities and other assets and liabilities denominated in foreign currencies are translated into U.S. dollar amounts at the date of valuation. Purchases and sales of investment securities and income and expense items denominated in foreign currencies are translated into U.S. dollar amounts on the respective dates of such transactions.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (continued)

Foreign Currency Translation (continued)

The Fund does not isolate that portion of the changes in net assets available for benefits resulting from changes in foreign exchange rates on the investments from fluctuations arising from changes in market prices on securities held. Such fluctuations are included with net appreciation (depreciation) in fair value of investments.

Net realized foreign exchange gains or losses arise from sales of foreign currencies, currency gains or losses realized between the trade and settlement dates on securities transactions, and the difference between the amounts of dividends and interest recorded on the Fund's books and the U.S. dollar equivalent of the amounts actually received or paid. These amounts are also included in net appreciation (depreciation) in fair value of investments.

Risk Associated with Foreign Securities and Currencies

As of December 31, 2024 and 2023, the Fund's investments in securities in foreign markets represented approximately 23% and 20%, respectively, of the Fund's total investments.

Investments in securities of foreign issuers carry certain risks not ordinarily associated with investments in securities of domestic issuers. Such risks include future political and economic developments, and the possible imposition of exchange controls or other foreign governmental laws and restrictions. In addition, with respect to certain countries, there is the possibility of expropriation of assets, confiscatory taxation, political or social instability or diplomatic developments, which could adversely affect investments in those countries.

Certain countries may also impose substantial restrictions on investments in their capital markets by foreign entities, including restrictions on investments in issuers of industries deemed sensitive to relevant national interest. These factors may limit the investment opportunities available and result in a lack of liquidity and high price volatility with respect to securities of issuers from developing countries.

Employer Contributions and Receivables

Contributions to the Fund are determined through collective bargaining. However, they are subject to minimum funding requirements under Section 412 of the Internal Revenue Code (IRC) by using the entry age normal actuarial cost method and actuarial assumptions, which, in aggregate, are reasonable and reflect the best estimate by the Fund's actuary. To the extent that negotiated rates do not meet the requirements of the IRC, contributions or benefit levels are revised so that requirements are met.

Employer contributions pertaining to employee hours worked during the year are recorded as revenue. Contributions due from employers at year-end represent amounts received subsequent to year-end for hours worked prior to year-end. Therefore, the carrying amount of these receivables is not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate a recognition of revenue amounts due but erroneously unreported by employers.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost. Depreciation is provided over the estimated useful life of the operating property on a straight-line basis. Estimated useful lives of assets range from 15 to 40 years.

Cash

The Fund maintains its cash accounts, and cash accounts related to the Self-Administration Program (Note 7), at a national financial institution. The balances, at times, may exceed federally insured limits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Fees and Other Expenses

The Fund's expenses are paid by the Fund, as provided by the plan agreement. Expenses incurred in connection with the general administration of the Fund that are paid by the Fund are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Fund shares certain administrative expenses with related entities. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Fund, in relation to other related entities in the allocation (Note 7). In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented on the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Fund has evaluated subsequent events through September 19, 2025, the date the financial statements were available to be issued.

Note 3: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 9) are those future periodic payments, including lump-sum distributions that are attributable under the Fund's provisions to the service members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits under the Fund are based on members' credited service. The accumulated plan benefits for active members will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, and disability – are included to the extent they are deemed attributable to member service rendered to the valuation date.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 3: Actuarial Present Value of Accumulated Plan Benefits (continued)

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

Significant actuarial assumptions used in the December 31, 2023 valuation are as follows:

- Mortality rates – SOA RP-2014 Blue Collar Mortality with a post-commencement adjustment to account for actual mortality experienced in the most recent five years ending in 2014, fully generational with Scale MP-2017.
- Disability mortality rates – SOA RP-2014 Disabled Retiree Mortality fully generational with Scale MP-2017.
- Retirement age – 100% retirement upon attainment of age 53 with 30 years of pension credits. Terminated vested participants are assumed to retire at the normal retirement age in effect at the time of termination. Members with less than 30 years of pension credit are assumed to retire based on graduated rates from 6% at age 53 to 100% at age 70.
- Interest rates:
 - Investment return: 7.25%
 - To discount the accumulated plan benefit obligation: 7.25%
- Actuarial cost method – Unit Credit Cost Method

The returns have been adjusted to reflect administrative expenses of \$3,925,330 at December 31, 2023.

The foregoing actuarial assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material difference.

Note 4: Securities Lending

The Fund is authorized to engage in the lending of certain investments. Securities lending is an investment management enhancement that utilizes certain existing securities of the Fund to earn additional income. Securities lending involves the loaning of securities to approved banks and broker/dealers. In return for the loaned securities, the Fund, prior to or simultaneous with delivery of the loaned securities to the borrower, receives collateral in the form of cash or U.S. government securities as a safeguard against possible default of any borrower on the return of the loan under terms that permit the Fund to re-pledge or sell the securities.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 4: Securities Lending (continued)

The Fund has the right under the Securities Lending Authorization Agreement to recover the securities from the borrower on demand; if the borrower fails to deliver the securities on a timely basis, the Fund could experience delays or losses on recovery. Additionally, the Fund is subject to the risk of loss from investments that it makes with the cash received as collateral.

Each loan is initially collateralized, in the case of: (a) loaned securities denominated in U.S. dollars or whose primary trading market is located in the U.S. to the extent of 100% of the market value of the loaned securities, or (b) loaned securities not denominated in U.S. dollars or whose primary trading market is not located in the U.S. to the extent of 105% of the market value of the loaned securities. The collateral is marked to market on a daily basis. In the event the counterparty is unable to meet its contractual obligation under the securities lending arrangement, the Fund may incur losses equal to the amount by which the market value of the securities differ from the amount of collateral held. The Fund mitigates credit risk associated with securities lending arrangements by monitoring the fair value of the securities loaned on a regular basis, with additional collateral obtained or refunded as necessary.

The Fund maintains full ownership rights to the securities loaned and accordingly, classifies loaned securities as investments. Because the cash collateral received may be re-pledged or sold, the Fund recognizes the amount of cash collateral received and a corresponding obligation to return such collateral on the statement of net assets available for benefits. The fair value of securities on loan was \$8,565,066 and \$14,625,170 and the fair value of cash collateral received was \$2,959,262 and \$5,160,181 at December 31, 2024 and 2023, respectively. The fair value of the non-cash collateral received was \$5,821,320 and \$9,772,695 at December 31, 2024 and 2023, respectively.

Note 5: Derivatives and Hedging Activities

The Fund may invest in derivative securities. Permissible investments in derivative securities, as determined by the Board of Trustees, include the following: marketable U.S. interest rate futures and options listed on the Chicago Mercantile Exchange or the Chicago Board of Trades; foreign exchange futures, forwards and options used to hedge the Fund's non-U.S. dollar exposure; stock rights and warrants; collateralized mortgage obligations; interest rate swaps; unleveraged structured notes; credit default swaps; and over-the-counter options. Derivatives are used by the Fund to implement more efficient strategies than could otherwise be implemented with physical securities. Derivatives are only used to control risk in the Fund's portfolio of investments, and not to enhance risk and may not in any way leverage the investment portfolio.

At December 31, 2024 and 2023, there were equity contracts of \$-0- and \$1,103,611, respectively, recorded for derivative instruments held by the Fund and are included in equity investments in the statement of net assets available for benefits.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Derivatives and Hedging Activities (continued)

Gains (losses) from derivative instruments are included in the net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits. Gains (losses) from derivative instruments, by underlying risk exposure category, were as follows for the years ended December 31:

	2024	2023
Futures contracts	\$ 126,737	\$ (14,282)
Foreign exchange contracts	1,698,285	350,571
Interest rate swap contracts	283,872	54,296
Equity contracts	-	355,307
	\$ 2,108,894	\$ 745,892

A futures contract is an agreement between two parties to buy and sell a financial instrument at a set price on a future date. The Fund purchases futures contracts to gain exposure to markets without actually buying the underlying securities. Upon entering into a futures contract, the Fund is required to deposit or pledge cash or securities in an amount (initial margin) equal to a certain percentage of the contract value. Subsequent payments (variation margin) are made or received by the Fund each day. The variation margin payments are equal to the daily changes in the underlying contract value and are recorded as realized gains or losses by the Fund. No securities were pledged toward the initial margin requirement at December 31, 2024 and 2023. The use of futures transactions involves the risk of an imperfect correlation in the movements in the price of futures contracts, interest rates and the underlying hedged assets and the possible inability of counter parties to meet the terms of their contracts.

At December 31, 2024, the Fund was party to the exchange-traded futures contracts as follows:

	Notional Amount	Fair Value of Underlying Securities
<u>Long contracts:</u>		
Euro-Bund Futures, expiring March 2025	\$ 200,000	\$ 266,880
Euro-Schatz Futures, expiring March 2025	1,100,000	1,176,835
Euro-Bobl Futures, expiring March 2025	2,600,000	3,064,360
U.S. 2-Year Treasury Note Futures, expiring March 2025	14,000,000	14,392,656
U.S. 5-Year Treasury Note Futures, expiring March 2025	7,100,000	7,547,633
<u>Short contracts:</u>		
Euro-BUXL Futures, expiring March 2025	(200,000)	(265,360)
U.S. 10-Year Ultra-Bond Futures, expiring March 2025	(3,400,000)	(3,784,625)
U.S. 10-Year Note, expiring March 2025	(3,500,000)	(3,806,250)
U.S. Ultra Treasury Bond, expiring March 2025	(200,000)	(237,813)

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Derivatives and Hedging Activities (continued)

At December 31, 2023, the Fund was party to the exchange-traded futures contracts as follows:

	Notional Amount	of Underlying Securities
<u>Long contracts:</u>		
Euro-Bund Futures, expiring March 2024	\$ 300,000	\$ 411,660
Euro-Schatz Futures, expiring March 2024	1,900,000	2,024,355
Euro-Bobl Futures, expiring March 2024	300,000	357,840
U.S. Long Bond Futures, expiring March 2024	1,200,000	1,499,250
U.S. 2-Year Treasury Note Futures, expiring March 2024	3,400,000	3,500,539
U.S. 5-Year Treasury Note Futures, expiring March 2024	4,700,000	5,112,352
<u>Short contracts:</u>		
Euro-BTP Futures, expiring March 2024	(900,000)	(1,072,350)
Long Gilt Futures, expiring March 2024	(100,000)	(102,650)
U.S. 10-Year Ultra-Bond Futures, expiring March 2024	(4,400,000)	(5,192,688)
U.S. 10-Year Note, expiring March 2024	(1,900,000)	(2,144,922)
U.S. Ultra Treasury Bond, expiring March 2024	(600,000)	(801,563)

The difference between fair value and notional amount results in either a gain or loss. The recognized gain or loss on futures contracts during 2024 and 2023 was not significant to the financial statements.

The Fund enters into forward foreign currency contracts for the purpose of hedging against foreign exchange risk arising from the investment or anticipated investment in securities denominated in foreign currencies. All commitments are marked to market daily at the applicable exchange rates and any resulting unrealized gains and losses are recorded. Realized gains or losses are recorded at the time the forward contract matures or by delivery of the currency. Risks may arise upon entering these contracts from the potential inability of counter parties to meet the terms of their contracts and from unanticipated movements in the value of a foreign currency relative to the U.S. dollar.

At December 31, 2024, there were five purchase contracts outstanding in five currencies, settling with various dates ranging from January 8, 2025 to February 21, 2025. The contracts originated on various dates for \$9,318,207 and have a fair value of \$9,307,779 at December 31, 2024, resulting in a net unrealized depreciation of \$10,428 for the year ended December 31, 2024.

At December 31, 2024, there were nineteen sale contracts outstanding in thirteen currencies, settling with dates ranging from January 8, 2025 through February 21, 2025. The contracts were originated on various dates for \$26,003,296 and have a fair value of \$25,422,956 at December 31, 2024, resulting in a net unrealized appreciation of \$580,340 for the year ended December 31, 2024.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Derivatives and Hedging Activities (continued)

At December 31, 2023, there were six purchase contracts outstanding in four currencies, settling with various dates ranging from January 9, 2024 to February 21, 2024. The contracts originated on various dates for \$13,250,978 and have a fair value of \$13,311,601 at December 31, 2023, resulting in a net unrealized appreciation of \$60,623 for the year ended December 31, 2023.

At December 31, 2023, there were nineteen sale contracts outstanding in fourteen currencies, settling with dates ranging from January 9, 2024 through March 11, 2024. The contracts were originated on various dates for \$32,349,482 and have a fair value of \$33,031,300 at December 31, 2023, resulting in a net unrealized depreciation of \$681,818 for the year ended December 31, 2023.

Note 6: Fair Value Measurements

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

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

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

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

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

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 6: Fair Value Measurements (continued)

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

Short-term investments and cash awaiting investment: Valued at cost, which approximates fair value.

U.S. government obligations, asset-backed securities, corporate and foreign sovereign debt: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Equity investments: Valued at the closing price reported on national securities exchanges.

Private equity limited partnerships: Valuation of the Fund's interest in private equity limited partnerships approximates fair market value and is based on the beginning of the year value of the Fund's interest in the private equity limited partnerships plus actual contributions and current year allocated income (realized and unrealized gains and losses) less actual distributions and allocated expenses. As these are investments in unregistered securities, the Fund may experience a lack of liquidity in the event it elects to dispose of its interest prior to the partnership's termination and final distribution. Investments held by the private equity limited partnerships include cash, short-term investments, private equities, public investments, limited partnerships, real estate, and royalty interests. For investments that are not publicly traded, the general partners estimate the fair market value based on factors such as earnings forecasts, recent transactions in the same or similar securities, discounted payments to be received, and other indications of fair value that are available. Because of the inherent uncertainty of the valuations, those estimated values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material. At December 31, 2024, the Fund had committed approximately \$571,000,000 in capital contributions for its interest in the various partnerships, of which approximately \$447,000,000 was not funded.

Registered investment companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Fund are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies held by the Fund are deemed to be actively traded.

Common collective trusts and other collective investment funds: Valued at NAV of the units of the trust as reported by the fund's trustee. The NAV, as provided by the fund's trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Fund will sell the investment for an amount different than the reported NAV.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 6: Fair Value Measurements (continued)

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short-term investments	\$ 17,512,535	\$ -	\$ -	\$ 17,512,535
U.S. government obligations	-	67,068,111	-	67,068,111
Asset-backed securities	-	71,359,117	-	71,359,117
Equity investments	228,420,645	-	-	228,420,645
Private equity limited partnerships	-	-	1,317,394,204	1,317,394,204
Corporate and foreign sovereign debt	-	147,774,241	-	147,774,241
Registered investment companies	97,184,665	36,103,044	-	133,287,709
Securities lending collateral and cash awaiting investment	<u>21,444,544</u>	<u>-</u>	<u>-</u>	<u>21,444,544</u>
	<u>\$ 364,562,389</u>	<u>\$ 322,304,513</u>	<u>\$ 1,317,394,204</u>	2,004,261,106
		Investments valued at NAV*		<u>662,541,357</u>
		Total investments		<u>\$ 2,666,802,463</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short-term investments	\$ 15,751,157	\$ -	\$ -	\$ 15,751,157
U.S. government obligations	-	68,419,649	-	68,419,649
Asset-backed securities	-	77,035,002	-	77,035,002
Equity investments	192,212,326	-	-	192,212,326
Private equity limited partnerships	-	-	1,286,366,225	1,286,366,225
Corporate and foreign sovereign debt	-	146,554,989	-	146,554,989
Registered investment companies	163,015,764	35,271,321	-	198,287,085
Securities lending collateral and cash awaiting investment	<u>18,243,175</u>	<u>-</u>	<u>-</u>	<u>18,243,175</u>
	<u>\$ 389,222,422</u>	<u>\$ 327,280,961</u>	<u>\$ 1,286,366,225</u>	2,002,869,608
		Investments valued at NAV*		<u>656,643,660</u>
		Total investments		<u>\$ 2,659,513,268</u>

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

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 6: Fair Value Measurements (continued)

There were no transfers into or out of Level 3 investments or issues for the years ended December 31, 2024 and 2023. The Fund had \$183,956,770 and \$143,117,367 purchases of Level 3 investments for the years ended December 31, 2024 and 2023, respectively.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively.

Investment	Fair Value		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023		
Alpstone Global Macro Fund (a)	\$ 41,606,491	\$ 41,548,320	Monthly	60 days
Aristotle Small Cap Equity Investment Trust	19,894,480	13,552,282	Daily	None
Artisan Developing World Trust	48,292,526	84,587,313	Daily**	5 days
BH DG Systematic Trading	18,220,888	33,595,500	Daily	1 day
CTF Micro Capital Equity Portfolio (b)	20,951,521	18,568,891	Monthly	90 days
Driehaus International Small Cap Growth CIT (c)	15,805,220	24,483,748	Daily	None
EnTrust Special Opp. Fund III Ltd. (e)	7,597,689	9,762,492	Quarterly	95 days
EnTrustPermal SOE Fund Ltd. (f)	14,178,695	14,504,796	End of commitment period	
EnTrustPermal Special Opp. Fund IV Ltd. (g)	21,820,560	22,213,217	Quarterly	95 days
Juniperus Insurance Opp. Fund Ltd. (m)	46,233,147	41,598,675	Twice per year	90 days
Kohinoor Core Fund (n)	8,034,678	8,533,781	Daily	None
MSCI EAFE Index Fund NL	44,467,442	35,201,642	Twice per month	None
One River Risk Responders SP (o)	22,139,793	-	Monthly	None
Rhumblin QSI Index LLC	49,522,866	48,983,980	Monthly	None
Russell 1000 Index NL Fund	52,546,175	18,089,018	Daily	None
Juniperus Insurance OPP Fund	1,579,688	-	Twice per year	90 days
S&P Global LMC Nat. Resour. Index NL Fund	18,327,928	19,356,343	Daily	None
Aggregate Bond Index Fund NL	13,453,652	13,270,091	Daily	None
THL Credit Bank Loan Select Fund (h)	24,360,415	26,748,744	Monthly	30 days
Union Labor Life Insurance Company J (i)	20,073,511	19,225,423	Monthly	60-90 days
Union Labor Life Insurance Company W1 (j)	24,019,990	22,650,210	Monthly	60-90 days
U.S. Short-term Gov't/Credit Bond Index	26,188,787	47,372,985	Daily	None
U.S. TIPS Index NL Fund (CMTP)	20,602,106	20,208,185	Daily	None
WCM Focused International Growth Fund LP (k)	45,433,889	37,633,373	Monthly	5 days
Wellington Opportunistic Emerging Mkts (l)	37,189,220	34,954,651	Daily	None

**The trustee of the Artisan Developing World Trust has discretion to limit the maximum withdrawal as of any date to the greater of \$2,000,000 or 5% of the value of the assets in the trust as of the applicable date. At December 31, 2024, the Fund held approximately 17% of the assets in the trust.

Investment objectives for investments measured at net asset value per share or unit as a practical expedient that do not file a Form 5500 as a direct filing entity:

- (a) Alpstone Global Macro Fund's investment objective is to generate returns from implementing discretionary global macro and relative value trading strategies across a broad range of asset classes, markets and currencies.
- (b) CTF Micro Capital Equity Portfolio's investment objective is to provide superior long-term total return primarily by investing in stocks of the smallest capitalization US companies.
- (c) Driehaus International Small Cap Growth CIT will be maintained with the objective of maximizing capital appreciation from investing in the Investment Fund in both developed and emerging market small and mid-cap equity securities of non-U.S. companies.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 6: Fair Value Measurements (continued)

- (d) The EnTrust Special Opp. Fund III Ltd. seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid, including global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high-yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, and direct lending and sovereign debt.
- (e) EnTrustPermal SOE Fund Ltd. invests all its net assets in a master-feeder arrangement in EnTrustPermal Special Opportunities Evergreen Master Fund LP. The master fund seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid.
- (f) The EnTrustPermal Special Opp. Fund IV Ltd. seeks to achieve above-average rates of return and long-term capital growth by investing in highly attractive, select investment opportunities, including global distressed corporate securities, activist equities, value equities, reorganization equities, municipal bonds, high-yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, direct lending and sovereign debt, real estate, venture capital and private equity-type structures.
- (g) EnTrustPermal Special Opportunities Evergreen Fund Ltd. invests all its net assets in a master-feeder arrangement in EnTrustPermal Special Opportunities Evergreen Master Fund LP. The master fund seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid.
- (h) THL Credit Bank Loan Select Fund's investment objective is to seek to provide as high a level of current income and preservation of capital as is consistent with investment in U.S. dollar-denominated senior secured corporate loans and notes. The Fund expects to invest in bank loans whose senior or subordinated debt is rated below investment grade by a nationally recognized rating agency. The Fund may invest up to 10% of its assets in high yield securities.
- (i) The Separate Account J of the Union Labor Life Insurance Company's investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains. The assets allocated to the Account shall primarily consist of mortgage investments collateralized by first mortgages on real property. Assets may be temporarily held uninvested or invested in other investments as deemed appropriate by Union Labor Life Insurance Company.
- (j) The Separate Account W1 of the Union Labor Life Insurance Company's investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development, or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted, and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains. The assets allocated to the account shall primarily consist of mortgage investments collateralized by first mortgages on real property. Assets may be temporarily held uninvested or invested in other investments as deemed appropriate by Union Labor Life Insurance Company.
- (k) WCM Focused International Growth Fund, L.P.'s investment strategy is investing, reinvesting and trading in securities and other financial instruments.
- (l) Wellington Opportunistic Emerging Markets' investment objective is to generate an attractive return relative to the JP Morgan Emerging Markets Bond Index Global, through investment in a diversified portfolio of emerging markets debt and currency instruments.
- (m) Juniperus Insurance Opp. Fund Ltd.'s investment objective is to provide investors with access to an actively managed portfolio of reinsurance risk with limited correlation to other asset classes, focusing primarily on property-catastrophe reinsurance risk, in a variety of structural forms, but also permitted to make other investment in specialty reinsurance transactions with similar risk profiles and/or private equity transactions.
- (n) The Kohinoor Core Fund's investment objective is to seek to profit from extreme price and volatility movements in the world financial markets.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 6: Fair Value Measurements (continued)

- (o) The One River Risk Responders SP makes investments through a leveraged, risk-balanced allocation to three distinct strategies: One River Dynamic Convexity SP (40%), One River Systematic Alternative Market Trend SP (35%) and One River Systematic Trend SP (25%). In order to better implement the diversified approach, One River Risk Responders SP will indirectly invest in One River Systematic Alternative Markets Trend SP through Alternative Markets Trend, Ltd, an exempted company incorporated under the laws of the Cayman Islands (the "Alternative Markets SPV"). The indirect investment by One River Risk Responders SP in the One River Systematic Alternative Markets Trend, SP is via a share class with a targeted annualized volatility of 15%.

Note 7: Self-Administration Agreement

Under the terms of separate operating agreements between the Boards of Trustees of the Fund, the Ohio Laborers' Training and Apprenticeship Trust Fund, the Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund (the "Insurance Fund"), the Ohio Laborers' District Council – Ohio Contractors' Association Cooperation and Education Trust, and the Ohio Laborers Annuity Fund (collectively, the "five funds") and the Laborers Local No. 265 Pension Plan (the "Local 265 Plan"), the Self-Administration Program of the Fund purchases assets, employs personnel, and performs whatever services are necessary to provide effective administration for the five funds and the Local 265 Plan. The estimated cost of providing these services is charged monthly to the individual funds and annually adjusted to actual cost.

The activities of the Self-Administration Program are directed by the Joint Administration Committee, which is comprised of two representative trustees (one management and one labor) from each of the five funds.

Employees of the Self-Administration Program participate in a defined contribution plan (401(k)). The cost of this plan was allocated among the five funds and the Local 265 Plan. The Fund's allocated share, included in net Self-Administration Program expenses, was \$60,363 and \$56,945, respectively, for the years ended December 31, 2024 and 2023.

Substantially all personnel employed under the Self-Administration Agreement are participants in the noncontributory multiemployer pension plan that is the Fund. The parties of the Self-Administration Agreement have no intention of withdrawing from the Fund, and therefore no allocated withdrawal liability has been recorded in the financial statements. The cost of contributions to the Fund is allocated among the five funds and the Local 265 Plan. The Fund's allocated share, included in net Self-Administration Program expenses, was \$123,071 and \$111,165 for the years ended December 31, 2024 and 2023, respectively.

Substantially all personnel employed under the Self-Administration Agreement also participate in a multi-employer insurance plan administered by the Insurance Fund. Contributions are based on hours worked at rates determined by a collective bargaining agreement. The cost of contributions to this plan is allocated among the five funds and the Local 265 Plan. The Fund's allocated share, included in net Self-Administration Program expenses, was \$245,045 and \$220,682 for the years ended December 31, 2024 and 2023, respectively.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 7: Self-Administration Agreement (continued)

In addition, the Self-Administration Program has a deferred compensation plan for former executives as well as the current Administrative Manager. The deferred compensation plan is established to provide supplementary retirement benefits which will result in a total monthly pension equal to 2% of the final monthly pay for each year of service with the Self-Administration Program. The total takes into account any benefits which may accrue under the multiemployer pension plan discussed above. The determination of participants covered under this plan is approved by the Self-Administration Committee or a similar committee upon recommendation of the Fund Administrator. For the years ended December 31, 2024 and 2023, the total expense recognized under this plan before allocation to the five funds and the Local 265 Plan, included in other personnel costs of the Self-Administration Program, was \$113,596 and \$109,850, respectively. At December 31, 2024 and 2023 the liability related to this plan, included in the Self-Administration Program liabilities, was \$738,757 and \$639,246, respectively.

Operating data for the Self-Administration Program for the years ended December 31, 2024 and 2023 is as follows:

	2024	2023
Revenue:		
Contributions from other participating funds	\$ 2,782,828	\$ 2,712,902
Other	21,455	41,293
	2,804,283	2,754,195
Expenses:		
Salaries and wages	2,718,559	2,565,679
Other personnel costs	1,274,046	1,197,017
Professional services	164,529	193,347
Vehicle and travel	28,382	33,762
Rentals	138,080	130,637
Printing and supplies	701,863	647,246
Utilities	61,722	55,749
Financial services	45,253	34,696
Postage	201,737	166,084
Maintenance and repairs	80,825	110,748
Depreciation and amortization	135,489	160,265
Other	14,829	12,219
	5,565,314	5,307,449
Self-Administration Program expenses, net	\$ (2,761,031)	\$ (2,553,254)

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 8: General and Administrative Expenses

General and administrative expenses for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Insurance	\$ 1,307,481	\$ 1,211,520
Actuarial and consulting fees	127,003	158,589
Collection and other professional service fees	226,567	258,763
Postage	10,467	9,485
Accounting and auditing fees	75,000	72,800
Bank service charges	45,798	40,195
Legal fees	54,254	43,150
Depreciation	31,777	32,424
Real estate taxes	38,926	34,519
Printing	16,286	30,707
Travel and conferences	22,134	39,190
Other	25,176	24,599
Total	\$ 1,980,869	\$ 1,955,941

Note 9: Accumulated Plan Benefits

The following reflects the actuarial present value of accumulated plan benefits from the actuarial valuation and review prepared by the Fund's actuary as of December 31, 2023:

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 1,560,467,040
Other vested benefits	959,289,350
Nonvested benefits	95,657,307
Total	\$ 2,615,413,697

Changes in actuarial present value of accumulated plan benefits for the year ended December 31, 2023:

Accumulated plan benefits as of December 31, 2022	\$ 2,550,541,880
Interest	181,619,648
Benefits accumulated and actuarial experience	50,928,917
Actuarial loss	10,789,135
Plan amendment	14,917,682
Benefits paid	(193,383,565)
Accumulated plan benefits as of December 31, 2023	\$ 2,615,413,697

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 10: Priorities Upon Termination of the Fund

Although the Board of Trustees has not expressed intent to discontinue the Fund, they may do so at any time subject to the provisions of ERISA and terms of the CBA. In the event the Fund terminates, the net assets of the Fund will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former members or their beneficiaries have been receiving for at least three years, or that members eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Fund. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Fund provisions in effect at any time during the five years preceding Fund termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Fund are insured by the PBGC if the Fund terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Fund, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Fund are guaranteed at the level in effect on the date of the Fund's termination.

Whether all participants receive their benefits should the Fund terminate at some future time will depend on the sufficiency, at that time, of the Fund's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

Note 11: Party in Interest Transactions

State Street Global Advisors (SSGA), a wholly-owned subsidiary of State Street Bank and Trust Company, the custodian of the majority of the Fund's assets, serves as one of the investment advisors to the Fund. Therefore, SSGA qualifies as a party-in-interest. For their services, SSGA receives compensation based on the average net assets under their management. The Fund also holds several State Street investments.

The Fund holds units of RhumbLine QSI Index LLC (QSI), a common collective trust managed by RhumbLine Advisors LP ("RhumbLine"). State Street Bank and Trust Company is also custodian and recordkeeper of QSI. For their services, RhumbLine receives compensation based on net assets under their management.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 11: Party in Interest Transactions (continued)

The Fund holds several Wellington Trust Company, NA funds. A related entity, Wellington Management Company, LLP (WMC), serves as one of the Fund's investment advisors. For their services, WMC receives compensation based on net assets under their management.

The Fund holds units of multiple Union Labor Life Insurance Company funds. A related entity, Ullico Investment Advisors, Inc., serves as one of the Fund's investment advisors. For their services, Ullico Investment Advisors, Inc. receives compensation based on net assets under their management.

The Fund holds several Payden & Rygel funds. Payden & Rygel serves as one of the Fund's investment advisors. For their services, Payden & Rygel receives compensation based on net assets under their management.

The Fund holds units of an Artisan Partners, LP ("Artisan") fund. Artisan serves as one of the Fund's investment advisors. For their services, Artisan receives compensation based on net assets under their management.

The Fund invests in Macquarie Group and Macquarie Bank debt securities. Wholly-owned subsidiaries of Macquarie Group are general partners in limited partnerships in which the Fund invests. The general partners receive management fees for their services.

The Fund invests in UBS debt securities. A wholly-owned subsidiary of UBS is general partner in a limited partnership in which the Fund invests. The general partner receives management fees for its services.

The Fund invests in Diamond Hill Investment Group, Inc. ("Diamond Hill") equity securities. Diamond Hill is an investment manager for the Fund. For their services, Diamond Hill receives compensation based on net assets under their management.

The Fund paid certain expenses related to Fund operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Note 12: Tax Status

The Fund obtained its latest determination letter on November 30, 2015, in which the Internal Revenue Service (IRS) states that the Fund, as then designed, was in compliance with the applicable requirements of the IRC. The Fund has been amended since receiving the determination letter. However, the Fund management believes that the Fund is currently designed and being operated in compliance with the applicable requirements of the IRC. The Fund does, however, pay unrelated business income taxes related to its investments in limited partnerships.

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 12: Tax Status (continued)

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

Note 13: Risks and Uncertainties

The Fund 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 statement of net assets available for benefits. In addition, the Fund may, from time to time, be exposed to litigation related to its status as an equity holder.

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

Note 14: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 2,688,427,198	\$ 2,679,085,599
Benefits payable	(306,213)	(335,091)
Difference between real estate reported at fair market value and net book value in the financial statements	529,581	497,804
Net assets available for benefits per the Form 5500	\$ 2,688,650,566	\$ 2,679,248,312

Laborers' District Council and Contractors' Pension Fund of Ohio

Notes to Financial Statements

December 31, 2024 and 2023

Note 14: Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31:

	2024	2023
Net increase in net assets available for benefits	\$ 9,341,599	\$ 45,275,129
Less benefits payable at December 31	(306,213)	(335,091)
Add benefits payable at end of prior year	335,091	405,975
Add difference between fair market value and net book value on real estate reported at fair market value at December 31	529,581	497,804
Less difference between fair market value and net book value on real estate reported at fair market value at end of prior year	(497,804)	(465,381)
Net increase per the Form 5500	\$ 9,402,254	\$ 45,378,436

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefits claims that have been applied for prior to December 31. In addition, Form 5500 requires real property to be reported at fair market value.

Note 15: Funding Status

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Fund's actuary has completed the Fund's actuarial funding status certification as of January 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2024 and audited financial information as of December 31, 2023, as well as other financial information, including estimated cash flows for the year ended December 31, 2024 and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Fund. As of January 1, 2024, the Fund's actuary certified the Fund as neither critical nor endangered (Green Zone).

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).

OMB Nos. 1210-0110
 1210-0089

2024

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

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: 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 LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/1967
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) BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND OHIO LDC&C PENSION FUND OF OHIO 800 HILLSDOWNE ROAD US WESTERVILLE OH 43081-3302	2b Employer Identification Number (EIN)	31-6129964
	2c Plan Sponsor's telephone number	(614) 898-9006
	2d Business code (see instructions)	237310

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

SIGN HERE	<i>Clint Powell</i> Signature of plan administrator	x 10-12-2025 Date	<i>Clint Powell</i> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> 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: <input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: <input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>	
D Check box if filing under <input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

Part II Basic Plan Information --- enter all requested information											
1a Name of plan LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1967</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 31-6129964</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (614) 898-9006</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 237310</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1967		2b Employer Identification Number (EIN) 31-6129964		2c Plan Sponsor's telephone number (614) 898-9006		2d Business code (see instructions) 237310	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 01/01/1967											
2b Employer Identification Number (EIN) 31-6129964											
2c Plan Sponsor's telephone number (614) 898-9006											
2d Business code (see instructions) 237310											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TRUSTEES, LABORERS DIST COUNCIL & CONSTRS PENSION FUND OHIO LDC&C PENSION FUND OF OHIO 800 HILLSDOWNE ROAD US WESTERVILLE OH 43081-3302											

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		x 10/14/25	x James L. Ruklich
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and 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	29,825
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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)	14,573
a(2) Total number of active participants at the end of the plan year	6a(2)	15,028
b Retired or separated participants receiving benefits	6b	10,017
c Other retired or separated participants entitled to future benefits	6c	5,494
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	30,539
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	30,539
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1,001
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	---

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

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

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 _____

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)		(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value
Short-term investments:					
STIF 25 BPS	12/31/2050	4.455%	417,165	\$ 417,165	\$ 417,165
TREASURY BILL	2/20/2025	0.010%	2,500,000	2,472,662	2,485,800
TREASURY BILL	3/20/2025	0.000%	2,000,000	1,978,643	1,982,140
TREASURY BILL	1/2/2025	0.000%	2,900,000	2,886,908	2,900,000
TREASURY BILL	1/9/2025	0.010%	3,000,000	2,969,304	2,997,540
TREASURY BILL	2/6/2025	0.010%	3,150,000	3,121,097	3,137,054
TREASURY BILL	3/13/2025	0.000%	1,200,000	1,187,315	1,190,244
TREASURY BILL	6/20/2025	0.000%	1,250,000	1,223,563	1,225,812
TREASURY BILL	6/20/2025	0.000%	1,200,000	1,174,700	1,176,780
Total short-term investments				17,431,357	17,512,535
U.S. government obligations:					
STRIPS	8/15/2033	0.010%	4,000,000	2,491,540	2,660,840
STRIPS	2/15/2035	0.010%	1,000,000	597,480	617,290
STRIPS	8/15/2035	0.010%	1,000,000	603,860	602,410
STRIPS	2/15/2037	0.010%	500,000	299,555	278,190
STRIPS	5/15/2033	0.010%	200,000	166,678	134,736
STRIPS	11/15/2036	0.010%	2,650,000	1,502,577	1,493,911
STRIPS	11/15/2038	0.010%	3,500,000	1,648,465	1,764,560
STRIPS	8/15/2043	0.000%	3,000,000	1,346,160	1,168,650
US TREASURY N/B	5/15/2043	2.875%	3,025,000	3,597,934	2,291,196
US TREASURY N/B	8/15/2043	3.625%	4,350,000	4,699,835	3,684,798
US TREASURY N/B	2/15/2045	2.500%	3,150,000	3,401,923	2,185,533
US TREASURY N/B	8/15/2045	2.875%	3,675,000	3,478,962	2,710,570
US TREASURY N/B	11/15/2045	3.000%	1,110,000	1,107,849	834,676
US TREASURY N/B	8/15/2046	2.250%	575,000	464,225	371,197
US TREASURY N/B	8/15/2046	2.250%	600,000	645,170	387,336
US TREASURY N/B	2/15/2048	3.000%	7,900,000	7,588,744	5,795,045
US TREASURY N/B	5/15/2049	2.875%	575,000	429,986	407,600
US TREASURY N/B	8/15/2049	2.250%	525,000	334,712	325,049
US TREASURY N/B	5/15/2050	1.250%	5,300,000	4,327,289	2,512,624
US TREASURY N/B	5/15/2040	1.125%	500,000	317,461	300,715
US TREASURY N/B	2/15/2051	1.875%	1,830,000	1,443,447	1,017,645
US TREASURY N/B	5/15/2051	2.375%	1,825,000	1,211,060	1,147,597
US TREASURY N/B	5/15/2041	2.250%	2,325,000	1,876,089	1,649,913
US TREASURY N/B	8/15/2041	1.750%	600,000	406,114	388,518
US TREASURY N/B	2/15/2042	2.375%	475,000	370,681	338,134
US TREASURY N/B	5/15/2052	2.875%	3,225,000	2,566,590	2,255,339
US TREASURY N/B	8/15/2042	3.375%	3,625,000	3,096,360	2,992,256
US TREASURY N/B	2/15/2043	3.875%	600,000	543,289	529,398
US TREASURY N/B	5/15/2043	3.875%	1,525,000	1,339,019	1,342,153

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)		(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value
US TREASURY N/B	5/15/2044	4.625%	200,000	194,063	193,892
US TREASURY N/B	8/15/2028	2.875%	50,000	50,925	47,563
US TREASURY N/B	8/31/2028	1.125%	2,575,000	2,262,794	2,296,694
US TREASURY N/B	11/15/2031	1.375%	3,300,000	2,804,704	2,696,628
US TREASURY N/B	11/30/2026	1.250%	100,000	100,225	94,542
US TREASURY N/B	2/15/2032	1.875%	4,238,000	4,125,057	3,564,539
US TREASURY N/B	2/15/2032	1.875%	250,000	217,061	210,273
US TREASURY N/B	8/31/2027	3.125%	1,625,000	1,594,277	1,578,200
US TREASURY N/B	11/30/2027	3.875%	2,550,000	2,527,986	2,521,211
US TREASURY N/B	12/31/2029	3.875%	4,400,000	4,352,985	4,298,624
US TREASURY N/B	11/15/2026	4.625%	1,525,000	1,541,992	1,534,943
US TREASURY N/B	1/31/2031	4.000%	2,400,000	2,352,379	2,341,560
US TREASURY N/B	2/15/2027	4.125%	2,350,000	2,308,062	2,343,584
US TREASURY N/B	5/15/2034	4.375%	950,000	950,451	935,398
US TREASURY N/B	9/30/2026	3.500%	25,000	24,747	24,684
US TREASURY N/B	10/15/2027	3.875%	200,000	199,172	197,897
Total U.S. government obligations				77,509,934	67,068,111
Asset-backed securities:					
ALLY AUTO RECEIVABLES TRUST	1/15/2027	5.320%	63,068	63,068	63,158
COUNTRYWIDE ALTERNATIVE LOAN T	2/25/2022	6.000%	1,280	1,150	1,274
AMERICAN CREDIT ACCEPTANCE REC	11/12/2027	5.760%	68,557	68,556	68,867
AMERICAN CREDIT ACCEPTANCE REC	3/13/2028	4.810%	88,796	88,790	88,859
AMERICAN CREDIT ACCEPTANCE REC	2/12/2027	5.900%	47,033	47,032	47,199
AMERICREDIT AUTOMOBILE RECEIVA	4/19/2027	6.190%	38,911	38,910	39,097
APIDOS CLO LTD	1/20/2033	6.417%	250,000	250,000	250,279
ARBYS FUNDING LLC	7/30/2050	3.237%	143,625	143,625	136,373
ARBOR REALTY COLLATERALIZED LO	8/15/2034	5.582%	34,554	33,971	34,533
BARCLAYS COMMERCIAL MORTGAGE S	6/15/2055	4.600%	275,000	282,422	264,288
BDS LTD	9/19/2039	5.943%	300,000	299,250	300,375
BMW VEHICLE LEASE TRUST	9/25/2026	5.990%	93,517	93,963	94,134
BX TRUST	6/15/2038	6.312%	87,674	87,674	87,674
BX TRUST	9/15/2036	6.912%	300,000	300,000	299,438
BX TRUST	3/15/2041	5.789%	90,464	90,238	90,831
BX TRUST	3/15/2041	5.789%	316,624	315,832	317,910
BX TRUST	4/15/2041	5.839%	260,767	260,115	261,419
BANK5	9/15/2056	6.255%	424,761	428,991	439,161
BANK	11/15/2054	3.538%	450,000	492,469	432,171
BANK	5/15/2050	3.362%	273,530	255,761	264,994
BANK	9/15/2060	3.435%	425,000	451,712	408,331
BANK	11/15/2050	3.488%	575,000	626,638	540,121
GOVT OF BERMUDA	8/20/2050	3.375%	200,000	199,438	132,100

**Laborers' District Council and
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
BRAVO RESIDENTIAL FUNDING TRUS	5/25/2063	5.000%	427,759	412,281	423,122	
CAPITAL AUTOMOTIVE REIT	2/15/2050	3.250%	176,731	176,606	158,320	
CANTOR COMMERCIAL REAL ESTATE	5/15/2052	1.112%	1,108,896	95,857	36,978	
CFCRE COMMERCIAL MORTGAGE TRUS	5/10/2058	3.283%	425,000	470,023	417,309	
CIM TRUST	3/25/2062	4.500%	231,041	222,867	222,925	
CNH EQUIPMENT TRUST	2/16/2027	5.900%	40,129	40,128	40,275	
CAPITAL ONE PRIME AUTO RECEIVA	5/17/2027	3.660%	68,549	67,880	68,181	
CARMAX AUTO OWNER TRUST	12/15/2027	4.670%	100,000	99,999	100,157	
CARMAX AUTO OWNER TRUST	11/16/2026	5.720%	32,141	32,140	32,218	
CARVANA AUTO RECEIVABLES TRUST	1/11/2027	6.230%	22,379	22,378	22,425	
CHASE AUTO OWNER TRUST	4/26/2027	5.480%	59,021	59,016	59,229	
CHASE AUTO OWNER TRUST	3/25/2027	5.900%	35,029	35,026	35,155	
CHASE FUNDING MORTGAGE LOAN AS	11/25/2033	4.985%	40,655	42,002	40,147	
CHASE MORTGAGE FINANCE CORPORA	6/25/2062	3.500%	321,300	290,715	293,518	
CHASE MORTGAGE FINANCE CORPORA	3/25/2063	3.250%	414,562	354,284	367,669	
CITIGROUP COMMERCIAL MORTGAGE	11/10/2048	3.818%	300,000	321,973	294,907	
CITIGROUP COMMERCIAL MORTGAGE	2/10/2049	3.616%	425,000	435,276	416,262	
FANNIE MAE CAS	5/25/2044	5.569%	144,724	144,724	144,815	
FANNIE MAE CAS	1/25/2044	5.619%	73,296	73,296	73,360	
FANNIE MAE CAS	3/25/2042	6.569%	48,578	48,578	49,148	
FANNIE MAE CAS	2/25/2044	5.669%	108,330	108,330	108,455	
FANNIE MAE CAS	11/25/2039	6.833%	9,299	9,295	9,343	
FANNIE MAE CAS	7/25/2044	5.569%	97,670	97,670	97,731	
FANNIE MAE CAS	3/25/2044	5.710%	148,923	148,923	148,932	
CYRUSONE DATA CENTERS ISSUER I	5/20/2049	4.500%	250,000	225,277	238,267	
DEUTSCHE BANK COMMERCIAL MORTG	6/10/2050	3.328%	350,000	384,180	335,032	
DELL EQUIPMENT FINANCE TRUST	3/22/2030	5.580%	100,000	99,994	100,435	
DRYDEN SENIOR LOAN FUND	10/15/2037	5.867%	350,000	350,000	349,992	
ENTERPRISE FLEET FINANCING LLC	5/21/2029	4.650%	42,104	41,758	42,084	
EXETER AUTOMOBILE RECEIVABLES	4/15/2027	4.790%	100,000	99,996	100,032	
FED HM LN PC POOL G01770	1/1/2035	5.500%	17,086	18,132	17,239	
FED HM LN PC POOL G07801	10/1/2044	4.000%	224,814	240,726	210,017	
FED HM LN PC POOL G08768	6/1/2047	4.500%	250,018	256,581	239,752	
FED HM LN PC POOL G08780	9/1/2047	4.000%	63,973	66,702	59,403	
FED HM LN PC POOL G08534	6/1/2043	3.000%	189,284	187,654	167,219	
FED HM LN PC POOL G08622	1/1/2045	3.000%	154,033	160,194	134,495	
FED HM LN PC POOL G08707	5/1/2046	4.000%	164,729	178,319	153,175	
FED HM LN PC POOL C91826	5/1/2035	3.000%	165,231	170,007	153,004	
FED HM LN PC POOL C03490	8/1/2040	4.500%	26,428	27,651	25,655	
FED HM LN PC POOL C09013	9/1/2042	3.000%	379,946	334,946	335,667	
FED HM LN PC POOL C09015	10/1/2042	3.000%	123,760	129,136	109,336	
FED HM LN PC POOL A91387	3/1/2040	5.000%	49,347	54,089	49,237	

**Laborers' District Council and
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EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
FED HM LN PC POOL ZA4718	10/1/2046	3.000%	333,503	324,019	289,290	
FED HM LN PC POOL ZT0529	10/1/2046	3.000%	268,201	240,040	233,230	
FED HM LN PC POOL ZT0534	12/1/2047	3.500%	238,892	257,219	215,079	
FED HM LN PC POOL ZT2262	6/1/2048	3.000%	408,477	352,758	348,680	
FED HM LN PC POOL SB0514	4/1/2036	1.500%	402,419	354,537	349,416	
FED HM LN PC POOL SB8088	2/1/2036	1.500%	279,738	242,105	241,338	
FED HM LN PC POOL SB8509	1/1/2036	2.000%	292,427	284,197	260,339	
FED HM LN PC POOL SC0052	2/1/2040	3.000%	367,169	329,075	332,027	
FED HM LN PC POOL SC0242	2/1/2042	2.500%	277,200	254,548	236,903	
FED HM LN PC POOL SD0039	2/1/2046	4.000%	153,472	163,963	144,807	
FED HM LN PC POOL SD0729	10/1/2051	2.000%	297,135	296,439	233,617	
FED HM LN PC POOL SD1035	5/1/2052	4.000%	362,281	363,526	331,440	
FED HM LN PC POOL SD2176	1/1/2053	6.000%	122,286	127,006	124,396	
FED HM LN PC POOL SD2903	3/1/2051	2.000%	380,517	281,761	298,379	
FED HM LN PC POOL SD5641	6/1/2053	5.500%	408,484	414,132	405,510	
FED HM LN PC POOL SD7507	11/1/2049	3.000%	494,220	529,201	428,326	
FED HM LN PC POOL SD7548	11/1/2051	2.500%	464,354	470,195	384,611	
FED HM LN PC POOL SD7530	11/1/2050	2.500%	508,225	539,275	421,049	
FED HM LN PC POOL SD7534	2/1/2051	2.500%	573,001	488,394	476,313	
FED HM LN PC POOL SD8169	9/1/2051	3.500%	393,229	366,502	349,329	
FED HM LN PC POOL SD3860	9/1/2053	6.500%	214,285	217,934	220,887	
FED HM LN PC POOL SD3897	9/1/2053	5.500%	291,618	278,040	291,854	
FED HM LN PC POOL Q08998	6/1/2042	3.500%	39,505	41,838	36,043	
FED HM LN PC POOL Q13205	11/1/2042	3.000%	203,835	208,135	180,082	
FED HM LN PC POOL U69907	3/1/2043	3.500%	376,997	337,295	341,544	
FED HM LN PC POOL G67700	8/1/2046	3.500%	339,071	338,149	306,524	
FED HM LN PC POOL G60774	10/1/2045	3.000%	89,159	89,089	78,778	
FED HM LN PC POOL G60722	10/1/2046	3.000%	184,938	180,228	160,721	
FED HM LN PC POOL G60932	2/1/2044	3.500%	133,223	137,251	121,530	
FED HM LN PC POOL G60994	1/1/2045	3.500%	171,478	171,673	156,428	
FED HM LN PC POOL G60988	5/1/2047	3.000%	367,149	368,577	319,071	
FED HM LN PC POOL G61225	12/1/2043	4.500%	94,786	103,183	92,018	
FED HM LN PC POOL QC7500	9/1/2051	3.000%	537,036	573,621	464,826	
FED HM LN PC POOL RA3728	10/1/2050	2.000%	352,840	354,439	278,038	
FED HM LN PC POOL RA4562	2/1/2051	2.500%	512,751	547,739	425,194	
FED HM LN PC POOL RA7778	8/1/2052	4.500%	369,940	366,645	348,620	
FED HM LN PC POOL RA7790	8/1/2052	5.000%	249,996	251,559	242,234	
FED HM LN PC POOL RB5089	12/1/2040	1.500%	377,111	315,889	301,395	
FED HM LN PC POOL RB5090	12/1/2040	2.000%	595,607	515,665	497,546	
FED HM LN PC POOL RB5138	12/1/2041	2.000%	292,027	261,820	242,739	
FED HM LN PC POOL RB5122	8/1/2041	2.500%	514,685	534,710	435,851	
FED HM LN PC POOL RB5125	9/1/2041	2.000%	376,135	304,082	313,524	

**Laborers' District Council and
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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value
FED HM LN PC POOL RB5148	3/1/2042	2.000%	345,598	308,339	286,245
FANNIEMAE ACES	9/25/2030	3.743%	162,987	160,547	154,242
FNMA POOL 257203	5/1/2028	5.000%	4,004	4,127	4,008
FNMA POOL 310209	8/1/2043	3.500%	375,048	329,573	339,381
FHLMC MULTIFAMILY STRUCTURED P	10/25/2027	5.045%	81,702	81,677	81,758
FHLMC MULTIFAMILY STRUCTURED P	7/25/2028	3.926%	200,000	238,000	195,213
FHLMC MULTIFAMILY STRUCTURED P	9/25/2028	4.050%	450,000	546,645	440,255
FHLMC MULTIFAMILY STRUCTURED P	1/25/2031	3.718%	250,000	240,908	234,959
FHLMC MULTIFAMILY STRUCTURED P	5/25/2031	2.988%	275,000	251,023	247,393
FNMA POOL AH0621	1/1/2041	3.500%	26,151	26,437	23,845
FNMA POOL AH3394	1/1/2041	4.000%	25,216	26,786	23,792
FNMA POOL AJ1407	9/1/2041	4.000%	13,969	14,578	13,180
FNMA POOL AL5097	9/1/2043	4.500%	79,006	86,709	76,206
FNMA POOL AL6715	2/1/2045	4.000%	68,260	69,966	63,541
FNMA POOL AO4137	6/1/2042	3.500%	40,600	42,617	36,994
FNMA POOL AS4257	1/1/2045	4.000%	70,530	75,643	65,610
FNMA POOL AS6227	11/1/2045	4.000%	74,056	77,625	68,401
FNMA POOL AS6013	10/1/2045	4.000%	83,660	88,692	77,686
FNMA POOL AS7150	5/1/2046	3.000%	145,474	150,020	126,596
FNMA POOL AS8295	11/1/2046	3.000%	436,437	386,656	381,695
FNMA POOL AX5316	1/1/2042	4.500%	105,315	114,727	102,102
FNMA POOL 725424	4/1/2034	5.500%	15,841	16,344	15,979
FNMA POOL 735382	4/1/2035	5.000%	13,306	13,841	13,195
FNMA POOL 735893	10/1/2035	5.000%	7,066	7,353	7,011
FNMA POOL 745946	11/1/2036	5.500%	13,052	13,549	13,205
FNMA POOL BF0231	4/1/2042	3.000%	126,710	130,353	112,778
FNMA POOL BF0241	5/1/2052	3.500%	244,997	261,420	220,490
FNMA POOL BF0500	12/1/2054	3.000%	300,665	272,290	257,811
FNMA POOL BM1753	5/1/2037	4.000%	108,175	111,842	103,929
FNMA POOL BM2005	12/1/2047	4.000%	121,861	127,593	113,008
FNMA POOL BM2007	9/1/2048	4.000%	399,561	369,028	370,529
FNMA POOL BM7089	2/1/2052	3.000%	345,422	299,006	294,075
FNMA POOL BP6626	8/1/2050	2.000%	339,152	319,140	266,207
FNMA POOL BQ9451	3/1/2051	2.000%	563,230	551,085	445,723
FNMA POOL CA6256	7/1/2050	2.500%	408,513	377,746	338,759
FNMA POOL CA6307	7/1/2050	2.500%	540,929	473,736	446,050
FNMA POOL CB2278	12/1/2051	2.000%	479,935	484,659	380,876
FNMA POOL CB2759	2/1/2052	3.000%	391,753	363,963	333,852
FNMA POOL CB3258	4/1/2052	3.500%	381,574	346,636	340,326
FNMA POOL CB4127	7/1/2052	4.500%	357,793	354,495	337,217
FNMA POOL CB4306	8/1/2052	5.000%	615,316	617,719	600,868
FNMA POOL CB5106	11/1/2052	5.000%	371,852	365,459	360,214

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FNMA POOL CB5113	11/1/2052	5.500%	383,806	379,848	379,857	
FNMA POOL CB7991	2/1/2054	5.500%	228,626	225,054	226,029	
FNMA POOL CB8021	2/1/2054	6.500%	365,445	370,013	375,798	
FNMA POOL FM1717	12/1/2045	3.500%	268,859	282,932	244,987	
FNMA POOL FM1402	5/1/2048	3.500%	136,402	142,561	122,421	
FNMA POOL FM2972	12/1/2044	4.000%	343,466	349,638	322,371	
FNMA POOL FM3162	11/1/2046	3.000%	252,487	268,939	222,795	
FNMA POOL FM7194	3/1/2051	2.500%	392,370	403,830	326,436	
FNMA POOL FM9876	12/1/2051	2.500%	342,235	303,199	283,083	
FNMA POOL FM9195	10/1/2051	2.500%	731,287	688,468	602,397	
FNMA POOL FM9283	11/1/2051	2.500%	588,104	606,206	484,250	
FNMA POOL FM9479	11/1/2051	2.500%	387,472	398,657	319,048	
FNMA POOL FS0007	8/1/2050	3.000%	333,311	347,893	285,700	
FNMA POOL FS0739	2/1/2052	3.500%	311,605	313,650	277,132	
FNMA POOL FS1974	2/1/2036	1.500%	329,462	291,651	284,623	
FNMA POOL FS2018	3/1/2050	4.500%	243,496	237,827	232,317	
FNMA POOL FS2111	10/1/2045	4.500%	281,674	290,037	270,991	
FNMA POOL FS2489	8/1/2052	5.000%	267,131	274,477	258,666	
FNMA POOL FS3111	9/1/2052	5.000%	257,539	240,678	249,478	
FNMA POOL FS5208	6/1/2041	3.500%	295,900	277,406	270,009	
FNMA POOL FS8463	6/1/2054	6.000%	243,728	251,820	248,005	
FNMA POOL FS9401	10/1/2054	6.000%	293,894	297,831	296,909	
FNMA POOL FP0057	8/1/2050	4.000%	294,832	274,101	277,044	
FNMA POOL 890355	9/1/2041	3.500%	163,655	173,014	149,318	
FNMA POOL AB0125	2/1/2035	5.000%	54,896	61,337	54,642	
FNMA POOL AB0110	2/1/2035	5.000%	69,691	77,869	69,121	
FNMA POOL AB3745	10/1/2041	4.000%	92,513	98,873	87,285	
FNMA POOL AB6904	11/1/2042	3.000%	269,698	242,349	237,946	
FNMA POOL MA0949	1/1/2032	3.500%	112,347	116,446	108,326	
FNMA POOL MA1489	7/1/2043	3.000%	131,125	130,736	115,692	
FNMA POOL MA2804	11/1/2036	3.000%	377,867	398,826	348,899	
FNMA POOL MA4413	9/1/2051	2.000%	438,628	355,222	342,577	
FNMA POOL MA4054	6/1/2040	2.500%	468,392	402,049	411,066	
FNMA POOL MA4158	10/1/2050	2.000%	532,524	442,827	418,298	
FNMA POOL MA4202	12/1/2040	1.500%	309,735	253,112	247,546	
FNMA POOL MA4363	6/1/2041	1.500%	380,151	306,140	303,535	
FNMA POOL MA4548	2/1/2052	2.500%	199,008	161,849	162,488	
FNMA POOL MA4579	4/1/2052	3.000%	277,285	246,870	236,016	
FNMA POOL MA5073	7/1/2053	6.000%	474,442	475,294	477,027	
FNMA POOL AD1656	3/1/2040	4.500%	57,255	62,211	55,510	
FNMA POOL AD6432	6/1/2040	4.500%	50,216	54,351	48,685	
FNMA POOL AD8522	8/1/2040	4.000%	49,879	52,958	47,062	

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
FIRST NATIONAL MASTER NOTE TRU	5/15/2030	5.340%	175,000	174,969	176,622	
FIRSTKEY HOMES TRUST	8/17/2038	1.538%	401,897	401,895	382,563	
FIRSTKEY HOMES TRUST	7/17/2038	4.250%	223,923	209,968	221,319	
FIRSTKEY HOMES TRUST	5/19/2039	4.145%	420,806	420,788	412,343	
FLAGSHIP CREDIT AUTO TRUST	4/15/2027	5.760%	21,007	21,006	21,042	
FLEXENTIAL ISSUER, LLC	11/27/2051	3.250%	350,000	347,475	329,581	
FREDDIE MAC SCRT	5/25/2060	2.000%	310,106	320,178	243,109	
FREDDIE MAC STACR	9/25/2042	6.719%	43,875	43,875	44,291	
FREDDIE MAC STACR	10/25/2041	5.369%	5,969	5,969	5,965	
FREDDIE MAC STACR	10/25/2041	7.969%	300,000	311,489	309,696	
FREDDIE MAC STACR	11/25/2041	5.419%	39,568	39,568	39,514	
FREDDIE MAC STACR	4/25/2042	6.569%	46,756	47,110	47,353	
FREDDIE MAC STACR	5/25/2044	5.819%	93,286	93,286	93,634	
GNMA POOL 778793	1/15/2042	3.500%	135,511	140,942	124,736	
GNMA II POOL MA0154	6/20/2042	3.500%	376,463	337,758	344,704	
GNMA II POOL MA0462	10/20/2042	3.500%	379,391	330,011	346,680	
GNMA II POOL MA2678	3/20/2045	3.500%	101,759	108,079	92,476	
GNMA II POOL MA2753	4/20/2045	3.000%	69,579	71,145	61,603	
GNMA II POOL MA2754	4/20/2045	3.500%	102,794	108,078	93,384	
GNMA II POOL MA2892	6/20/2045	3.500%	100,550	104,855	91,314	
GNMA II POOL MA3663	5/20/2046	3.500%	111,124	113,700	100,591	
GNMA II POOL MA4195	1/20/2047	3.000%	191,933	196,917	168,936	
GNMA II POOL MA4588	7/20/2047	4.500%	67,604	70,139	64,941	
GNMA II POOL MA5265	6/20/2048	4.500%	230,929	234,898	221,373	
GNMA II POOL MA5765	2/20/2049	5.000%	285,031	294,587	279,820	
GNMA II POOL MA6930	10/20/2050	2.000%	453,809	394,445	363,292	
GNMA II POOL MA7472	7/20/2051	2.500%	557,672	576,420	466,052	
GNMA II POOL MA7766	12/20/2051	2.000%	420,713	382,823	336,836	
GNMA II POOL MA8571	1/20/2053	6.000%	68,111	69,340	69,050	
GENERAL MOTORS	11/15/2028	5.048%	100,000	100,000	100,123	
GENERAL MOTORS	11/15/2029	4.730%	250,000	249,932	250,146	
GNMA II POOL 004747	7/20/2040	5.000%	12,525	13,330	12,482	
GNMA II POOL 005202	10/20/2041	3.500%	68,461	72,901	62,910	
GNMA II POOL 785447	3/20/2051	2.500%	472,548	489,825	389,365	
GNMA II POOL 785558	7/20/2051	2.500%	399,413	320,092	330,742	
GNMA II POOL 785615	8/20/2051	2.500%	540,741	435,296	447,311	
GNMA II POOL 787304	3/20/2054	6.000%	247,759	255,385	254,074	
GS MORTGAGE SECURITIES TRUST	10/10/2049	2.850%	650,000	597,441	626,575	
GM FINANCIAL SECURITIZED TERM	2/16/2027	4.998%	58,804	58,804	58,826	
GM FINANCIAL SECURITIZED TERM	3/16/2027	5.330%	76,779	76,774	77,039	
GOLDENTREE LOAN MANAGEMENT US	1/20/2034	6.287%	250,000	250,000	250,421	
GREAT AMERICA LEASING RECEIVAB	9/15/2026	5.080%	86,778	86,846	86,975	

**Laborers' District Council and
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
GREYSTONE COMMERCIAL REAL ESTA	3/15/2041	6.612%	175,000	175,219	175,000	
GREYSTONE COMMERCIAL REAL ESTA	7/15/2039	5.532%	65,625	64,240	65,400	
HONDA AUTO RECEIVABLES OWNER T	4/15/2026	5.410%	24,767	24,765	24,801	
HPEFS EQUIPMENT TRUST	1/21/2031	6.040%	54,100	54,096	54,323	
HYUNDAI AUTO LEASE SECURITIZAT	3/15/2027	5.098%	100,000	100,000	100,183	
HYUNDAI AUTO LEASE SECURITIZAT	3/16/2026	5.850%	45,970	45,968	46,080	
JP MORGAN MORTGAGE TRUST	2/25/2064	5.592%	100,000	99,999	100,115	
JOHN DEERE OWNER TRUST	6/15/2026	5.590%	26,498	26,497	26,528	
MMAF EQUIPMENT FINANCE LLC	1/13/2028	3.200%	57,627	56,699	57,083	
MMAF EQUIPMENT FINANCE LLC	12/13/2029	5.540%	550,000	549,888	559,032	
MASTR ALTERNATIVE LOANS TRUST	9/25/2034	6.000%	30,837	31,415	30,145	
MILL CITY MORTGAGE TRUST	10/25/2069	3.250%	96,109	97,401	93,209	
MORGAN STANLEY BAML TRUST	10/15/2048	3.323%	27,454	28,277	27,363	
MORGAN STANLEY CAPITAL I TRUST	11/15/2049	3.049%	250,000	228,252	239,199	
MORGAN STANLEY CAPITAL I TRUST	6/15/2050	3.530%	675,000	642,215	650,750	
MORGAN STANLEY BAML TRUST	11/15/2049	3.102%	425,000	453,223	407,447	
NAVIENT STUDENT LOAN TRUST	4/15/2070	1.580%	282,585	282,159	249,461	
NELNET STUDENT LOAN TRUST	4/20/2062	1.630%	238,224	238,206	221,342	
NEW RESIDENTIAL MORTGAGE LOAN	4/25/2057	4.000%	40,363	42,039	38,567	
NEW RESIDENTIAL MORTGAGE LOAN	2/25/2057	4.000%	215,890	216,935	206,101	
NEW RESIDENTIAL MORTGAGE LOAN	3/25/2057	4.000%	46,660	48,523	44,563	
NEW RESIDENTIAL MORTGAGE LOAN	5/25/2057	4.000%	45,279	47,294	42,908	
NEW RESIDENTIAL MORTGAGE LOAN	8/27/2057	4.000%	57,719	59,667	54,812	
NEW RESIDENTIAL MORTGAGE LOAN	12/25/2057	4.000%	71,940	73,496	68,752	
NISSAN AUTO LEASE TRUST	7/15/2026	5.690%	87,142	87,343	87,438	
ONSLow BAY FINANCIAL LLC	9/25/2064	4.944%	96,214	96,214	94,867	
ONSLow BAY FINANCIAL LLC	3/25/2053	3.627%	297,553	285,114	292,637	
PFP III	9/17/2039	6.315%	243,905	243,295	244,972	
PFS FINANCING CORP.	1/15/2028	5.448%	100,000	100,000	100,344	
PFS FINANCING CORP.	7/15/2028	5.448%	100,000	100,000	100,441	
PFS FINANCING CORP.	8/15/2029	4.750%	450,000	449,954	448,957	
PLANET FITNESS MASTER ISSUER L	12/5/2049	3.858%	166,250	166,250	152,913	
PROGRESS RESIDENTIAL TRUST	10/17/2040	4.500%	675,000	658,969	661,017	
PROGRESS RESIDENTIAL TRUST	10/17/2038	1.510%	368,840	368,822	349,971	
SFS AUTO RECEIVABLES SECURITIZ	3/22/2027	5.890%	21,716	21,714	21,765	
SFS AUTO RECEIVABLES SECURITIZ	12/20/2029	5.470%	450,000	451,125	457,011	
SBNA AUTO LEASE TRUST	1/20/2026	5.450%	47,591	47,589	47,668	
SFS AUTO RECEIVABLES SECURITIZ	6/21/2027	5.350%	45,710	45,707	45,807	
SBNA AUTO LEASE TRUST	4/20/2027	6.510%	100,000	101,855	101,245	
REPUBLIC OF SOUTH AFRICA	9/30/2029	4.850%	200,000	192,110	186,190	
STARWOOD MORTGAGE RESIDENTIAL	12/25/2066	2.447%	522,714	522,705	454,119	
STORE MASTER FUNDING LLC	5/20/2054	5.700%	199,333	199,323	199,826	

**Laborers' District Council and
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EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
SYMPHONY CLO LTD	1/23/2032	6.538%	250,000	250,000	250,227	
TPG REAL ESTATE FINANCE	3/15/2038	6.896%	200,000	200,000	197,603	
TESLA ELECTRIC VEHICLE TRUST	12/21/2026	5.125%	63,488	63,488	63,516	
TIERPOINT ISSUER LLC	6/25/2053	6.000%	400,000	382,917	401,509	
TOWD POINT MORTGAGE TRUST	10/25/2057	2.750%	49,767	49,910	48,596	
TOWD POINT MORTGAGE TRUST	1/25/2058	3.000%	50,908	50,875	50,071	
TOWD POINT MORTGAGE TRUST	3/25/2058	3.750%	26,108	25,999	25,822	
TOWD POINT MORTGAGE TRUST	4/25/2060	1.636%	523,218	454,403	470,705	
TOWD POINT MORTGAGE TRUST	10/25/2059	2.900%	152,765	154,246	145,335	
TOWD POINT MORTGAGE TRUST	7/1/2062	3.750%	426,932	409,026	396,639	
TOWD POINT MORTGAGE TRUST	8/1/2062	3.750%	395,168	379,111	369,051	
TOWD POINT MORTGAGE TRUST	3/25/2064	4.707%	367,999	364,984	367,413	
TOWD POINT MORTGAGE TRUST	12/25/2064	4.709%	425,000	425,906	425,906	
TOWD POINT MORTGAGE TRUST	7/25/2065	5.153%	366,089	363,065	360,323	
TOWD POINT MORTGAGE TRUST	10/25/2064	4.480%	412,672	401,421	402,167	
TOYOTA AUTO LOAN EXTENDED NOTE	4/25/2035	3.820%	275,000	256,781	270,235	
TOYOTA AUTO RECEIVABLES OWNER	11/16/2026	5.800%	51,926	51,926	52,104	
TOYOTA LEASE OWNER TRUST	4/20/2026	5.730%	35,210	35,210	35,311	
TREASURY BILL	1/14/2025	0.010%	2,300,000	2,266,864	2,296,780	
TREASURY BILL	5/8/2025	0.010%	1,800,000	1,761,244	1,773,900	
REPUBLIC OF UZBEKISTAN	10/19/2031	3.900%	200,000	199,972	164,464	
VERIZON MASTER TRUST	12/20/2028	5.248%	100,000	100,000	100,296	
VERIZON MASTER TRUST	11/20/2030	4.620%	325,000	324,927	324,694	
VERIZON MASTER TRUST	11/20/2030	5.018%	100,000	100,000	99,945	
VERUS SECURITIZATION TRUST	11/25/2069	5.438%	200,000	200,000	199,554	
VOLKSWAGEN AUTO LEASE TRUST	1/20/2026	5.870%	30,639	30,637	30,685	
WAMU MORTGAGE PASS THROUGH CER	10/25/2034	6.000%	14,369	15,240	14,240	
WELLS FARGO COMMERCIAL MORTGAG	9/15/2048	3.789%	377,763	361,797	374,563	
WELLS FARGO COMMERCIAL MORTGAG	1/15/2060	3.631%	475,000	509,753	462,621	
WELLS FARGO COMMERCIAL MORTGAG	8/15/2052	2.643%	350,000	311,664	320,152	
WESTLAKE AUTOMOBILE RECEIVABLE	8/15/2027	4.820%	100,000	99,993	100,148	
OZLME	1/14/2032	4.934%	350,000	399,017	363,600	
CORDATUS CLO PLC	10/15/2031	3.834%	207,028	215,225	214,014	
NORTH WESTERLY CLO BV	5/15/2034	3.863%	250,000	300,950	257,363	
LAST MILE LOGISTICS PAN EURO F	8/17/2033	4.905%	98,186	115,854	100,956	
AVOCA CLO	1/12/2031	3.994%	147,403	158,972	152,528	
ARINI EUROPEAN CLO	7/15/2036	5.829%	200,000	223,956	208,365	
HARVEST CLO	10/15/2031	4.484%	250,000	268,052	258,872	
TEXAS DEBT CAPITAL EURO CLO DA	7/16/2038	6.248%	250,000	271,900	259,704	
JUBILEE CDO BV	7/15/2037	6.684%	250,000	270,600	260,609	
ARES EURO CLO	10/21/2034	5.148%	250,000	273,600	259,047	
Total asset-backed securities				75,660,654	71,359,117	

**Laborers' District Council and
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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
Equity investments:				
ABB LTD REG		36,897	726,946	1,997,833
ABBOTT LABORATORIES		2,443	284,955	276,328
ACADIA PHARMACEUTICALS INC		10,622	195,424	194,914
ACI WORLDWIDE INC		14,762	425,950	766,295
ADIDAS AG SPONSORED ADR		3,276	398,335	398,919
ADOBE INC		1,740	239,437	773,743
ADTRAN HOLDINGS INC		19,000	121,367	158,270
ADVANCE AUTO PARTS INC		6,203	397,235	293,340
ADVANCED MICRO DEVICES		5,709	595,920	689,590
ADVANSIX INC		6,567	215,876	187,094
AEGON LTD NY REG SHR		46,299	335,770	272,701
AEHR TEST SYSTEMS		1,783	25,666	29,651
AGCO CORP		2,370	221,631	221,548
AIR PRODUCTS + CHEMICALS INC		2,100	539,006	609,084
AIRBNB INC CLASS A		4,057	613,718	533,130
ALIBABA GROUP HOLDING LTD		101,128	1,528,202	1,072,734
ALIMENTATION COUCHE TARD INC		14,600	456,225	809,284
ALKERMES PLC		15,021	406,266	432,004
ALLSTATE CORP		3,605	591,629	695,008
ALNYLAM PHARMACEUTICALS INC		1,100	116,602	258,841
ALPHABET INC CL A		12,091	1,217,900	2,288,826
ALPHABET INC CL C		10,636	786,220	2,025,520
AMAZON.COM INC		24,219	2,411,207	5,313,406
AMDOCS LTD		2,258	192,292	192,246
AMEREN CORPORATION		3,524	295,600	314,129
AMERICAN ELECTRIC POWER		3,500	300,861	322,805
AMETEK INC		2,020	172,336	364,125
AMICUS THERAPEUTICS INC		18,968	233,754	178,679
AMPHENOL CORP CL A		3,800	132,408	263,910
ANALOG DEVICES INC		2,153	479,232	457,426
ANHEUSER BUSCH INBEV SPN ADR		13,800	790,877	690,966
ANHUI CONCH CEMENT CO LTD H		67,476	326,779	172,687
ANNALY CAPITAL MANAGEMENT IN		9,667	194,665	176,906
APARTMENT INVT + MGMT CO A		11,313	115,049	102,835
API GROUP CORP		7,658	249,445	275,458
APOLLO GLOBAL MANAGEMENT INC		858	68,187	141,707
APPLE INC		13,488	1,370,683	3,377,665
APPLOVIN CORP CLASS A		2,164	715,831	700,768
ARAMARK		3,607	119,469	134,577
ARCH CAPITAL GROUP LTD		23,014	332,888	2,125,343

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ARDMORE SHIPPING CORP		9,000	140,754	109,350
ARES COMMERCIAL REAL ESTATE		19,000	176,696	111,910
ARGENX SE ADR		755	325,506	464,325
ARLO TECHNOLOGIES INC		44,824	303,921	501,581
ARMSTRONG WORLD INDUSTRIES		3,061	282,546	432,611
ARTIVION INC		8,255	125,858	236,010
ASCENDIS PHARMA A/S ADR		2,543	284,177	350,095
ASSOCIATED BRITISH FOODS PLC		27,945	690,168	715,016
ASSURANT INC		701	96,035	149,467
ASTRAZENECA PLC SPONS ADR		7,531	520,240	493,431
AVANTOR INC		30,800	634,256	648,956
AXON ENTERPRISE INC		340	214,857	202,069
BAKER HUGHES CO		21,168	610,815	868,311
BANK OF AMERICA CORP		10,400	272,914	457,080
BANK OF NEW YORK MELLON CORP		14,800	624,583	1,137,084
BANK OZK		4,245	159,976	189,030
BARRY CALLEBAUT AG REG		511	762,060	678,890
BATH + BODY WORKS INC		6,544	225,950	253,711
BAXTER INTERNATIONAL INC		24,803	912,252	723,255
BEL FUSE INC CL B		2,053	139,986	169,311
BENCHMARK ELECTRONICS INC		2,436	70,377	110,594
BENTLEY SYSTEMS INC CLASS B		6,675	320,872	311,723
BERKELEY GROUP HOLDINGS/THE		7,949	476,051	388,258
BERRY CORP		28,000	189,867	115,640
BIOCRYST PHARMACEUTICALS INC		21,270	166,860	159,950
BIOMARIN PHARMACEUTICAL INC		4,100	309,820	269,493
BJ S RESTAURANTS INC		5,115	145,595	179,716
BJ S WHOLESALE CLUB HOLDINGS		4,267	319,354	381,256
BLUELINX HOLDINGS INC		1,567	133,054	160,085
BOEING CO/THE		3,311	627,144	586,047
BOOKING HOLDINGS INC		180	354,472	894,316
BRENNTAG SE		15,524	1,067,829	930,427
BRIDGEWATER BANCSHARES INC		11,200	156,263	151,312
BRIGHTHOUSE FINANCIAL INC		2,609	120,934	125,336
BRISTOL MYERS SQUIBB CO		5,300	302,674	299,768
BROADCOM INC		10,727	1,400,584	2,486,948
BROOKDALE SENIOR LIVING INC		37,800	192,551	190,134
BROWN + BROWN INC		2,380	156,716	242,808
BRUNSWICK CORP		2,130	156,256	137,768
BURLINGTON STORES INC		628	109,528	179,018
BUSINESS FIRST BANCSHARES		4,315	111,393	110,896
CADENCE DESIGN SYS INC		2,781	675,451	835,579

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CALERES INC		5,400	141,451	125,064
CAPGEMINI SE		2,810	492,568	460,178
CAPITAL ONE FINANCIAL CORP		5,700	444,228	1,016,424
CARRIER GLOBAL CORP		5,000	142,823	341,300
CELANESE CORP		5,665	445,900	392,075
CENCORA INC		3,225	475,457	724,593
CENTERPOINT ENERGY INC		3,892	104,004	123,493
CENTRAL PACIFIC FINANCIAL CO		3,514	74,664	102,082
CENTURY CASINOS INC		11,843	86,748	38,371
CEVA INC		5,075	103,889	160,116
CHARTER COMMUNICATIONS INC A		3,500	1,238,934	1,199,695
CHENIERE ENERGY INC		2,935	382,573	630,643
CIE FINANCIERE RICHEMO A REG		6,240	446,005	949,513
CINTAS CORP		2,905	298,341	530,744
CISCO SYSTEMS INC		8,300	360,126	491,360
CITY OFFICE REIT INC		27,479	202,448	151,684
CLARIVATE PLC		25,675	162,746	130,429
CLEAR CHANNEL OUTDOOR HOLDIN		110,742	206,285	151,717
CLEAR SECURE INC CLASS A		14,922	280,430	397,522
CLEARWATER PAPER CORP		6,250	192,781	186,063
CNH INDUSTRIAL NV		34,106	309,580	386,421
COGNIZANT TECH SOLUTIONS A		6,700	450,669	515,230
COHERENT CORP		3,300	195,271	312,609
COHU INC		3,900	97,211	104,130
COLLEGIUM PHARMACEUTICAL INC		4,600	116,356	131,790
COLUMBUS MCKINNON CORP/NY		6,200	206,472	230,888
COMCAST CORP CLASS A		23,000	809,222	863,190
COMMUNITY WEST BANCSHARES		8,700	173,613	168,519
COMPASS GROUP PLC		37,327	450,661	1,244,441
COMPASS GROUP PLC SPON ADR		5,443	115,812	182,830
CONCENTRA GROUP HOLDINGS W/I		15,214	229,749	300,933
CONNECTONE BANCORP INC		8,300	180,729	190,153
CONOCOPHILLIPS		3,900	235,856	386,763
CONSENSUS CLOUD SOLUTION		1,986	48,241	47,386
CONSTELLATION BRANDS INC A		548	128,606	121,108
CONSTELLATION ENERGY		569	77,326	127,291
COOPER COS INC/THE		1,440	141,703	132,379
COPART INC		3,830	142,055	219,804
COREBRIDGE FINANCIAL INC		7,063	156,396	211,396
CORNING INC		15,838	581,150	752,622
CORPAY INC		1,222	304,533	413,549
COSTAR GROUP INC		4,065	261,489	291,013

**Laborers' District Council and
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
	COSTCO WHOLESALE CORP	1,232	406,959	1,128,845
	COVENANT LOGISTICS GROUP INC	2,679	79,274	146,032
	CRA INTERNATIONAL INC	580	51,623	108,576
	CROWDSTRIKE HOLDINGS INC A	3,072	604,894	1,051,116
	CUBESMART	6,015	263,800	257,743
	CURTISS WRIGHT CORP	1,070	374,083	379,711
	CVS HEALTH CORP	20,900	1,377,575	938,201
	CYBERARK SOFTWARE LTD/ISRAEL	1,635	287,207	544,700
	DANONE	30,457	1,884,794	2,053,769
	DATADOG INC CLASS A	3,248	407,321	464,107
	DENTSPLY SIRONA INC	11,539	339,342	219,010
	DEXCOM INC	4,120	297,551	320,412
	DIAGEO PLC	13,353	400,258	424,354
*	DIAMOND HILL INVESTMENT GRP	1,110	179,838	172,161
	DIGI INTERNATIONAL INC	6,611	149,476	199,851
	DIME COMMUNITY BANCSHARES IN	6,820	187,677	209,613
	DOCUSIGN INC	3,033	173,352	272,788
	DOMINION ENERGY INC	11,451	596,260	616,751
	DONNELLEY FINANCIAL SOLUTION	9,912	283,120	621,780
	DOORDASH INC A	2,160	258,895	362,340
	DOUGLAS DYNAMICS INC	4,700	118,623	111,061
	DOXIMITY INC CLASS A	7,255	224,903	387,344
	DSM FIRMENICH AG	3,373	276,146	341,311
	DUCOMMUN INC	2,992	139,863	190,471
	DUPONT DE NEMOURS INC	2,627	216,962	200,309
	DXP ENTERPRISES INC	2,220	75,482	183,416
	DYNATRACE INC	8,210	445,302	446,214
	DYNEX CAPITAL INC	16,800	228,731	212,520
	EATON CORP PLC	1,139	366,746	378,000
	EHOSTAR CORP A	5,754	523,369	131,767
	EDENRED SA UNSP ADR	8,118	138,212	130,294
	EDWARDS LIFESCIENCES CORP	3,731	277,338	276,206
	ELANCO ANIMAL HEALTH INC	23,500	508,829	284,585
	ELASTIC NV	2,845	235,961	281,883
	ELI LILLY + CO	1,777	475,983	1,371,844
	EMCOR GROUP INC	1,345	373,595	610,496
	ENCOMPASS HEALTH CORP	2,120	134,413	195,782
	ENVIRI CORP	23,600	188,468	181,720
	EQUIFAX INC	1,345	302,303	342,773
	EQUITY RESIDENTIAL	3,700	239,947	265,512
	ESAB CORP	4,058	420,295	486,717
	ESTABLISHMENT LABS HOLDINGS	7,897	370,178	363,815

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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
ETSY INC		2,834	163,461	149,890
EURONET WORLDWIDE INC		5,055	526,763	519,856
EUROPEAN WAX CENTER INC A		16,833	147,784	112,276
EVENTBRITE INC CLASS A		23,390	193,423	78,590
EVOLUS INC		8,652	72,914	95,518
EW SCRIPPS CO/THE A		32,340	138,611	71,471
EXACT SCIENCES CORP		2,844	179,410	159,804
EXPAND ENERGY CORP		3,455	284,264	343,945
EZCORP INC CL A		13,375	113,333	163,443
FABRINET		1,595	292,177	350,709
FEDERAL AGRIC MTG CORP CL C		1,081	90,492	212,903
FEDEX CORP		4,300	840,589	1,209,719
FIDELITY NATIONAL INFO SERV		10,700	803,309	864,239
FIFTH THIRD BANCORP		7,475	227,990	316,043
FINANCIAL INSTITUTIONS INC		5,350	117,387	146,002
FIRST BANCSHARES INC/MS		4,900	156,279	171,500
FIRST CITIZENS BANC CORP		7,100	140,374	149,384
FIRST INTERNET BANCORP		4,150	124,349	149,359
FIRST MID BANCSHARES INC		5,200	191,477	191,464
FIRSTENERGY CORP		8,233	299,629	327,509
FISERV INC		10,100	1,188,346	2,074,742
FLOOR + DECOR HOLDINGS INC A		1,655	165,700	165,004
FLOWERS FOODS INC		7,675	160,885	158,566
FMC CORP		3,870	247,961	188,121
FORTINET INC		3,540	238,126	334,459
FORTIVE CORP		5,727	431,503	429,525
FOX CORP CLASS A		3,700	129,487	179,746
FOX CORP CLASS B		8,066	283,831	368,939
FRANCO NEVADA CORP		1,633	176,555	192,024
FRANKLIN COVEY CO		4,449	152,558	167,193
FREEPORT MCMORAN INC		2,284	63,351	86,975
FRESENIUS MEDICAL CARE AG		8,472	612,969	387,405
G III APPAREL GROUP LTD		2,980	94,607	97,208
GAMING AND LEISURE PROPERTIE		4,300	204,931	207,088
GAP INC/THE		9,900	210,528	233,937
GARMIN LTD		5,909	631,281	1,218,790
GARTNER INC		1,260	292,102	610,432
GE HEALTHCARE TECHNOLOGY		5,000	319,829	390,900
GENERAL ELECTRIC		7,235	699,556	1,206,726
GENTEX CORP		7,098	212,003	203,926
GERMAN AMERICAN BANCORP		4,601	160,130	185,052
GFL ENVIRONMENTAL INC SUB VT		4,275	144,553	190,409

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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
GILEAD SCIENCES INC		11,300	798,424	1,043,781
GLOBAL MEDICAL REIT INC		22,400	223,270	172,928
GLOBAL PAYMENTS INC		2,308	248,133	258,634
GODADDY INC CLASS A		1,163	143,658	229,541
GOLDEN ENTERTAINMENT INC		4,700	143,748	148,520
GOLDMAN SACHS GROUP INC		1,699	371,025	972,881
GREAT LAKES DREDGE + DOCK CO		15,500	146,859	174,995
GROUPE BRUXELLES LAMBERT NV		6,333	535,966	433,144
GRUMA S.A.B. B		8,105	93,052	127,036
GSK PLC SPON ADR		23,180	863,805	783,948
GXO LOGISTICS INC		1,397	29,044	60,770
HALEON PLC ADR		60,400	448,204	576,216
HANOVER INSURANCE GROUP INC/		1,174	146,942	181,571
HARBORONE BANCORP INC		12,900	142,082	152,607
HARMONIC INC		10,787	97,391	142,712
HCI GROUP INC		1,345	91,361	156,733
HEALTHSTREAM INC		6,124	156,991	194,743
HERITAGE COMMERCE CORP		20,000	200,888	187,600
HERITAGE INSURANCE HOLDINGS		14,000	136,033	169,400
HEXCEL CORP		2,087	131,339	130,855
HILTON WORLDWIDE HOLDINGS IN		1,637	357,068	404,601
HOLCIM LTD		11,196	560,138	1,079,264
HOME DEPOT INC		2,156	438,525	838,662
HONDA MOTOR CO LTD SPONS ADR		7,700	229,548	219,835
HONEST CO INC/THE		20,347	75,122	141,005
HORACE MANN EDUCATORS		1,907	70,099	74,812
HP INC		11,600	235,242	378,508
HSBC BANK PLC		44,118	846,921	871,331
HUBSPOT INC		1,345	632,791	937,156
HUMANA INC		3,662	1,095,056	929,086
I3 VERTICALS INC CLASS A		7,655	177,047	176,371
IBEX LTD		8,750	159,437	188,038
ICHOR HOLDINGS LTD		5,915	174,050	190,581
IDEXX LABORATORIES INC		1,170	488,459	483,725
IMAX CORP		7,896	146,193	202,138
INCYTE CORP		4,400	342,963	303,908
INDEPENDENT BANK CORP MICH		4,732	104,994	164,816
INGEVITY CORP		4,209	338,882	171,517
INSMED INC		1,378	33,691	95,137
INSPIRE MEDICAL SYSTEMS INC		1,470	281,620	272,509
INSTEEL INDUSTRIES INC		4,900	144,901	132,349
INTERACTIVE BROKERS GRO CL A		1,740	147,901	307,406

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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
INTERFACE INC		9,000	130,605	219,150
INTERNATIONAL PAPER CO		6,727	303,778	362,047
INTL FLAVORS + FRAGRANCES		7,500	588,348	634,125
INTRA CELLULAR THERAPIES INC		1,795	156,304	149,918
INTUITIVE SURGICAL INC		1,143	310,771	596,600
IOVANCE BIOTHERAPEUTICS INC		17,982	249,315	133,067
ITURAN LOCATION AND CONTROL		2,221	54,233	69,184
JACK IN THE BOX INC		2,669	136,525	111,137
JFROG LTD		9,790	282,383	287,924
JOHNSON CONTROLS INTERNATION		21,000	1,049,718	1,657,530
KBR INC		3,493	227,715	202,349
KELLY SERVICES INC A		5,011	101,557	69,853
KENVUE INC		22,445	470,630	479,201
KEYCORP		8,186	138,330	140,308
KEYSIGHT TECHNOLOGIES IN		5,247	814,323	842,826
KIMBALL ELECTRONICS INC		9,450	200,763	176,999
KINDER MORGAN INC		7,822	161,175	214,323
KINIKSA PHARMACEUTICALS INTE		6,110	105,373	120,856
KONINKLIJKE PHILIPS NV		66,169	1,410,917	1,671,839
KOPPERS HOLDINGS INC		4,800	154,807	155,520
L3HARRIS TECHNOLOGIES INC		1,483	312,820	311,845
LAMB WESTON HOLDINGS INC		2,420	151,436	161,729
LATHAM GROUP INC		24,500	101,212	170,520
LATTICE SEMICONDUCTOR CORP		5,580	315,990	316,107
LCI INDUSTRIES		1,690	109,806	174,729
LIGAND PHARMACEUTICALS		2,706	148,973	289,948
LINDBLAD EXPEDITIONS HOLDING		15,310	160,011	181,577
LINEAGE INC		1,799	136,068	105,367
LIQUIDITY SERVICES INC		5,000	95,551	161,450
LKQ CORP		6,685	250,143	245,674
LLOYDS BANKING GROUP PLC		1,364,779	944,788	936,327
LOAR HOLDINGS INC		3,415	290,275	252,403
LPL FINANCIAL HOLDINGS INC		500	119,713	163,255
LYONDELLBASELL INDU CL A		5,200	414,586	386,204
MAGNITE INC		8,200	77,341	130,544
MAIN STREET CAPITAL CORP		3,171	129,754	185,757
MARCUS CORPORATION		12,100	225,909	260,150
MARINEMAX INC		4,900	150,462	141,855
MARQETA INC A		17,201	68,802	65,192
MARRIOTT INTERNATIONAL CL A		1,119	233,545	312,134
MARTIN MARIETTA MATERIALS		540	192,785	278,910
MARVELL TECHNOLOGY INC		3,175	195,605	350,679

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EIN: 31-6129964, Plan No. 001
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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
MASTERCARD INC A		2,572	568,122	1,354,338
MASTERCRAFT BOAT HOLDINGS IN		5,080	124,766	96,876
MATRIX SERVICE CO		11,135	152,304	133,286
MAXIMUS INC		2,925	151,522	218,351
MEDPACE HOLDINGS INC		1,623	224,207	539,209
MEDTRONIC PLC		2,400	214,677	191,712
MERCADOLIBRE INC		386	568,878	656,370
MERCANTILE BANK CORP		2,700	93,271	120,123
META PLATFORMS INC CLASS A		6,475	2,146,691	3,791,177
METALLUS INC		9,700	163,708	137,061
METLIFE INC		18,500	946,271	1,514,780
MICROSOFT CORP		10,190	1,678,619	4,295,085
MIDDLEBY CORP		1,157	163,956	156,716
MIMEDX GROUP INC		19,634	134,594	188,879
MKS INSTRUMENTS INC		2,553	230,795	266,508
MOLSON COORS BEVERAGE CO B		5,000	275,026	286,600
MONOLITHIC POWER SYSTEMS INC		810	378,076	479,277
MOODY S CORP		1,262	450,621	597,393
MOONLAKE IMMUNOTHERAPEUTICS		1,725	85,526	93,409
MORNINGSTAR INC		577	136,676	194,311
MOTORCAR PARTS OF AMERICA IN		16,972	182,603	128,987
NATIONAL VISION HOLDINGS INC		9,900	137,698	103,158
NAVER CORP		3,062	400,216	413,702
NETFLIX INC		2,332	1,010,629	2,078,558
NETSTREIT CORP		15,000	259,749	212,250
NEUROCRINE BIOSCIENCES INC		2,829	273,547	386,159
NEWS CORP CLASS A		11,370	209,357	313,130
NEWS CORP CLASS B		1,996	43,417	60,738
NEXPOINT RESIDENTIAL		3,340	127,815	139,445
NICE LTD SPON ADR		1,850	363,287	314,204
NINTENDO CO LTD		2,900	132,291	170,944
NLIGHT INC		16,200	213,262	169,938
NOKIA CORP SPON ADR		110,177	466,532	488,084
NOKIA OYJ		64,238	252,786	284,333
NORFOLK SOUTHERN CORP		5,122	1,116,179	1,202,133
NORWEGIAN CRUISE LINE HOLDIN		2,443	48,381	62,858
NOVARTIS AG REG		16,799	1,179,351	1,644,217
NOVARTIS AG SPONSORED ADR		4,400	339,013	428,164
NOVO NORDISK A/S SPONS ADR		7,644	490,873	657,537
NVIDIA CORP		36,377	1,076,221	4,885,067
O REILLY AUTOMOTIVE INC		837	697,421	992,515
OCCIDENTAL PETROLEUM CORP		25,950	898,931	1,198,029

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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
OKLO INC		4,895	98,118	103,921
OMNIAB INC		25,261	107,154	89,424
ONEMAIN HOLDINGS INC		2,692	107,108	140,334
ONESPAN INC		9,034	123,814	167,490
ONESTREAM INC		7,982	216,586	227,647
OPEN LENDING CORP		11,611	121,888	69,318
OPTINOSE INC		408	101,107	2,725
ORIGIN BANCORP INC		6,600	213,529	219,714
ORTHOFIX MEDICAL INC		10,450	159,938	182,457
P G + E CORP		17,092	285,210	344,917
PACIRA BIOSCIENCES INC		2,831	120,685	53,336
PALO ALTO NETWORKS INC		1,898	311,646	345,360
PANGAEA LOGISTICS SOLUTIONS		20,000	138,459	107,200
PARK AEROSPACE CORP		8,700	118,975	127,455
PARK OHIO HOLDINGS CORP		3,800	98,176	99,826
PDF SOLUTIONS INC		4,600	107,254	124,568
PEAPACK GLADSTONE FINL CORP		5,567	163,878	178,422
PEARSON PLC		42,037	458,416	674,936
PEOPLES BANCORP INC		6,200	180,380	196,478
PERFORMANCE FOOD GROUP CO		2,400	207,809	202,920
PERMIAN RESOURCES CORP		32,745	504,757	470,873
PERRIGO CO PLC		7,185	190,847	184,726
PINTEREST INC CLASS A		17,420	509,179	505,180
PLUXEE NV		16,589	544,490	321,502
PLYMOUTH INDUSTRIAL REIT INC		10,350	202,123	184,230
POOL CORP		1,541	388,907	525,389
POPULAR INC		2,935	188,296	276,066
PORTILLO S INC CL A		13,600	160,534	127,840
POTBELLY CORP		16,065	105,404	151,332
PREMIER FINANCIAL CORP		7,260	162,910	185,638
PRESTIGE CONSUMER HEALTHCARE		7,740	282,678	604,417
PRIMIS FINANCIAL CORP		14,000	173,624	163,240
PROGRESSIVE CORP		2,345	511,321	561,885
PROPETRO HOLDING CORP		17,955	133,652	167,520
PUBMATIC INC CLASS A		8,200	124,873	120,458
PULTEGROUP INC		926	122,650	100,841
PUMA SE UNSPONSORED ADR		51,352	227,436	232,625
QCR HOLDINGS INC		2,260	123,776	182,246
QUANEX BUILDING PRODUCTS		7,000	175,322	169,680
RADIUS RECYCLING INC		8,900	215,061	135,458
RADWARE LTD		8,495	205,522	191,392
RALPH LAUREN CORP		809	95,406	186,863

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
RAMACO RESOURCES INC A		9,600	114,497	98,496
RAMBUS INC		2,442	121,906	129,084
RAYONIER INC		6,760	202,261	176,436
RB GLOBAL INC		2,579	145,170	232,652
RBC BEARINGS INC		284	77,992	84,956
REGAL REXNORD CORP		2,776	457,380	430,641
REGENCY CENTERS CORP		3,570	221,236	263,930
REGENERON PHARMACEUTICALS		600	373,490	427,398
RELX PLC		28,438	364,468	1,292,496
RENAISSANCERE HOLDINGS LTD		2,222	403,982	552,856
REPLIGEN CORP		1,580	245,958	227,425
REPOSITRAK INC		1,360	21,499	30,097
REVANCE THERAPEUTICS INC		8,101	97,573	24,627
REXFORD INDUSTRIAL REALTY IN		5,986	312,410	231,419
RIBBON COMMUNICATIONS INC		52,772	170,233	219,532
RILEY EXPLORATION PERMIAN IN		4,450	125,019	142,044
ROBINHOOD MARKETS INC A		11,555	380,374	430,539
ROCHE HOLDINGS LTD SPONS ADR		10,300	396,618	359,264
ROCKWELL AUTOMATION INC		1,185	321,803	338,661
ROSS STORES INC		3,495	365,563	528,689
RPM INTERNATIONAL INC		2,075	189,872	255,350
RTX CORP		15,400	1,212,795	1,782,088
RUBRIK INC A		13,469	933,126	880,334
RYANAIR HOLDINGS PLC		1,194	15,988	23,572
SAFRAN SA		5,628	626,521	1,236,075
SAIA INC		1,349	552,506	614,780
SALESFORCE INC		2,701	352,668	903,025
SAMSARA INC CL A		4,345	133,693	189,833
SAMSUNG C+T CORP		2,070	230,524	161,421
SAMSUNG ELECTRONICS CO LTD		45,733	1,709,647	1,652,682
SAMSUNG ELECTRONICS PREF		7,077	191,838	212,481
SANOFI ADR		27,000	1,280,305	1,302,210
SBA COMMUNICATIONS CORP		2,325	495,381	473,835
SCHWAB (CHARLES) CORP		28,000	1,245,792	2,072,280
SELECT MEDICAL HOLDINGS CORP		14,892	183,887	280,714
SENSATA TECHNOLOGIES HOLDING		19,803	909,179	542,602
SERVICENOW INC		855	504,109	906,403
SERVICETITAN INC A		3,287	301,387	338,134
SEVEN + I HOLDINGS CO LTD		30,289	381,762	479,312
SHIFT4 PAYMENTS INC CLASS A		3,190	297,499	331,058
SHUTTERSTOCK INC		3,741	164,049	113,539
SITEONE LANDSCAPE SUPPLY INC		564	80,216	74,318

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
	SKYWATER TECHNOLOGY INC	7,800	60,515	107,640
	SLEEP NUMBER CORP	1,927	179,811	29,367
	SMARTFINANCIAL INC	5,450	140,034	168,841
	SNOWFLAKE INC CLASS A	2,770	576,293	427,716
	SODEXO	577	36,539	47,530
	SODEXO S.A. ACT.PORT.	1,846	486,100	152,062
	SODEXO SA	3,204	200,626	263,926
	SOLARIS ENERGY INFRASTRUCTUR	7,013	74,976	201,834
	SOLARWINDS CORP	1,640	30,313	23,370
	SOUTH BOW CORP	3,312	77,295	78,114
	SOUTHERN MISSOURI BANCORP	2,942	145,813	168,783
	SOUTHWEST AIRLINES CO	10,148	320,831	341,176
	SS+C TECHNOLOGIES HOLDINGS	2,988	182,908	226,431
	STANDARDAERO INC	2,923	74,406	72,373
	STANLEY BLACK + DECKER INC	3,615	328,349	290,248
*	STATE STREET CORP	2,700	191,743	265,005
	STEPSTONE GROUP INC CLASS A	1,877	77,724	108,641
	STEVANATO GROUP SPA	11,909	299,684	259,497
	STRIDE INC	7,716	187,711	801,924
	SUMMIT MATERIALS INC CL A	4,857	151,465	245,764
	SUN COMMUNITIES INC	6,154	783,274	756,757
	SUNCOKE ENERGY INC	9,500	85,966	101,650
	SUNCOR ENERGY INC	30,578	826,854	1,090,934
	SUPERNUS PHARMACEUTICALS INC	4,633	79,444	167,529
	T MOBILE US INC	3,300	429,397	728,409
	TAKE TWO INTERACTIVE SOFTWARE	1,125	148,703	207,090
	TE CONNECTIVITY PLC	5,436	539,124	777,185
	TECHNIPFMC PLC	6,720	79,054	194,477
	TECHTARGET INC	1,670	88,206	33,099
	TELEFONICA BRASIL ADR	22,693	275,606	171,332
	TERADYNE INC	4,295	447,076	540,826
	TESLA INC	4,212	451,727	1,700,974
	TEXTRON INC	2,113	109,854	161,623
	THE CIGNA GROUP	2,800	609,677	773,192
	THERMON GROUP HOLDINGS INC	6,650	181,322	191,321
	TIDEWATER INC	2,110	72,381	115,438
	TITAN MACHINERY INC	8,600	161,394	121,518
	TJX COMPANIES INC	3,466	257,359	418,727
	TKO GROUP HOLDINGS INC	5,669	337,210	805,622
	TORO CO	2,683	231,867	214,908
	TPG INC	10,245	374,325	643,796
	TRACTOR SUPPLY COMPANY	7,150	350,279	379,379

**Laborers' District Council and
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
TRADE DESK INC/THE CLASS A		6,039	399,658	709,764
TRIMBLE INC		4,340	305,707	306,664
TTM TECHNOLOGIES		5,400	86,667	133,650
TYLER TECHNOLOGIES INC		650	293,353	374,816
TYSON FOODS INC CL A		4,639	265,889	266,464
UBER TECHNOLOGIES INC		10,031	503,239	605,070
* UBS GROUP AG REG		58,484	1,067,635	1,787,468
ULTA BEAUTY INC		309	119,249	134,393
UNILEVER PLC		35,496	1,803,627	2,021,822
UNITED STATES STEEL CORP		3,330	125,751	113,187
UNITEDHEALTH GROUP INC		1,250	317,085	632,325
UNITIL CORP		2,603	131,563	141,057
UNIVERSAL ELECTRONICS INC		9,100	166,440	100,100
UNIVERSAL MUSIC GROUP NV		20,827	517,576	533,120
UNIVEST CORP OF PENNSYLVANIA		4,315	103,824	127,336
VAIL RESORTS INC		926	70,648	173,579
VEEVA SYSTEMS INC CLASS A		2,615	488,779	549,804
VERISK ANALYTICS INC		2,345	431,031	645,883
VERONA PHARMA PLC ADR		8,950	135,540	415,638
VERRA MOBILITY CORP		5,338	109,097	129,073
VERTEX PHARMACEUTICALS INC		1,880	718,253	757,076
VERTIV HOLDINGS CO A		3,459	380,815	392,977
VF CORP		21,412	348,194	459,502
VIATRIS INC		13,187	138,825	164,178
VIPER ENERGY INC		2,838	125,421	139,261
VISA INC CLASS A SHARES		4,642	656,743	1,467,058
VISHAY PRECISION GROUP		5,200	142,133	122,044
VITAL ENERGY INC		4,300	168,043	132,956
VORNADO REALTY TRUST		4,885	169,339	205,365
VOYA FINANCIAL INC		2,374	176,487	163,402
VSE CORP		1,590	83,090	151,209
WALMART INC		11,034	904,769	996,922
WALT DISNEY CO/THE		8,269	889,196	920,753
WASHINGTON TRUST BANCORP		4,300	166,338	134,805
WASTE CONNECTIONS INC		2,610	302,769	447,824
WATSCO INC		550	179,516	260,640
WEBSTER FINANCIAL CORP		8,060	450,024	445,073
WELLS FARGO + CO		23,700	907,811	1,664,688
WESTERN ALLIANCE BANCORP		2,690	154,120	224,723
WESTERN DIGITAL CORP		5,040	249,980	300,535
WESTERN UNION CO		25,749	315,073	272,939
WEX INC		2,279	410,310	399,554

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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
WEYERHAEUSER CO		8,944	258,093	251,774
WILLDAN GROUP INC		4,760	174,881	181,308
WILLIAMS COS INC		10,865	229,721	588,014
WILLIS TOWERS WATSON PLC		3,702	822,955	1,159,614
WILLSCOT HOLDINGS CORP		4,328	172,168	144,771
WIX.COM LTD		1,392	98,512	298,653
WNS HOLDINGS LTD		12,908	588,404	611,709
WOLFSPEED INC		11,515	132,440	76,689
WOLVERINE WORLD WIDE INC		7,076	76,910	157,086
WYNDHAM HOTELS + RESORTS INC		1,340	138,204	135,058
XPO INC		3,858	100,352	505,976
ZEBRA TECHNOLOGIES CORP CL A		627	180,286	242,159
ZIFF DAVIS INC		6,645	360,080	361,088
ZIMMER BIOMET HOLDINGS INC		10,125	1,146,639	1,069,503
ZUMIEZ INC		5,437	119,868	104,226
Total equity investments			171,947,196	228,420,645
Private equity limited partnerships:				
ACCOMPLICE FORTUITY POOL, L.P.			3,200,000	5,541,500
ACCOMPLICE FUND I, L.P.			2,956,800	15,755,941
ACCOMPLICE FUND II, L.P.			-	12,601,452
ACCOMPLICE FUND III, L.P.			4,500,000	5,974,551
ACCOMPLICE FUND IV, L.P.			4,464,000	4,502,747
ACTIS EMERGING MARKETS 3, L.P.			603,723	46,041
ACTIS ENERGY 3			-	291,623
ACTIS ENERGY 4			-	543,066
ACTIS ENERGY 5			2,800,018	2,457,275
AEW ESSENTIAL HOUSING			5,434,128	5,720,255
AEW PARTNERS VI, L.P.			-	91,012
ALINDA INFRASTRUCTURE FUND II, L.P.			-	3,101
ALTARIS CONSTELLATION PARTNERS IV, L.P.			518,749	2,510,554
ALTARIS HEALTH PARTNERS IV, L.P.			-	6,749,853
ARA CORE PROPERTY FUND, L.P.			26,463,726	66,514,250
ARA FUND I, L.P.			3,719,466	5,689,593
ARA FUND II, L.P.			5,049,771	5,726,549
ARA FUND III, L.P.			756,146	642,836
ARA INFRASTRUCTURE FUND I			570,625	426,337
ARES ENERGY INVESTORS FUND V, L.P.			423,426	4,289,070
ARES PATHFINDER FUND II			1,451,222	1,716,149
ARES SPECIALTY HEALTHCARE FUND			-	93,026
ARTEMIS REAL ESTATE PARTNERS FUND III, L.P.			2,655,408	6,426,736
ATLAS CAPITAL INVESTORS V, L.P.			8,393,992	7,191,725

**Laborers' District Council and
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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
ATLAS CAPITAL INVESTORS VI		4,620,279	5,437,690	
ATLAS VENTURE FUND IX, L.P.		-	7,474,897	
ATLAS VENTURE FUND VIII, L.P.		-	11,763,774	
ATLAS VENTURE FUND X, L.P.		-	5,113,264	
ATLAS VENTURE FUND XI, L.P.		1,811,841	8,916,507	
ATLAS VENTURE FUND XII, L.P.		2,695,635	3,797,037	
ATLAS VENTURE FUND XIII		1,438,623	2,064,718	
ATLAS VENTURE OPPORTUNITY FUND I, L.P.		1,397,281	2,188,328	
ATLAS VENTURE OPPORTUNITY FUND II		923,391	2,358,290	
AUDAX MEZZANINE FUND III, L.P.		-	227,268	
AUDAX PRIVATE EQUITY FUND IV, L.P.		-	3,666,107	
AUGUST EQUITY PARTNERS V, L.P.		6,336,820	8,815,192	
BAIN CAPITAL MIDDLE MARKET CREDIT 2014, L.P.		-	594,981	
BASALT INFRASTRUCTURE PARTNERS II		1,925,128	4,657,113	
BASALT INFRASTRUCTURE PARTNERS III		4,412,913	5,312,022	
BASALT INFRASTRUCTURE PARTNERS IV		3,571,405	3,686,856	
BCP ENERGY SERVICES FUND, L.P.		-	2,412,753	
BCP FUND II, L.P.		3,569,278	6,692,948	
BERKELEY PARTNERS CREDIT ENHANCED SIDECAR VI, L.P.		142,910	126,658	
BERKELEY PARTNERS FUND V, L.P.		5,525,466	7,526,338	
BERKELEY PARTNERS VALUE INDUSTRIAL FUND VI, L.P.		2,002,593	2,038,748	
BERKSHIRE VALUE FUND V, L.P.		4,315,433	3,515,705	
BLACKROCK GLOBAL INFRASTRUCTURE FUND IV		3,191,180	3,547,100	
BLACKROCK GLOBAL RENEWABLE POWER INFRASTRUCTURE FUND III, L.P.		5,666,957	4,649,460	
BLACKROCK GLOBAL RENEWABLE POWER INFRASTRUCTURE FUND IV, L.P.		2,938,600	2,753,605	
BLUE OWL ASSET INCOME FUND EVERGREEN, LP		4,724,044	5,423,808	
BLUE OWL DIGITAL INFRASTRUCTURE FUND II LP		9,175,306	12,547,252	
BLUE OWL DIGITAL INFRASTRUCTURE FUND III LP		4,307,825	3,887,177	
BP NATURAL GAS OPPORTUNITY PARTNERS II, L.P.		281,335	1,927,362	
BVF-V JOURNEY CO-INVESTMENT, L.P.		4,000,000	2,657,734	
CAPITAL INTERNATIONAL PRIVATE EQUITY FUND V, L.P.		642,869	(8)	
CBRE U.S. LOGISTICS PARTNERS, L.P.		5,500,000	5,559,933	
CENTERBRIDGE PARTNERS REAL ESTATE FUND II, L.P.		3,354,553	3,365,041	
CENTERBRIDGE PARTNERS REAL ESTATE FUND, L.P.		2,170,809	7,458,559	
CERBERUS GLOBAL NPL FUND, L.P.		2,543,775	4,434,255	
CHARLESBANK EQUITY FUND IX, L.P.		4,474,247	8,324,947	
CHARLESBANK EQUITY FUND VI, L.P.		-	339,385	
CHARLESBANK EQUITY FUND VII, L.P.		-	17,149	
CHARLESBANK EQUITY FUND VIII, L.P.		-	4,036,205	
CHARLESBANK EQUITY FUND X, L.P.		5,284,281	7,267,748	
CHEQUERS CAPITAL XVI, FCPR		-	489,298	
CHEQUERS CAPITAL XVII, FCPR		583,302	3,935,562	

**Laborers' District Council and
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
	CITIC CAPITAL CHINA PARTNERS III, L.P.	1,163,562	1,669,371	
	CLEARWATER CAPITAL PARTNERS FUND III, L.P.	-	637,911	
	CLIMATE ADAPTIVE INFRASTRUCTURE FUND I	4,023,224	5,244,122	
	CUSTOM CO-INVESTMENT FUND 2022	6,740,938	7,849,382	
	DAVIDSON KEMPNER LONG-TERM DISTRESSED OPPORTUNITIES FUND V, L.P.	3,860,205	5,761,403	
	DBAG FUND VI	-	500,839	
	DBAG FUND VII	5,499,976	7,823,004	
	DIVCOWEST FUND IV, L.P.	-	389,224	
	DIVCOWEST FUND V, L.P.	6,891,328	4,104,603	
	DIVCOWEST FUND VI, L.P.	5,630,972	3,917,442	
	DRA GROWTH AND INCOME FUND IX, LLC	-	2,952,880	
	DRA GROWTH AND INCOME FUND VIII, LLC	1,569,919	449,615	
	DRA GROWTH AND INCOME FUND X, LLC	6,181,457	8,453,605	
	DRA GROWTH AND INCOME MASTER FUND XI, LLC	2,692,982	2,410,287	
	EIF OREGON, LLC	5,363,248	12,264,211	
	EIF UNITED STATES POWER FUND IV, L.P.	1,827,293	2,674,862	
	ENCAP ENERGY CAPITAL FUND IX, L.P.	-	945,676	
	ENCAP ENERGY CAPITAL FUND VIII, L.P.	1,948,699	2,368,375	
	ENCAP ENERGY CAPITAL FUND XI, L.P.	-	3,606,103	
	ENCAP ENERGY CAPITAL FUND XII	724,244	1,106,348	
	ENERGY & MINERALS GROUP FUND III, L.P.	3,367,288	1,841,423	
	ENERGY CAPITAL PARTNERS III, L.P.	-	2,905,206	
	ENERGY CAPITAL PARTNERS IV, L.P.	4,074,833	7,728,821	
	ENERGY TRUST PARTNERS V, L.P.	-	866,241	
	ENERGY VENTURES FUND IV, L.P.	2,352,716	726,857	
	EUROPEAN REAL ESTATE DEBT FUND II	841,958	74,681	
	EXETER INDUSTRIAL VALUE FUND IV, L.P.	-	1,017,213	
	EXETER INDUSTRIAL VALUE FUND V, L.P.	8,400,776	13,300,542	
	EXETER OFFICE VALUE FUND, L.P.	7,558,904	931,160	
	FELICIS VENTURES IX, L.P.	1,350,000	1,596,249	
	FLAGSHIP PIONEERING FUND VIII, L.P.	297,500	249,014	
	FOCUS SENIOR HOUSING FUND II, L.P.	3,801,151	3,800,485	
	FOUNDATION CAPITAL 10	3,142,547	3,326,841	
	FOUNDATION CAPITAL LEADERSHIP FUND III, L.P.	2,231,830	2,521,499	
	FOUNDATION CAPITAL XI, L.P.	216,147	196,822	
	FOURTH CINVEN FUND, THE	-	6,267	
	FPA APARTMENT OPPORTUNITY FUND VI, L.P.	-	2,858,568	
	FPA APARTMENT OPPORTUNITY FUND VII, L.P.	8,814,855	10,668,594	
	FPA APARTMENT OPPORTUNITY FUND VIII, L.P.	8,940,000	8,773,561	
	FS EQUITY PARTNERS VIII, L.P.	6,604,783	10,506,042	
	GAMUT INVESTMENT FUND I, L.P.	6,071,574	7,698,740	
	GAUGE CAPITAL FUND IV	488,247	336,747	

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GEM REALTY FUND V, L.P.		1,212,651	1,689,186	
GEM REALTY FUND VI, L.P.		1,552,898	4,681,540	
GILDE BUY-OUT FUND IV, L.P.		-	249,966	
GLOBAL INFRASTRUCTURE PARTNERS II, L.P.		-	1,296,926	
GLOBAL INFRASTRUCTURE PARTNERS III, L.P.		756,333	4,151,872	
GLOBAL INFRASTRUCTURE PARTNERS IV, L.P.		5,889,659	7,283,360	
GLOBAL INFRASTRUCTURE PARTNERS V		788,789	831,657	
GLOBAL INFRASTRUCTURE PARTNERS, L.P.		-	25,811	
GLOBAL TIMBER INVESTORS 9		2,413,337	6,522,694	
GRAIN COMMUNICATIONS OPPORTUNITY FUND II, L.P.		6,734,291	10,550,203	
GRAIN COMMUNICATIONS OPPORTUNITY FUND III, L.P.		4,732,127	4,122,049	
GRAIN COMMUNICATIONS OPPORTUNITY FUND IV-A, L.P.		2,835,064	2,556,890	
GREENBRIAR EQUITY FUND VI, L.P.		1,419,475	1,548,338	
GSO CAPITAL SOLUTIONS FUND III, L.P.		357,146	1,467,962	
GTIS BRAZIL REAL ESTATE FUND II, L.P.		4,835,912	1,480,228	
GTIS BRAZIL REAL ESTATE FUND, L.P.		3,152,169	1,217,494	
H.I.G. BAYSIDE LOAN OPPORTUNITY FUND III (EUROPE), L.P.		-	572,283	
H.I.G. MIDDLE MARKET LBO FUND II, L.P.		-	2,244,251	
HAMMES INCOME AND GROWTH HEALTHCARE FUND		5,500,000	6,433,654	
HANCOCK CAPITAL PARTNERS V, L.P.		-	177,469	
HARRISON STREET REAL ESTATE PARTNERS V, L.P.		-	3,401,140	
HIDDEN HARBOR CAPITAL PARTNERS II, L.P.		2,394,084	5,729,487	
HIDDEN HARBOR CAPITAL PARTNERS III, L.P.		-	(19,744)	
HITECVISION VI, L.P.		-	1,401,463	
HOMESTEAD CAPITAL USA FARMLAND FUND I, L.P.		1,240,585	2,098,044	
HOMESTEAD CAPITAL USA FARMLAND FUND II, L.P.		3,565,736	4,373,404	
HOMESTEAD CAPITAL USA FARMLAND FUND III, L.P.		4,312,888	4,621,505	
HONY CAPITAL FUND V, L.P.		1,437,419	859,674	
ICG-LONGBOW UK REAL ESTATE DEBT INVESTMENTS III SARL		-	323	
IFM GLOBAL INFRASTRUCTURE (U.S.), L.P.		7,854,601	19,832,696	
INFRACAPITAL PARTNERS II, L.P.		-	194,759	
INSIGHT VENTURE PARTNERS IX, L.P.		-	17,797,519	
INSTITUTIONAL VENTURE PARTNERS XIII, L.P.		-	151,428	
ISQ GLOBAL INFRASTRUCTURE FUND (USTE), L.P.		170,108	5,831,158	
ISQ GLOBAL INFRASTRUCTURE FUND II (USTE), L.P.		4,012,064	7,641,843	
ISQ GLOBAL INFRASTRUCTURE FUND III (USTE), L.P.		3,021,928	3,682,864	
JLC INFRASTRUCTURE FUND I, L.P.		4,804,623	6,307,198	
JLC INFRASTRUCTURE FUND II		2,250,013	1,988,321	
JLL PARTNERS FUND V, L.P.		-	1,088,996	
JLL PARTNERS FUND VI, L.P.		-	131,165	
JMI EQUITY FUND X, L.P.		4,690,764	6,611,153	
JMI EQUITY FUND XI, L.P.		1,985,000	2,265,453	

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K4 PRIVATE INVESTORS, L.P.		2,454,060	9,288,416	
K5 PRIVATE INVESTORS, L.P.		5,205,132	7,044,785	
KEROGEN ENERGY FUND II, L.P.		726,590	1,711,016	
KEROGEN PANDION CO-INVESTMENT FUND, L.P.		2,690,329	4,287,320	
KHOSLA VENTURES III, L.P.		-	142,645	
KHOSLA VENTURES IV, L.P.		-	4,197,799	
KHOSLA VENTURES SEED B, L.P.		-	857,376	
KHOSLA VENTURES SEED C, L.P.		-	7,953,023	
KHOSLA VENTURES SEED, L.P.		712,734	1,129,521	
KHOSLA VENTURES V, L.P.		-	16,215,110	
KHOSLA VENTURES VI, L.P.		3,465,000	9,541,240	
KIMMERIDGE ENERGY FUND V, L.P.		-	3,776,751	
KIMMERIDGE FUND VI, L.P.		5,953,293	5,730,041	
KINTERRA BATTERY METALS MINING FUND, L.P.		2,076,254	2,469,433	
KPS SPECIAL SITUATIONS FUND IV, L.P.		-	2,349,575	
KPS SPECIAL SITUATIONS FUND V, L.P.		3,231,257	5,938,016	
KPS SPECIAL SITUATIONS FUND VI		701,781	685,731	
KSL CAPITAL PARTNERS III, L.P.		-	962,516	
KSL CAPITAL PARTNERS IV, L.P.		2,105,080	9,610,825	
LINDEN CAPITAL PARTNERS III, L.P.		-	5,176,591	
LINDEN CAPITAL PARTNERS IV, L.P.		-	9,266,264	
LINDEN CAPITAL PARTNERS V, L.P.		4,509,063	5,206,299	
LS POWER EQUITY PARTNERS V		174,715	608,567	
MBK PARTNERS FUND III, L.P.		-	604,073	
MBK PARTNERS FUND IV, L.P.		2,428,138	4,072,671	
MERIT ENERGY PARTNERS H, L.P.		3,343,973	2,435,036	
MERIT ENERGY PARTNERS I, L.P.		1,036,235	3,552,191	
MESA WEST REAL ESTATE INCOME FUND IV, L.P.		3,707,958	3,471,949	
MSOUTH EQUITY PARTNERS III, L.P.		-	1,121,355	
NEWSTONE CAPITAL PARTNERS III, L.P.		-	798,339	
NORTHSTAR MEZZANINE PARTNERS V, L.P.		-	13,007	
NORTHSTAR MEZZANINE PARTNERS VI, L.P.		-	430,449	
OAKLEY CAPITAL FUND V		2,559,213	2,781,572	
OAKTREE OPPORTUNITIES FUND VIII, L.P.		-	10,123	
OAKTREE OPPORTUNITIES FUND VIII B, L.P.		-	177,930	
OAKTREE OPPORTUNITIES FUND XB, L.P.		2,487,355	4,990,605	
OHA TACTICAL INVESTMENT FUND, L.P.		4,232,166	5,280,403	
ONCAP III, L.P.		-	332,445	
ONCAP IV, L.P.		1,925,337	3,709,048	
ONCAP U.S. II		-	120,943	
ONEX PARTNERS II, L.P.		-	30,722	
ONEX PARTNERS III, L.P.		-	904,710	

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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
ONEX PARTNERS, L.P.		-	24,010	
ORBIMED ROYALTY OPPORTUNITIES II, L.P.		-	22,178	
ORION EUROPEAN REAL ESTATE FUND III, C.V.		-	274,637	
ORION MINE FINANCE (DELAWARE) FUND II, L.P.		1,266,464	3,250,808	
ORION MINE FINANCE FUND III, L.P.		2,891,207	4,229,846	
ORION MINE FINANCE FUND IV, L.P.		879,840	905,025	
OVP VENTURE PARTNERS VII, L.P.		538,399	13,822,995	
PACIFIC ROAD RESOURCES FUND II, L.P.		2,189,307	882,465	
PAG ASIA I FEEDER FUND, L.P.		-	349,763	
PAG ASIA II, L.P.		1,564,791	6,478,717	
PAG ASIA III, L.P.		4,575,670	5,739,479	
PAINÉ SCHWARTZ PARTNERS FOOD CHAIN FUND V, L.P.		2,294,103	4,326,524	
PAINÉ SCHWARTZ PARTNERS FOOD CHAIN FUND VI, L.P.		5,037,198	5,601,435	
PATRIA - PRIVATE EQUITY FUND VI, L.P.		6,556,925	8,930,956	
PATRIA-BRAZILIAN PRIVATE EQUITY FUND IV, L.P.		2,628,600	1,768,812	
PATRIA-BRAZILIAN PRIVATE EQUITY FUND V, L.P.		6,156,824	9,373,684	
PAUL CAPITAL PARTNERS VIII, L.P.		-	75,004	
PEPPERTREE CAPITAL FUND IX, L.P.		5,475,000	6,867,218	
PEPPERTREE CAPITAL FUND X, L.P.		1,426,516	1,725,325	
PGIM U.S. AGRICULTURE FUND		8,000,000	7,169,313	
PIONEER SQUARE VENTURES FUND II, L.P.		2,194,500	2,196,483	
POINT 406 VENTURES IV, L.P.		5,663,350	7,358,796	
PRIME STORAGE FUND II, L.P.		-	2,366,473	
QUANTUM ENERGY PARTNERS FUND VIII, L.P.		1,755,173	2,235,729	
RCF V ANNEX FUND, L.P.		2,169,994	(1,747)	
RESOURCE CAPITAL FUND V, L.P.		3,676,184	136,716	
RESOURCE CAPITAL FUND VI, L.P.		4,095,119	1,743,759	
RESOURCE CAPITAL FUND VII, L.P.		1,222,018	3,100,570	
RIALTO REAL ESTATE FUND II, L.P.		-	1,726,371	
RIDGEMONT EQUITY PARTNERS I, L.P.		-	40,177	
RIDGEMONT EQUITY PARTNERS II, L.P.		-	3,846,051	
RIDGEMONT EQUITY PARTNERS III, L.P.		2,184,922	9,738,184	
RIDGEMONT EQUITY PARTNERS IV, L.P.		3,585,327	4,182,558	
RIDGEWOOD ENERGY OIL & GAS FUND III, L.P.		632,154	3,051,045	
RIDGEWOOD ENERGY OIL & GAS FUND IV, L.P.		1,865,808	3,232,108	
RIDGEWOOD ENERGY STINGRAY, L.P.		1,117,545	1,158,538	
RIVER VI, L.P.		-	22,537	
RIVERSIDE EUROPE FUND IV, L.P.		-	51,130	
RIVERSIDE FUND V, L.P.		-	3,568,419	
RIVERSIDE MICRO-CAP FUND III, L.P.		-	3,812,486	
ROCKPOINT REAL ESTATE FUND V, L.P.		5,220,816	3,767,300	
ROCKPOINT REAL ESTATE FUND VI, L.P.		7,885,800	9,257,807	

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	SCALE VENTURE PARTNERS VI, L.P.	2,899,453	4,927,230	
	SCALE VENTURE PARTNERS VII	3,523,141	3,056,425	
	SCALE VENTURE PARTNERS VIII, L.P.	352,751	364,281	
	SEIDLER EQUITY PARTNERS VIII, L.P.	1,909,973	1,777,730	
	SENTIENT GLOBAL RESOURCES FUND IV, L.P.	1,412,288	515,497	
	SENTINEL CAPITAL PARTNERS V, L.P.	-	1,287,410	
	SENTINEL CAPITAL PARTNERS VI, L.P.	3,896,745	6,531,633	
	SENTINEL CAPITAL PARTNERS VII, L.P.	1,734,200	1,661,476	
	SIH DEBT OPPORTUNITIES FUND III, L.P.	7,863,521	9,481,427	
	SILVER LAKE PARTNERS III, L.P.	-	2,058,424	
	SILVER POINT SPECIALTY CREDIT FUND II, L.P.	3,359,299	5,080,587	
	SILVER POINT SPECIALTY CREDIT FUND III, L.P.	3,506,455	4,198,182	
	SILVER ROCK TACTICAL ALLOCATION FUND - VINTAGE 2022, L.P.	5,970,735	6,940,773	
	SIXTH STREET TAO PARTNERS, L.P.	3,283,772	3,447,450	
	SK CAPITAL PARTNERS V, L.P.	6,305,003	7,347,294	
	SK CAPITAL PARTNERS VI, L.P.	2,224,687	4,286,918	
	SOUTHERN CROSS LATIN AMERICA PRIVATE EQUITY FUND IV, L.P.	2,877,274	1,137,651	
	SOUTHERN CROSS LATIN AMERICA PRIVATE EQUITY FUND V, L.P.	7,039,840	2,450,926	
	SROA B&R CO-INVESTMENT, L.P.	2,293,800	2,187,585	
	SROA CAPITAL FUND IX, L.P.	2,702,575	2,498,899	
	SROA RED DOT CO-INVESTMENT, L.P.	2,222,981	2,175,404	
	STAR AMERICA INFRASTRUCTURE FUND, L.P.	-	2,136,276	
	STERLING GROUP PARTNERS IV, L.P.	-	7,473,372	
	STERLING GROUP PARTNERS V, L.P.	7,218,330	9,706,724	
	STERLING VALUE ADD PARTNERS IV, L.P.	1,488,635	1,462,338	
	STG VI, L.P.	4,419,885	5,654,122	
	STG VII, L.P.	485,472	344,046	
	STONEPEAK INFRASTRUCTURE FUND III, L.P.	4,403,309	6,957,840	
	STONEPEAK INFRASTRUCTURE FUND IV	3,692,618	4,544,964	
	STRATEGIC VALUE SPECIAL SITUATIONS FUND IV, L.P.	983,600	4,878,145	
	STRATEGIC VALUE SPECIAL SITUATIONS FUND V	4,306,047	6,166,569	
	SUMMIT PARTNERS CREDIT FUND III, L.P.	-	757,000	
	TA XII, L.P.	-	5,895,335	
	TA XIII, L.P.	1,862,000	6,007,678	
	TA XIV	5,749,250	5,955,940	
	TAILWATER ENERGY FUND III, L.P.	2,053,488	2,314,321	
	TAILWATER ENERGY FUND IV, L.P.	1,992,373	4,167,300	
	TENASKA POWER FUND II, L.P.	371,115	22,529	
	THIRD ROCK VENTURES FUND VI, L.P.	2,600,000	2,748,000	
	THIRD ROCK VENTURES II, L.P.	-	1,298	
	THIRD ROCK VENTURES III, L.P.	-	209,549	
	THIRD ROCK VENTURES IV, L.P.	1,045,756	2,122,329	

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THIRD ROCK VENTURES V, L.P.			3,299,440	4,108,304
TIGER INFRASTRUCTURE PARTNERS FUND III, L.P.			4,381,578	5,324,909
TILLRIDGE GLOBAL AGRIBUSINESS PARTNERS II, L.P.			2,385,971	2,086,856
TIVERTON AGRIFINANCE II, L.P.			5,703,935	7,066,011
TIVERTON AGRIFINANCE III, L.P.			787,500	745,219
TORCHLIGHT DEBT FUND VII, L.P.			8,466,985	9,151,177
TOWERBROOK INVESTORS III, L.P.			-	9,519,172
TOWERBROOK INVESTORS IV, L.P.			-	1,910,568
TRILANTIC CAPITAL PARTNERS V (NORTH AMERICA), L.P.			-	2,659,509
TRILANTIC CAPITAL PARTNERS VI (NORTH AMERICA), L.P.			6,323,470	8,880,709
TRUMBULL PROPERTY INCOME FUND, L.P.			14,945,656	24,409,589
TURNBRIDGE CAPITAL PARTNERS I, L.P.			2,606,217	2,050,169
U.S. FARMING REALTY TRUST II, L.P.			-	167,002
U.S. REAL ESTATE INVESTMENT FUND, LLC			35,000,000	33,627,741
* ULLICO INFRASTRUCTURE FUND, L.P.			5,752,387	8,188,036
VALHALLA PARTNERS II, L.P.			130,586	310,422
VECTOR CAPITAL V, L.P.			3,117,600	6,664,837
VERITAS CAPITAL FUND IV, L.P., THE			-	155,917
VERITAS CAPITAL FUND V, L.P., THE			-	5,734,968
VERITAS CAPITAL FUND VI, L.P., THE			-	4,687,659
VISTA EQUITY PARTNERS FUND IV, L.P.			-	2,891,925
VISTA EQUITY PARTNERS FUND V, L.P.			-	9,385,017
VISTA FOUNDATION FUND III, L.P.			-	5,179,246
VITRUVIAN INVESTMENT PARTNERSHIP II, L.P.			-	1,280,953
VITRUVIAN INVESTMENT PARTNERSHIP III, L.P.			3,042,076	12,926,194
VITRUVIAN INVESTMENT PARTNERSHIP IV, L.P.			7,102,118	8,529,759
VITRUVIAN INVESTMENT PARTNERSHIP V, L.P.			776,277	644,009
WAUD CAPITAL PARTNERS III, L.P.			-	691,635
WAUD CAPITAL PARTNERS IV, L.P.			1,813,975	10,805,135
WAUD CAPITAL PARTNERS V, L.P.			6,967,115	11,442,504
WHITE DEER ENERGY II, L.P.			1,191,814	885,042
WHITE DEER ENERGY III, L.P.			3,522,843	3,673,568
WYNNCHURCH CAPITAL PARTNERS VI, L.P.			895,401	969,526
YUCAIPA CORPORATE INITIATIVES FUND II, L.P.			509,765	55,182
Z CAPITAL PARTNERS II, L.P.			4,054,534	5,582,217
Total private equity limited partnerships			765,384,930	1,317,394,204
Corporate and foreign sovereign debt:				
ACCO BRANDS CORP	3/15/2029	4.250%	162,000	161,528
ABN AMRO BANK NV	6/16/2027	1.542%	500,000	442,865
AMC NETWORKS INC	1/15/2029	10.250%	135,000	135,000

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AMN HEALTHCARE INC	10/1/2027	4.625%	162,000	154,260	153,911	
AT+T INC	3/1/2029	4.350%	340,000	387,712	332,636	
AT+T INC	9/15/2055	3.550%	604,000	614,640	406,244	
AAR ESCROW ISSUER LLC	3/15/2029	6.750%	235,000	236,208	238,316	
ABBVIE INC	3/15/2025	3.800%	100,000	97,324	99,819	
ABBVIE INC	3/15/2035	4.550%	500,000	580,785	470,115	
ACADIA HEALTHCARE CO INC	4/15/2029	5.000%	103,000	103,000	96,341	
ADAPTHEALTH LLC	8/1/2029	4.625%	132,000	133,613	118,708	
ADAPTHEALTH LLC	3/1/2030	5.125%	107,000	107,347	96,959	
ADIENT GLOBAL HOLDINGS	8/15/2026	4.875%	200,000	194,000	197,052	
AERCAP IRELAND CAP/GLOBA	7/15/2025	6.500%	700,000	690,130	704,515	
AERCAP IRELAND CAP/GLOBA	1/30/2032	3.300%	150,000	149,436	130,698	
ADVANTAGE SALES + MARKET	11/15/2028	6.500%	250,000	237,863	237,310	
AIR CANADA	8/15/2026	3.875%	290,000	264,475	281,767	
ALGONQUIN PWR + UTILITY	1/18/2082	4.750%	397,000	349,900	372,751	
BREAD FINANCIAL HLDGS	3/15/2029	9.750%	200,000	214,612	214,948	
ALLIED UNIVERSAL HOLDCO	2/15/2031	7.875%	183,000	183,690	187,042	
ALLSTATE CORP	8/15/2053	7.723%	305,000	289,165	305,043	
ALLY FINANCIAL INC	1/3/2030	6.848%	240,000	253,212	248,801	
ALTAGAS LTD	10/15/2054	7.200%	234,000	237,218	235,280	
ALTICE FINANCING SA	8/15/2029	5.750%	200,000	200,000	146,408	
ALTICE FRANCE SA	7/15/2029	5.125%	200,000	200,000	149,772	
ALTICE FRANCE SA	10/15/2029	5.500%	200,000	200,000	149,806	
AMENTUM HOLDINGS INC	8/1/2032	7.250%	52,000	52,000	52,394	
AMERICAN EXPRESS CO	2/13/2026	5.328%	40,000	40,000	40,134	
AMERICAN EXPRESS CO	7/27/2029	5.282%	175,000	175,000	176,969	
AMERICAN EXPRESS CO	7/28/2027	5.609%	50,000	50,000	50,293	
AMERICAN EXPRESS CO	7/26/2028	5.569%	25,000	25,000	25,134	
AMERICAN HONDA FINANCE	1/10/2025	5.356%	100,000	100,000	100,009	
AMERICAN TOWER TRUST I	3/15/2028	5.490%	300,000	300,000	302,920	
AMERICAN TOWER CORP	3/15/2028	5.500%	325,000	324,006	329,804	
AMFAM HOLDINGS INC	3/11/2031	2.805%	750,000	750,000	583,905	
AMGEN INC	3/2/2053	5.650%	150,000	147,970	144,416	
AMKOR TECHNOLOGY INC	9/15/2027	6.625%	197,000	196,490	196,937	
AMSTED INDUSTRIES	7/1/2027	5.625%	245,000	255,752	242,641	
AMSTED INDUSTRIES	5/15/2030	4.625%	170,000	154,483	159,905	
SITIOS LATINOAMERICA	4/4/2032	5.375%	200,000	200,000	187,658	
ARES CAPITAL CORP	7/15/2025	3.250%	10,000	9,705	9,903	
ARIS MINING CORP	10/31/2029	8.000%	200,000	200,000	198,006	
ARTHUR J GALLAGHER + CO	12/15/2027	4.600%	10,000	9,992	9,960	
ASB BANK LIMITED	6/17/2032	5.284%	200,000	200,000	198,872	
ATHENE HOLDING LTD	10/15/2054	6.625%	250,000	250,000	248,603	

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UNITED KINGDOM GILT	6/7/2032 4.250%	366,000	634,377	454,476
AVANTOR FUNDING INC	11/1/2029 3.875%	165,000	165,000	150,843
AVIS BUDGET CAR/FINANCE	2/15/2031 8.000%	118,000	118,443	120,747
AVIS BUDGET CAR/FINANCE	1/15/2030 8.250%	87,000	87,000	89,720
BMW US CAPITAL LLC	4/2/2026 5.050%	40,000	39,983	40,186
BMW US CAPITAL LLC	8/13/2026 5.368%	30,000	30,000	30,108
BPCE SA	3/15/2025 4.500%	600,000	643,038	598,890
BPCE SA	1/14/2025 2.375%	250,000	248,505	249,793
BWX TECHNOLOGIES INC	6/30/2028 4.125%	211,000	204,376	197,553
BWX TECHNOLOGIES INC	4/15/2029 4.125%	25,000	23,688	23,203
BANCO SANTANDER SA	9/14/2027 1.722%	200,000	200,000	189,070
BANK OF AMERICA CORP	2/7/2030 3.974%	200,000	210,357	191,666
BANK OF AMERICA CORP	4/25/2034 5.288%	675,000	675,000	669,330
BANK GOSPODARSTWA KRAJOW	7/9/2034 5.750%	200,000	197,922	198,712
BANK OF MONTREAL	12/15/2032 3.803%	600,000	600,000	573,846
BANK OF MONTREAL	9/25/2025 5.920%	100,000	100,000	100,947
BANK OF NOVA SCOTIA	8/1/2029 5.695%	50,000	50,000	50,165
BANK OF NOVA SCOTIA	9/8/2028 5.523%	50,000	50,000	50,303
BARCLAYS PLC	9/13/2034 6.692%	275,000	275,000	291,101
BAYTEX ENERGY CORP	4/30/2030 8.500%	238,000	235,365	243,169
BAYTEX ENERGY CORP	3/15/2032 7.375%	150,000	148,899	146,160
BBVA BANCOMER SA TEXAS	9/10/2029 5.250%	200,000	199,540	196,124
BEAZER HOMES USA	3/15/2031 7.500%	90,000	90,000	91,402
BLACKSTONE SECURED LEND	9/16/2026 2.750%	150,000	148,499	143,970
BLUE RACER MID LLC/FINAN	7/15/2026 6.625%	305,000	302,818	304,616
BLUE RACER MID LLC/FINAN	7/15/2029 7.000%	117,000	117,410	119,498
BLUE RACER MID LLC/FINAN	7/15/2032 7.250%	84,000	84,000	86,296
BLUELINX HOLDING	11/15/2029 6.000%	259,000	217,560	252,877
BOEING CO	2/4/2026 2.196%	325,000	325,000	315,182
BOEING CO/THE	5/1/2034 6.528%	300,000	300,000	314,283
BOMBARDIER INC	11/15/2030 8.750%	89,000	89,000	95,669
BOMBARDIER INC	7/1/2031 7.250%	133,000	132,668	137,160
CIVITAS RESOURCES INC	10/15/2026 5.000%	107,000	107,401	105,289
BP CAP MARKETS AMERICA	9/11/2033 4.893%	300,000	299,994	290,202
BRISTOL MYERS SQUIBB CO	2/22/2027 4.900%	10,000	9,989	10,084
BRISTOL MYERS SQUIBB CO	2/22/2034 5.200%	300,000	299,931	299,625
BRISTOW GROUP INC	3/1/2028 6.875%	231,000	230,138	229,794
BROADCOM INC	5/15/2037 4.926%	260,000	255,203	247,299
BUCKEYE PARTNERS LP	7/1/2029 6.875%	364,000	364,000	368,412
BUILDERS FIRSTSOURCE INC	6/15/2032 6.375%	218,000	218,517	216,733
BUNGE LTD FINANCE CORP	9/25/2027 3.750%	525,000	523,614	511,093
CCO HLDGS LLC/CAP CORP	6/1/2029 5.375%	242,000	248,974	231,214

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CCO HLDGS LLC/CAP CORP	3/1/2030	4.750%	205,000	205,795	187,200
CCO HLDGS LLC/CAP CORP	8/15/2030	4.500%	145,000	147,321	130,152
CCO HLDGS LLC/CAP CORP	2/1/2031	4.250%	335,000	308,586	291,963
CCO HLDGS LLC/CAP CORP	5/1/2032	4.500%	200,000	190,336	172,032
CCO HLDGS LLC/CAP CORP	1/15/2034	4.250%	186,000	151,358	150,900
CCO HLDGS LLC/CAP CORP	9/1/2029	6.375%	120,000	120,000	118,974
CCO HLDGS LLC/CAP CORP	3/1/2031	7.375%	259,000	261,258	264,045
CHS/COMMUNITY HEALTH SYS	5/15/2030	5.250%	127,000	127,000	104,309
CPPIB CAPITAL INC	9/30/2029	1.950%	600,000	450,723	394,255
CNH INDUSTRIAL NV	11/15/2027	3.850%	750,000	796,350	732,570
CNA FINANCIAL CORP	6/15/2033	5.500%	575,000	571,245	580,100
CSC HOLDINGS LLC	1/15/2030	5.750%	200,000	200,000	113,772
CSC HOLDINGS LLC	12/1/2030	4.625%	429,000	437,180	224,131
CSC HOLDINGS LLC	2/15/2031	3.375%	203,000	203,000	142,386
CSC HOLDINGS LLC	5/15/2028	11.250%	200,000	202,000	197,382
CTR PARTNERSHIP/CARETRST	6/30/2028	3.875%	162,000	162,585	153,555
CQP HOLDCO LP/BIP V CHIN	6/15/2031	5.500%	698,000	695,558	666,681
CVS PASS THROUGH TRUST	1/10/2033	5.773%	206,937	231,943	206,118
CVS HEALTH CORP	3/25/2038	4.780%	200,000	222,790	172,934
CVS HEALTH CORP	3/25/2048	5.050%	150,000	154,830	123,683
CABLE ONE INC	11/15/2030	4.000%	182,000	141,576	152,076
THE CAMPBELLS COMPANY	3/20/2026	5.300%	5,000	4,996	5,033
CANADIAN GOVERNMENT	6/1/2037	5.000%	410,000	457,914	334,833
CANADIAN GOVERNMENT	12/1/2045	3.500%	940,000	865,059	669,876
CANADIAN IMPERIAL BANK	9/11/2027	5.434%	25,000	25,000	25,115
CANPACK SA/CANPACK US	11/1/2025	3.125%	222,000	192,863	216,572
CANPACK SA/CANPACK US	11/15/2029	3.875%	200,000	200,000	180,102
CARNIVAL CORP	3/1/2027	5.750%	127,000	108,585	126,719
CARNIVAL CORP	8/1/2028	4.000%	521,000	506,444	493,799
CARRIAGE SERVICES INC	5/15/2029	4.250%	161,000	161,000	146,589
CARS.COM INC	11/1/2028	6.375%	114,000	113,795	113,299
CASCADES INC/USA INC	1/15/2028	5.375%	114,000	103,313	110,619
CATERPILLAR FINL SERVICE	6/13/2025	5.006%	45,000	45,000	45,068
CELANESE US HOLDINGS LLC	7/15/2032	6.379%	150,000	149,325	152,366
CELANESE US HOLDINGS LLC	11/15/2033	6.700%	226,000	226,528	234,538
CENTENE CORP	12/15/2027	4.250%	150,000	148,740	145,305
CNTL AMR BOTTLING CORP	4/27/2029	5.250%	100,000	99,266	94,821
CERDIA FINANZ GMBH	10/3/2031	9.375%	176,000	179,053	183,158
CHAMP ACQUISITION CORP	12/1/2031	8.375%	250,000	255,600	255,020
CHARTER COMM OPT LLC/CAP	3/1/2050	4.800%	250,000	272,365	187,790
CHARTER COMM OPT LLC/CAP	3/1/2042	3.500%	300,000	297,759	203,856
CHENIERE ENERGY PARTNERS	6/30/2033	5.950%	175,000	174,605	179,146

**Laborers' District Council and
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
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December 31, 2024**

(a)	(b)	(c)			(d)	(e)
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CHOBANI LLC/FINANCE CORP	11/15/2028	4.625%	131,000	133,962	126,105	
CIMPRESS PLC	9/15/2032	7.375%	415,000	415,000	412,282	
CIVITAS RESOURCES INC	7/1/2028	8.375%	202,000	202,083	209,791	
CIVITAS RESOURCES INC	11/1/2030	8.625%	137,000	137,495	143,473	
CLEARWATER PAPER CORP	8/15/2028	4.750%	114,000	113,832	107,659	
REPUBLIC OF COLOMBIA	9/18/2037	7.375%	150,000	149,438	142,652	
COMMONWEALTH BANK AUST	9/12/2034	3.610%	600,000	600,000	552,048	
COMMONWEALTH BANK AUST	7/7/2025	5.095%	120,000	119,872	120,095	
CONAGRA BRANDS INC	11/1/2025	4.600%	30,000	29,936	29,986	
CONCENTRA ESCROW ISSUER	7/15/2032	6.875%	45,000	45,000	45,943	
CONSENSUS CLOUD SOLUTION	10/15/2026	6.000%	313,000	281,504	308,846	
CON EDISON CO OF NY INC	11/18/2027	5.080%	15,000	15,000	15,086	
COREBRIDGE FINANCIAL INC	4/5/2032	3.900%	225,000	224,667	204,786	
COTY/HFC PRESTIGE/INT US	7/15/2030	6.625%	71,000	71,000	71,968	
CREDIT ACCEPTANC	3/15/2026	6.625%	95,000	95,000	94,995	
CREDIT ACCEPTANC	12/15/2028	9.250%	322,000	333,865	340,570	
CREDIT AGRICOLE SA	7/5/2033	5.514%	250,000	250,000	251,818	
CREDIT AGRICOLE SA	10/3/2029	6.316%	500,000	500,000	516,605	
UBS GROUP AG	5/14/2032	3.091%	300,000	302,085	260,934	
CROWN CASTLE INC	11/15/2029	3.100%	400,000	351,276	363,928	
DTE ENERGY CO	6/1/2034	5.850%	240,000	253,687	246,374	
DTE ELECTRIC CO	3/1/2031	2.625%	750,000	748,740	656,078	
DALLAS FORT WORTH TX INTERNATI	11/1/2033	2.516%	800,000	800,000	659,024	
DANA INC	9/1/2030	4.250%	163,000	162,971	151,699	
DAVITA INC	9/1/2032	6.875%	123,000	123,000	123,942	
JOHN DEERE CAPITAL CORP	6/8/2026	5.348%	50,000	50,000	50,315	
DELL INT LLC / EMC CORP	7/15/2027	6.100%	250,000	249,405	257,315	
DIAMOND FRGN/DIAMOND FIN	10/1/2030	8.500%	228,000	227,081	236,602	
DIRECTV FIN LLC/COINC	8/15/2027	5.875%	302,000	310,076	294,239	
DOMINION ENERGY INC	2/1/2055	6.875%	230,000	244,950	239,005	
DUKE ENERGY CORP	9/15/2053	6.100%	325,000	324,860	330,135	
DUQUESNE LIGHT HOLDINGS	1/7/2032	2.775%	350,000	350,000	291,414	
EMRLD BOR / EMRLD CO ISS	7/15/2031	6.750%	45,000	45,000	45,307	
EQM MIDSTREAM PARTNERS L	1/15/2029	4.500%	105,000	97,956	99,954	
EQM MIDSTREAM PARTNERS L	1/15/2031	4.750%	114,000	101,580	107,209	
EQM MIDSTREAM PARTNERS L	6/1/2027	7.500%	26,000	26,000	26,512	
EQM MIDSTREAM PARTNERS L	4/1/2029	6.375%	48,000	48,000	48,161	
EDISON INTERNATIONAL	12/31/2099	5.000%	313,000	286,354	305,090	
EDISON INTERNATIONAL	6/15/2054	7.875%	178,000	186,401	183,847	
KINDER MORGAN INC	1/15/2032	7.750%	450,000	575,955	511,236	
EMRLD BOR / EMRLD CO ISS	12/15/2030	6.625%	147,000	147,000	147,196	
ENBRIDGE INC	12/1/2026	4.250%	525,000	521,619	519,992	

**Laborers' District Council and
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ENBRIDGE INC	1/15/2084	8.250%	446,000	446,000	466,355
ENCORE CAPITAL GROUP INC	5/15/2030	8.500%	200,000	200,000	210,378
ENERGY TRANSFER LP	11/1/2066	7.850%	311,000	302,635	309,436
ENERGY TRANSFER LP	12/31/2099	7.125%	62,000	63,240	62,223
ENERGY TRANSFER LP	2/15/2033	5.750%	200,000	199,782	202,742
ENERGY TRANSFER LP	5/15/2054	8.000%	168,000	174,090	176,056
ENEL FINANCE INTL NV	6/15/2032	5.000%	550,000	542,856	535,436
ENERGY TRANSFER LP	4/15/2049	6.250%	250,000	249,625	250,210
ENLINK MIDSTREAM LLC	9/1/2034	5.650%	275,000	273,950	274,082
EQUINIX INC	5/15/2031	2.500%	275,000	273,675	235,054
EQUITABLE HOLDINGS INC	12/31/2099	4.950%	370,000	366,040	367,861
EVERGY INC	9/15/2029	2.900%	145,000	144,749	131,933
EXELON CORP	6/15/2045	5.100%	475,000	473,404	430,117
EXTRA SPACE STORAGE LP	10/15/2030	2.200%	380,000	380,406	323,323
FMC CORP	10/1/2026	3.200%	700,000	699,293	679,126
TIERRA MOJADA LUX II SRL	12/1/2040	5.750%	225,490	236,483	206,360
FS KKR CAPITAL CORP	1/15/2026	3.400%	175,000	172,953	171,614
FS KKR CAPITAL CORP	2/14/2025	4.250%	50,000	49,859	49,912
FS KKR CAPITAL CORP	2/14/2025	4.250%	200,000	200,000	199,646
FIDELITY NATL INFO SERV	8/15/2046	4.500%	425,000	444,656	345,461
FIRSTCASH INC	1/1/2030	5.625%	128,000	128,000	123,319
FIRSTCASH INC	9/1/2028	4.625%	109,000	109,000	103,310
FIRSTCASH INC	3/1/2032	6.875%	51,000	51,000	51,208
FISERV INC	7/1/2049	4.400%	500,000	576,030	408,215
FLOWSERVE CORPORATION	1/15/2032	2.800%	775,000	772,334	659,006
FORESTAR GROUP INC	5/15/2026	3.850%	242,000	243,099	235,422
FORTRESS TRANS + INFRAST	5/1/2028	5.500%	62,000	54,948	60,638
FORTRESS TRANS + INFRAST	12/1/2030	7.875%	30,000	29,800	31,576
FORTRESS TRANS + INFRAST	5/1/2031	7.000%	89,000	89,000	90,792
FORTRESS TRANS + INFRAST	6/15/2032	7.000%	36,000	36,000	36,710
FORTUNE BRANDS INNOVATIO	9/15/2029	3.250%	700,000	698,810	647,185
FORTREA HOLDINGS INC	7/1/2030	7.500%	128,000	126,793	128,212
ORANGE SA	3/1/2031	9.000%	385,000	555,130	458,346
FREEDOM MORTGAGE HOLD	2/1/2029	9.250%	145,000	150,800	149,631
FRESNILLO PLC	10/2/2050	4.250%	250,000	271,750	178,030
FRONTERA ENERGY CORP	6/21/2028	7.875%	200,000	164,500	152,730
GBG LLC	9/1/2030	2.250%	49,340	34,074	44,577
GFL ENVIRONMENTAL INC	9/1/2028	3.500%	125,000	125,000	117,809
GLP CAPITAL LP / FIN II	1/15/2031	4.000%	325,000	340,399	297,265
BOOST NEWCO BORROWER LLC	1/15/2031	7.500%	400,000	403,800	419,344
GAP INC/THE	10/1/2029	3.625%	138,000	102,778	123,917
GAP INC/THE	10/1/2031	3.875%	311,000	292,631	268,925

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GENERAL MILLS INC	1/30/2027	4.700%	5,000	4,995	4,999
ALLY FINANCIAL INC	11/1/2031	8.000%	110,000	123,234	121,477
GENERAL MOTORS CO	10/2/2043	6.250%	130,000	148,516	128,387
GENERAL MOTORS FINL CO	1/15/2025	4.000%	40,000	39,233	39,983
GENERAL MOTORS FINL CO	5/8/2027	5.400%	15,000	14,987	15,157
GENERAL MOTORS FINL CO	7/15/2027	5.731%	45,000	45,000	45,118
GENESIS ENERGY LP/FIN	4/15/2030	8.875%	182,000	182,325	185,185
GENESIS ENERGY LP/FIN	1/15/2029	8.250%	109,000	107,867	110,077
GENESIS ENERGY LP/FIN	5/15/2032	7.875%	113,000	113,000	110,664
GEORGIA POWER CO	5/8/2025	5.329%	50,000	50,000	50,108
GLENCORE FUNDING LLC	10/27/2027	3.875%	100,000	99,149	97,158
GOAT HOLDCO LLC	2/1/2032	6.750%	180,000	180,507	178,241
GOEASY LTD	12/1/2028	9.250%	206,000	206,000	219,551
GOEASY LTD	7/1/2029	7.625%	75,000	75,000	76,634
GOEASY LTD	5/15/2030	6.875%	114,000	114,030	114,950
GOLDMAN SACHS GROUP INC	2/7/2030	2.600%	300,000	299,895	265,737
GOLDMAN SACHS GROUP INC	7/21/2032	2.383%	550,000	410,443	458,370
GOLDMAN SACHS BANK USA	3/18/2027	5.283%	45,000	45,000	45,256
GOODYEAR TIRE + RUBBER	4/30/2033	5.625%	132,000	117,480	115,907
GRAN TIERRA ENERGY INC	10/15/2029	9.500%	200,000	189,150	186,320
GRAY MEDIA INC	11/15/2031	5.375%	152,000	142,908	81,040
GREENSAIF PIPELINES BIDC	2/23/2036	5.853%	200,000	200,000	197,412
GROUP 1 AUTOMOTIVE INC	8/15/2028	4.000%	278,000	251,590	260,266
GROUP 1 AUTOMOTIVE INC	1/15/2030	6.375%	61,000	61,000	61,122
GRUPO BIMBO SAB DE CV	11/10/2047	4.700%	300,000	299,328	247,905
GUARDIAN LIFE INSURANCE	1/24/2077	4.850%	477,000	522,124	395,924
H+E EQUIPMENT SERVICES	12/15/2028	3.875%	352,000	335,785	321,707
HCA INC	6/15/2029	4.125%	260,000	253,929	247,991
HCA INC	6/1/2053	5.900%	50,000	48,359	47,186
HARTFORD FINL SVCS GRP	3/30/2040	6.625%	375,000	554,831	401,846
HEALTHPEAK OP LLC	12/15/2032	5.250%	575,000	565,547	570,693
HERC HOLDINGS INC	7/15/2027	5.500%	221,000	224,101	218,176
HERC HOLDINGS INC	6/15/2029	6.625%	90,000	90,000	91,140
HERBALIFE/HLF FINANCING	9/1/2025	7.875%	118,000	115,023	117,834
HESS MIDSTREAM OPERATION	6/1/2029	6.500%	150,000	150,000	151,484
HILCORP ENERGY I/HILCORP	11/1/2028	6.250%	203,000	204,846	196,585
HILCORP ENERGY I/HILCORP	2/1/2029	5.750%	146,000	148,068	139,291
HILCORP ENERGY I/HILCORP	4/15/2030	6.000%	76,000	76,000	71,425
HILCORP ENERGY I/HILCORP	5/15/2034	6.875%	113,000	113,000	105,326
HOME DEPOT INC	6/25/2026	5.150%	40,000	39,956	40,407
HORMEL FOODS CORP	3/30/2027	4.800%	25,000	24,976	25,110
HOST HOTELS + RESORTS LP	2/1/2026	4.500%	50,000	49,673	49,708

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HOWARD HUGHES CORP	2/1/2029	4.125%	156,000	140,955	144,152	
HYUNDAI CAPITAL AMERICA	8/4/2025	5.761%	65,000	65,000	65,248	
HYUNDAI CAPITAL AMERICA	9/21/2028	6.100%	625,000	624,600	642,969	
HYUNDAI CAPITAL AMERICA	1/8/2027	6.198%	35,000	35,000	35,411	
INEOS FINANCE PLC	5/15/2028	6.750%	400,000	399,000	403,964	
ILLUMINA INC	12/13/2027	5.750%	275,000	274,623	282,189	
IMOLA MERGER CORP	5/15/2029	4.750%	357,000	349,056	338,540	
CRESCENT ENERGY FINANCE	2/15/2028	9.250%	146,000	148,056	152,583	
ING GROEP NV	9/11/2034	6.114%	600,000	600,000	621,174	
VOYA FINANCIAL INC	7/15/2043	5.700%	223,000	203,133	212,909	
INGLES MARKETS INC	6/15/2031	4.000%	148,000	148,660	131,013	
INTESA SANPAOLO SPA	6/20/2054	7.778%	300,000	300,000	320,415	
INVITATION HOMES OP	4/15/2032	4.150%	260,000	259,768	239,798	
IRON MOUNTAIN INC	3/15/2028	5.250%	146,000	150,687	142,819	
IRON MOUNTAIN INC	9/15/2029	4.875%	229,000	221,145	217,637	
IRON MOUNTAIN INC	7/15/2030	5.250%	240,000	243,739	229,094	
JB POINDEXTER + CO INC	12/15/2031	8.750%	237,000	237,988	249,473	
JPMORGAN CHASE + CO	10/15/2030	2.739%	250,000	250,000	225,205	
JPMORGAN CHASE + CO	4/26/2028	4.323%	1,000,000	1,000,000	988,040	
JPMORGAN CHASE + CO	4/26/2026	5.959%	50,000	50,056	50,181	
JPMORGAN CHASE + CO	1/23/2028	5.040%	15,000	15,000	15,056	
JPMORGAN CHASE + CO	7/22/2028	5.589%	30,000	30,000	30,166	
JPMORGAN CHASE + CO	10/22/2028	5.519%	50,000	50,000	50,160	
JANE STREET GRP/JSF FIN	11/1/2032	6.125%	250,000	250,330	247,673	
JBS USA HOLD/FOOD/LUX CO	3/15/2034	6.750%	325,000	324,571	343,610	
JAZZ SECURITIES DAC	1/15/2029	4.375%	200,000	194,376	188,574	
JEFFERIES FIN LLC / JFIN	10/15/2031	6.625%	200,000	200,000	199,684	
JEFFERIES FIN GROUP INC	9/15/2025	5.150%	30,000	30,000	30,012	
JOHNSON CONTROLS INTL PL	1/15/2036	6.000%	96,000	110,371	99,991	
ZIFF DAVIS INC	10/15/2030	4.625%	252,000	242,105	230,663	
KENTUCKY ST HSG CORP HSG REVEN	1/1/2040	3.500%	35,000	36,337	34,647	
KEYSIGHT TECHNOLOGIES	4/6/2027	4.600%	525,000	530,985	522,254	
KINDER MORGAN ENER PART	1/15/2038	6.950%	100,000	143,023	108,353	
KINETIK HOLDINGS LP	6/15/2030	5.875%	217,000	216,453	213,593	
LGI HOMES INC	11/15/2032	7.000%	175,000	175,218	173,275	
LCPR SR SECURED FIN DAC	10/15/2027	6.750%	200,000	184,500	180,960	
LLOYDS BANKING GROUP PLC	6/5/2030	5.721%	500,000	500,000	508,365	
LOCKHEED MARTIN CORP	1/15/2033	5.250%	175,000	174,017	176,853	
MGM CHINA HOLDINGS LTD	2/1/2027	4.750%	200,000	182,000	193,586	
* MACQUARIE BANK LTD	12/7/2026	5.726%	10,000	10,000	10,111	
* MACQUARIE BANK LTD	7/2/2027	5.629%	25,000	25,000	25,156	
WARNERMEDIA HOLDINGS INC	3/15/2025	3.638%	50,000	49,786	49,839	

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WARNERMEDIA HOLDINGS INC	3/15/2052	5.141%	250,000	250,000	185,750	
MICHAELS COS INC/THE	5/1/2028	5.250%	284,000	234,901	214,423	
MAGNERA CORP	11/15/2031	7.250%	240,000	240,098	234,300	
MAGNOLIA OIL GAS/MAG FIN	12/1/2032	6.875%	246,000	246,329	243,533	
MANITOWOC COMPANY INC	10/1/2031	9.250%	176,000	177,752	180,404	
MARATHON PETROLEUM CORP	12/15/2026	5.125%	300,000	307,560	301,632	
MARSH + MCLENNAN COS INC	11/8/2027	5.279%	20,000	20,000	20,153	
MASS MUTUAL LIFE INS CO	10/15/2070	3.729%	177,000	166,658	114,268	
MATADOR RESOURCES CO	4/15/2033	6.250%	200,000	200,000	193,824	
MAUSER PACKAGING SOLUT	4/15/2027	7.875%	249,000	247,994	254,032	
PEDIATRIX MEDICAL GROUP	2/15/2030	5.375%	335,000	322,400	319,895	
MEDLINE BORROWER/MEDL CO	4/1/2029	6.250%	82,000	81,945	82,864	
MET LIFE GLOB FUNDING I	4/9/2030	2.950%	500,000	498,970	451,545	
MET LIFE GLOB FUNDING I	1/7/2031	1.550%	300,000	222,954	245,601	
MIDAMERICAN ENERGY CO	9/15/2054	5.850%	325,000	324,623	330,301	
MIDAS OPCO HOLDINGS LLC	8/15/2029	5.625%	421,000	411,093	400,830	
MIDCONTINENT COMMUNICATI	8/15/2032	8.000%	120,000	125,100	123,256	
MINERVA LUXEMBOURG SA	9/13/2033	8.875%	200,000	200,000	207,508	
MOHAWK INDUSTRIES INC	9/18/2028	5.850%	625,000	624,919	642,700	
MOLINA HEALTHCARE INC	5/15/2032	3.875%	235,000	234,972	202,937	
MOLINA HEALTHCARE INC	1/15/2033	6.250%	62,000	62,000	61,277	
MOLSON COORS BEVERAGE	7/15/2046	4.200%	525,000	521,624	419,087	
MOOG INC	12/15/2027	4.250%	309,000	311,745	294,928	
MORGAN STANLEY	4/1/2031	3.622%	375,000	375,000	348,311	
MORGAN STANLEY	2/18/2026	5.513%	50,000	50,132	50,049	
MORGAN STANLEY	4/13/2028	5.680%	50,000	50,000	50,348	
MOSS CREEK RESOURCES HLD	9/1/2031	8.250%	140,000	140,000	136,896	
BRIT COL MUNI FIN AUTH	10/9/2029	2.550%	300,000	234,778	202,610	
MURPHY OIL CORP	12/1/2042	5.875%	148,000	117,637	127,718	
MURPHY OIL CORP	10/1/2032	6.000%	179,000	178,892	171,983	
NCR VOYIX CORP	4/15/2029	5.125%	29,000	29,000	27,746	
NABORS INDUSTRIES INC	1/31/2030	9.125%	338,000	349,260	343,732	
NATIONAL AUSTRALIA BANK	5/21/2031	2.990%	475,000	475,000	410,528	
NATIONAL FUEL GAS CO	1/15/2026	5.500%	180,000	181,405	180,698	
NATIONAL RURAL UTIL COOP	4/20/2046	5.250%	171,000	165,870	168,271	
NATIONAL RURAL UTIL COOP	9/16/2027	5.297%	50,000	50,000	50,283	
NATIONWIDE BLDG SOCIETY	9/14/2026	4.000%	625,000	630,270	612,925	
NATIONSTAR MTG HLD INC	2/1/2032	7.125%	238,000	236,798	240,965	
NATIONSTAR MTG HLD INC	8/1/2029	6.500%	92,000	92,000	91,845	
NATIONWIDE MUTUAL INSURA	8/15/2039	9.375%	180,000	281,884	229,351	
NATIONWIDE MUTUAL INSURA	8/15/2039	9.375%	425,000	645,435	541,522	
NAVIENT CORP	3/15/2027	5.000%	148,000	132,090	145,064	

**Laborers' District Council and
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
NAVIENT CORP	3/15/2028	4.875%	60,000	54,300	57,236	
NEW YORK LIFE INSURANCE	11/15/2039	6.750%	475,000	576,881	526,376	
NEW YORK LIFE GLOBAL FDG	8/28/2026	5.128%	50,000	50,000	50,191	
NEWELL BRANDS INC	9/15/2027	6.375%	156,000	156,099	156,538	
NEWELL BRANDS INC	5/15/2032	6.625%	94,000	94,000	94,525	
NEWMONT / NEWCREST FIN	3/15/2026	5.300%	20,000	19,997	20,141	
NEXSTAR MEDIA INC	11/1/2028	4.750%	128,000	110,720	119,345	
NEXTERA ENERGY CAPITAL	1/29/2026	4.950%	50,000	49,978	50,094	
NEXSTAR MEDIA INC	7/15/2027	5.625%	239,000	230,373	233,111	
NISSAN MOTOR ACCEPTANCE	3/9/2026	2.000%	275,000	274,739	263,962	
NOBLE FINANCE II LLC	4/15/2030	8.000%	30,000	30,900	30,299	
NORDSON CORP	9/15/2033	5.800%	625,000	623,219	643,406	
NORTHWELL HEALTHCARE INC	11/1/2047	4.260%	240,000	240,000	191,873	
GEN DIGITAL INC	9/30/2027	6.750%	205,000	198,491	208,085	
NOVA CHEMICALS CORP	11/15/2028	8.500%	179,000	178,980	189,608	
NOVELIS CORP	1/30/2030	4.750%	260,000	239,777	239,988	
NOVELIS CORP	11/15/2026	3.250%	121,000	121,000	115,254	
NUCOR CORP	4/1/2052	3.850%	375,000	371,494	277,834	
NVENT FINANCE SARL	5/15/2033	5.650%	575,000	573,373	574,799	
OCEANEERING INTL INC	2/1/2028	6.000%	135,000	125,420	133,160	
OMERS FINANCE TRUST	5/14/2029	2.600%	250,000	186,116	168,751	
ONEOK INC	9/15/2025	2.200%	100,000	93,156	98,195	
ONEOK INC	11/1/2030	5.800%	150,000	149,708	154,605	
ONEMAIN FINANCE CORP	9/15/2030	4.000%	81,000	81,000	71,990	
ONEMAIN FINANCE CORP	9/15/2028	3.875%	115,000	115,000	105,977	
ONEMAIN FINANCE CORP	5/15/2029	6.625%	88,000	88,000	89,096	
ONEMAIN FINANCE CORP	1/15/2029	9.000%	317,000	316,405	336,137	
ONTARIO TEACHERS FINANC	10/19/2027	1.100%	500,000	380,299	328,949	
OPEN TEXT CORP	2/15/2028	3.875%	253,000	255,302	237,281	
OPEN TEXT CORP	12/1/2029	3.875%	154,000	154,000	139,302	
OPTICS BIDCO SPA	7/18/2036	7.200%	200,000	205,000	204,144	
ORACLE CORP	4/1/2027	2.800%	750,000	748,388	720,135	
ORACLE CORP	2/6/2053	5.550%	300,000	298,479	283,437	
OPTION CARE HEALTH INC	10/31/2029	4.375%	178,000	178,380	164,153	
OWENS BROCKWAY	5/15/2031	7.250%	218,000	221,168	212,162	
PBF HOLDING CO LLC	2/15/2028	6.000%	120,000	102,810	115,079	
PG+E CORP	3/15/2055	7.375%	249,000	253,148	255,531	
PNC FINANCIAL SERVICES	1/21/2028	5.300%	10,000	10,000	10,086	
PRA GROUP INC	2/1/2028	8.375%	56,000	56,000	57,568	
PRA GROUP INC	1/31/2030	8.875%	200,000	209,725	207,146	
PRA GROUP INC	1/31/2030	8.875%	116,000	120,289	120,145	
PACIFIC LIFE INSURANCE C	6/15/2039	9.250%	140,000	223,159	185,402	

**Laborers' District Council and
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PANTHER ESCROW ISSUER	6/1/2031	7.125%	250,000	250,000	252,498	
REPUBLIC OF PARAGUAY	8/21/2033	5.850%	200,000	199,978	196,200	
PARK INTERMED HOLDINGS	5/15/2029	4.875%	180,000	168,300	169,387	
PARK INTERMED HOLDINGS	2/1/2030	7.000%	90,000	90,000	91,314	
PARKLAND CORP	10/1/2029	4.500%	339,000	342,099	314,419	
PARKLAND CORP	8/15/2032	6.625%	92,000	92,000	91,043	
PENNYMAC FIN SVCS INC	10/15/2025	5.375%	96,000	96,000	95,743	
PENNYMAC FIN SVCS INC	2/15/2029	4.250%	105,000	91,260	97,310	
PENNYMAC FIN SVCS INC	9/15/2031	5.750%	70,000	70,000	66,673	
PENNYMAC FIN SVCS INC	12/15/2029	7.875%	89,000	88,472	93,245	
PENNYMAC FIN SVCS INC	11/15/2030	7.125%	90,000	89,429	91,144	
PENSKE TRUCK LEASING/PTL	1/12/2027	5.350%	10,000	9,989	10,069	
PENSKE TRUCK LEASING/PTL	7/1/2029	5.250%	250,000	255,528	250,900	
PERFORMANCE FOOD GROUP I	9/15/2032	6.125%	154,000	154,000	153,992	
REVVITY INC	9/15/2029	3.300%	450,000	448,515	415,188	
REPUBLIC OF PERU	2/8/2035	5.375%	150,000	149,894	144,027	
PETROLEOS MEXICANOS	1/28/2031	5.950%	200,000	200,000	168,898	
PETSMART INC/PETSMART FI	2/15/2029	7.750%	250,000	238,125	241,665	
PFIZER INVESTMENT ENTER	5/19/2033	4.750%	300,000	299,550	291,504	
PHILLIPS EDISON GROCERY	11/15/2031	2.625%	175,000	172,711	146,333	
PHILLIPS 66	12/15/2029	3.150%	675,000	617,447	619,360	
PILGRIM S PRIDE CORP	7/1/2033	6.250%	278,000	276,243	283,246	
POST HOLDINGS INC	4/15/2030	4.625%	139,000	141,640	128,193	
POST HOLDINGS INC	10/15/2034	6.250%	252,000	253,244	245,483	
PRAIRIE ACQUIROR LP	8/1/2029	9.000%	171,000	174,743	176,169	
PRECISION DRILLING CORP	1/15/2026	7.125%	34,000	33,660	33,974	
PRECISION DRILLING CORP	1/15/2029	6.875%	141,000	136,419	139,731	
PREMIER HEALTH PARTNERS	11/15/2026	2.911%	750,000	768,390	717,330	
PRIME SECSRVC BRW/FINANC	1/15/2028	6.250%	146,000	146,000	145,197	
PRINCIPAL LFE GLB FND II	1/16/2027	5.000%	10,000	9,996	10,054	
PRINCIPAL LFE GLB FND II	1/25/2029	5.100%	650,000	638,788	651,430	
INDO ASAHAN/MINERAL IND	5/15/2030	5.450%	250,000	244,355	248,750	
PUBLIC STORAGE OP CO	7/25/2025	5.242%	20,000	20,000	20,036	
PUBLIC STORAGE OP CO	4/16/2027	5.379%	50,000	50,000	50,251	
RHP HOTEL PPTY/RHP FINAN	10/15/2027	4.750%	151,000	139,095	146,074	
RHP HOTEL PPTY/RHP FINAN	7/15/2028	7.250%	28,000	28,000	28,750	
RLJ LODGING TRUST LP	7/1/2026	3.750%	121,000	116,962	117,679	
BUNDESREPUB. DEUTSCHLAND	7/4/2034	4.750%	440,000	756,546	548,366	
RELIANCE INC	8/15/2025	1.300%	700,000	697,858	684,005	
RESIDEO FUNDING INC	7/15/2032	6.500%	245,000	245,191	245,306	
ROCKIES EXPRESS PIPELINE	7/15/2038	7.500%	90,000	91,575	89,311	
ROCKIES EXPRESS PIPELINE	5/15/2030	4.800%	28,000	23,975	26,305	

**Laborers' District Council and
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ROGERS COMMUNICATIONS IN	11/15/2049	3.700%	275,000	268,219	192,184	
ROLLER BEARING CO OF AME	10/15/2029	4.375%	258,000	232,562	241,067	
ROYAL CARIBBEAN CRUISES	10/15/2027	7.500%	40,000	39,700	41,960	
ROYAL CARIBBEAN CRUISES	8/31/2026	5.500%	69,000	65,291	68,932	
ROYAL CARIBBEAN CRUISES	3/15/2032	6.250%	28,000	28,000	28,335	
ROYAL CARIBBEAN CRUISES	9/30/2031	5.625%	29,000	29,000	28,526	
ROYAL BANK OF CANADA	1/19/2027	4.875%	45,000	44,989	45,173	
ROYAL BANK OF CANADA	10/18/2027	4.510%	50,000	50,000	49,814	
RYDER SYSTEM INC	6/1/2025	4.625%	100,000	97,686	99,846	
SBA TOWER TRUST	1/15/2050	2.836%	300,000	300,000	299,692	
SM ENERGY CO	8/1/2029	6.750%	92,000	92,276	91,068	
SM ENERGY CO	8/1/2032	7.000%	153,000	153,398	150,850	
SS+C TECHNOLOGIES INC	9/30/2027	5.500%	112,000	106,465	110,926	
S+S HOLDINGS LLC	10/1/2031	8.375%	126,000	126,295	126,891	
SABINE PASS LIQUEFACTION	3/1/2025	5.625%	30,000	34,009	30,011	
SABINE PASS LIQUEFACTION	5/15/2030	4.500%	400,000	383,080	387,468	
SAKS GLOBAL ENTERPRISES	12/15/2029	11.000%	265,000	265,000	265,000	
SAMARCO MINERACAO SA	6/30/2031	9.000%	228,475	220,423	223,149	
SANDS CHINA LTD	8/8/2028	5.400%	200,000	169,000	197,770	
SANDS CHINA LTD	6/18/2030	4.375%	200,000	178,000	186,536	
SANTANDER HOLDINGS USA	5/31/2027	6.124%	10,000	10,000	10,146	
CHARLES SCHWAB CORP	5/13/2026	1.150%	50,000	47,476	47,740	
SEAGATE HDD CAYMAN	12/15/2029	8.250%	157,000	158,479	167,282	
SEMPRA	4/1/2052	4.125%	400,000	381,235	381,712	
SHIFT4 PAYMENTS LLC/FIN	8/15/2032	6.750%	113,000	113,677	114,928	
SIMMONS FOOD INC/SIMMONS	3/1/2029	4.625%	366,000	303,118	338,217	
SIMON PROPERTY GROUP LP	2/1/2028	1.750%	300,000	299,289	274,437	
SIMON PROPERTY GROUP LP	2/1/2031	2.200%	275,000	274,065	233,907	
SIRIUS XM RADIO LLC	7/15/2028	4.000%	389,000	335,605	358,409	
6297782 LLC	10/1/2034	5.584%	250,000	250,000	243,150	
SMYRNA READY MIX CONCRET	11/15/2031	8.875%	149,000	149,000	156,221	
SOCIETE GENERALE	1/19/2030	5.634%	775,000	785,974	773,559	
SONIC AUTOMOTIVE INC	11/15/2029	4.625%	240,000	217,425	221,474	
REPUBLIC OF SOUTH AFRICA	11/19/2036	7.100%	250,000	250,000	243,673	
SOUTH CAROLINA ST HSG FIN DE	7/1/2037	4.000%	80,000	83,018	78,172	
SOUTH JERSEY INDUSTRIES	4/15/2031	5.020%	455,000	364,998	375,894	
SOUTHERN NATURAL GAS	3/1/2032	8.000%	400,000	549,720	449,700	
SOUTHWESTERN ELEC POWER	3/15/2026	1.650%	50,000	48,032	48,113	
SPEEDWAY MOT/SPEEDWAY FD	11/1/2027	4.875%	453,000	424,895	440,420	
ONEMAIN FINANCE CORP	3/15/2026	7.125%	26,000	26,000	26,467	
STANDARD BUILDING SOLUTI	8/15/2032	6.500%	45,000	45,450	45,072	
STANDARD INDUSTRI INC/NY	2/15/2027	5.000%	64,000	66,179	62,632	

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STANDARD INDUSTRI INC/NY	1/15/2031	3.375%	119,000	119,000	102,032	
STANLEY BLACK + DECKER I	3/15/2060	4.000%	364,000	325,411	358,595	
STATE PUBLIC SCH BLDG AUTH PAL	4/1/2027	2.966%	750,000	768,473	721,725	
STATION CASINOS LLC	12/1/2031	4.625%	234,000	233,701	209,615	
STELLANTIS FIN US INC	9/15/2031	2.691%	250,000	250,000	205,185	
SWEDBANK AB	3/14/2029	5.407%	650,000	650,000	655,181	
T MOBILE USA INC	4/15/2030	3.875%	700,000	736,120	658,693	
TTX CO	2/1/2049	4.600%	475,000	473,993	411,170	
TALLGRASS NRG PRTNR/FIN	2/15/2029	7.375%	241,000	241,071	241,764	
TAYLOR MORRISON COMM	8/1/2030	5.125%	149,000	144,694	142,583	
TELUS CORP	5/13/2032	3.400%	325,000	324,067	286,631	
TENET HEALTHCARE CORP	10/1/2028	6.125%	230,000	219,938	229,572	
TENET HEALTHCARE CORP	2/1/2027	6.250%	221,000	217,920	220,821	
TENNESSEE HSG DEV AGY RSDL FIN	7/1/2050	3.750%	425,000	451,563	408,285	
TEREX CORP	10/15/2032	6.250%	239,000	240,813	234,220	
TEVA PHARMACEUTICALS NE	10/1/2026	3.150%	213,000	205,089	204,672	
TEXTRON FINANCIAL CORP	2/15/2067	6.520%	389,000	336,388	347,552	
TIME WARNER CABLE LLC	5/1/2037	6.550%	100,000	99,880	96,688	
TOLL BROS FINANCE CORP	11/15/2025	4.875%	100,000	99,990	99,965	
TORONTO DOMINION BANK	12/17/2026	5.086%	50,000	50,000	50,040	
TRACTOR SUPPLY CO	5/15/2033	5.250%	575,000	572,464	574,661	
TOYOTA MOTOR CREDIT CORP	5/18/2026	5.450%	50,000	50,000	50,317	
TOYOTA MOTOR CREDIT CORP	6/9/2025	5.060%	45,000	45,000	45,059	
TOYOTA MOTOR CREDIT CORP	10/8/2027	4.350%	15,000	14,994	14,895	
TRANSDIGM INC	3/1/2029	6.375%	154,000	153,948	154,342	
TRANSDIGM INC	3/1/2032	6.625%	231,000	230,874	233,086	
TRANSOCEAN INC	5/15/2029	8.250%	150,000	150,000	146,936	
TRANSOCEAN INC	5/15/2031	8.500%	110,000	110,000	107,842	
TRINITY INDUSTRIES INC	7/15/2028	7.750%	239,000	241,020	248,017	
TRIVIUM PACKAGING FIN	8/15/2026	5.500%	200,000	212,500	197,136	
TURNING POINT BRANDS INC	2/15/2026	5.625%	562,000	559,938	559,111	
US AIRWAYS 2013 1A PTT	5/15/2027	3.950%	242,705	224,341	240,259	
UNITED AIRLINES INC	4/15/2029	4.625%	115,000	112,869	109,341	
UNITED MEXICAN STATES	2/9/2035	6.350%	200,000	204,000	195,350	
UNITED RENTALS NORTH AM	3/15/2034	6.125%	325,000	325,000	322,459	
UNITEDHEALTH GROUP INC	7/15/2026	5.181%	20,000	20,000	20,065	
UNIVISION COMMUNICATIONS	7/31/2031	8.500%	270,000	267,984	264,735	
VT TOPCO INC	8/15/2030	8.500%	175,000	175,000	185,355	
VALARIS LTD	4/30/2030	8.375%	340,000	350,657	343,580	
VALE OVERSEAS LIMITED	1/17/2034	8.250%	175,000	205,307	205,380	
VAR ENERGI ASA	1/15/2028	7.500%	200,000	198,436	211,198	
VELOCITY VEHICLE GROUP	6/1/2029	8.000%	162,000	164,160	168,464	

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VENTURE GLOBAL CALCASIEU	1/15/2030	6.250%	130,000	130,000	131,213
VENTURE GLOBAL LNG INC	2/1/2029	9.500%	200,000	223,225	221,054
VENTURE GLOBAL LNG INC	1/15/2030	7.000%	154,000	157,383	156,307
VENTURE GLOBAL LNG INC	12/31/2099	9.000%	252,000	254,704	263,476
VERIZON COMMUNICATIONS	3/15/2039	4.812%	344,000	345,313	317,429
VERIZON COMMUNICATIONS	12/3/2029	4.016%	306,000	298,766	293,702
VERIZON COMMUNICATIONS	3/15/2032	2.355%	51,000	49,906	42,294
VERMILION ENERGY INC	5/1/2030	6.875%	247,000	240,184	245,081
TK ELEVATOR US NEWCO INC	7/15/2027	5.250%	200,000	203,000	195,784
PARAMOUNT GLOBAL	5/19/2032	4.200%	255,000	205,761	224,737
VIRGIN MEDIA SECURED FIN	5/15/2029	5.500%	200,000	187,500	187,590
VISTRA CORP	12/31/2099	8.000%	329,000	335,547	335,764
VISTRA OPERATIONS CO LLC	4/15/2034	6.000%	240,000	250,747	243,204
VISTRA OPERATIONS CO LLC	12/30/2026	5.050%	5,000	4,997	5,004
VMWARE LLC	8/15/2031	2.200%	250,000	249,508	207,385
VODAFONE GROUP PLC	2/27/2037	6.150%	38,000	37,262	39,897
VMED O2 UK FINANCING I	4/15/2032	7.750%	200,000	203,000	201,574
WEC ENERGY GROUP INC	1/9/2026	4.750%	100,000	100,072	100,053
WELLS FARGO + COMPANY	4/25/2026	5.962%	50,000	50,000	50,169
WELLS FARGO + COMPANY	4/24/2034	5.389%	450,000	450,000	444,992
WELLS FARGO + COMPANY	4/22/2028	5.729%	50,000	50,000	50,416
WELLTOWER OP LLC	6/15/2032	3.850%	275,000	274,857	251,551
WESCO DISTRIBUTION INC	3/15/2029	6.375%	90,000	90,000	91,203
WESCO DISTRIBUTION INC	3/15/2032	6.625%	90,000	90,000	91,473
WESTERN MIDSTREAM OPERAT	4/1/2033	6.150%	100,000	99,728	101,926
WESTERN MIDSTREAM OPERAT	11/15/2034	5.450%	500,000	498,715	482,960
WESTINGHOUSE AIR BRAKE	3/11/2034	5.611%	650,000	650,000	658,333
WESTPAC BANKING CORP	4/16/2029	5.489%	25,000	25,000	25,122
WILLIAMS COMPANIES INC	11/15/2029	4.800%	250,000	252,310	246,648
WILLIS NORTH AMERICA INC	9/15/2029	2.950%	325,000	324,412	295,445
WOLFSPEED INC	2/15/2028	0.250%	28,000	15,510	12,894
WOLFSPEED INC	12/1/2029	1.875%	144,000	78,068	59,674
JAPAN (20 YEAR ISSUE)	6/20/2030	1.600%	114,000,000	831,458	758,685
JAPAN (30 YEAR ISSUE)	9/20/2040	2.000%	30,500,000	318,375	204,478
WYNN MACAU LTD	10/1/2027	5.500%	200,000	153,108	194,614
WYNN MACAU LTD	12/15/2029	5.125%	263,000	239,816	243,985
XHR LP	6/1/2029	4.875%	52,000	45,386	49,057
XHR LP	5/15/2030	6.625%	116,000	116,333	116,380
XEROX HOLDINGS CORP	8/15/2025	5.000%	301,000	300,881	299,462
BUNDESREPUB. DEUTSCHLAND	7/4/2042	3.250%	60,000	104,869	67,760
ZF NA CAPITAL	4/23/2032	6.875%	150,000	150,000	142,236
ZEBRA TECHNOLOGIES CORP	6/1/2032	6.500%	46,000	46,000	46,663

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
ZEGONA FINANCE PLC	7/15/2029	8.625%	200,000	201,750	212,006	
SL545BZW IRS KRW R F 1.12500	10/7/2029	1.125%	1,005,600,000	840,311	633,881	
SL545BZW IRS KRW P V 03MKSDA	10/7/2029	3.520%	(1,005,600,000)	(840,311)	(683,083)	
SL3H64YQ IRS CNY R F 2.92000	1/17/2025	2.920%	5,430,000	788,717	744,142	
SL3H64YQ IRS CNY P V 03MCNDR	1/17/2025	1.730%	(5,430,000)	(788,717)	(743,912)	
SLXC0C49 IRS CNY R F 2.58000	2/5/2025	2.580%	2,750,000	393,419	376,953	
SLXC0C49 IRS CNY P V 03MCNDR	2/5/2025	2.200%	(2,750,000)	(393,419)	(376,751)	
SLWS0FMR IRS CNY R F 1.85000	5/8/2025	1.850%	8,100,000	1,142,213	1,110,482	
SLWS0FMR IRS CNY P V 03MCNDR0	5/8/2025	1.730%	(8,100,000)	(1,142,213)	(1,109,703)	
SL3V1OKN IRS CNY R F 2.35000	7/3/2025	2.350%	6,700,000	948,256	921,293	
SL3V1OKN IRS CNY P V 03MCNDR01	7/3/2025	1.730%	(6,700,000)	(948,256)	(917,903)	
SL0W0O37 IRS CNY R F 2.71500	9/16/2025	2.715%	4,000,000	590,145	552,417	
SL0W0O37 IRS CNY P V 03MCNDR07	9/16/2025	2.300%	(4,000,000)	(590,145)	(548,002)	
SL9K0FZ0 IRS CNY R F 2.72000	10/14/2025	2.720%	4,000,000	593,604	553,018	
SL9K0FZ0 IRS CNY P V 03MCNDR	10/14/2025	2.300%	(4,000,000)	(593,604)	(548,002)	
SL4H4X5T IRS CNY R F 2.48100	9/22/2026	2.481%	8,000,000	1,239,868	1,115,733	
SL4H4X5T IRS CNY P V 00MCNRR	9/22/2026	2.300%	(8,000,000)	(1,239,868)	(1,096,003)	
SLUC26KC IRS CNY R F 2.58500	11/5/2026	2.585%	10,000,000	1,563,587	1,399,123	
SLUC26KC IRS CNY P V 00MCNRR	11/5/2026	1.730%	(10,000,000)	(1,563,587)	(1,370,004)	
SLGR0JH9 IRS CNY R F 2.82250	2/15/2028	2.823%	8,800,000	1,290,853	1,257,964	
SLGR0JH9 IRS CNY P V 03MCNRR	2/15/2028	1.730%	(8,800,000)	(1,290,853)	(1,205,603)	
SLRTM9C8 IRS CNY R F 2.37750	7/24/2028	2.378%	35,800,000	4,986,593	5,070,772	
SLRTM9C8 IRS CNY P V 03MCNRR	7/24/2028	1.730%	(35,800,000)	(4,986,593)	(4,904,613)	
SLF50G3J IRS CNY R F 2.39000	11/8/2028	2.390%	6,500,000	892,244	923,239	
SLF50G3J IRS CNY P V 03MCNRR	11/8/2028	1.730%	(6,500,000)	(892,244)	(890,502)	
SL3V2H95 IRS CNY R F 2.12200	2/2/2029	2.122%	5,300,000	737,792	746,682	
SL3V2H95 IRS CNY P V 03MCNRR	2/2/2029	1.730%	(5,300,000)	(737,792)	(726,102)	
SLOE3N18 IRS KRW R F 3.31000	2/23/2034	3.310%	805,000,000	605,878	571,557	
SLOE3N18 IRS KRW P V 03MKSDA	2/23/2034	3.440%	(805,000,000)	(605,878)	(546,819)	
SLAPH42R1 IRS CNY R F 1.77850	8/2/2029	1.779%	10,200,000	1,407,984	1,409,883	
SLAPH42R1 IRS CNY P V 03MCNRR	8/2/2029	2.300%	(10,200,000)	(1,407,984)	(1,397,404)	
SLAPH907 IRS MXN R F 9.15000	11/19/2026	9.150%	80,100,000	3,956,826	3,851,411	
SLAPH907 IRS MXN P V 01MTIEF	11/19/2026	10.140%	(80,100,000)	(3,956,826)	(3,852,304)	
FINNISH GOVERNMENT	7/4/2028	2.750%	90,000	118,926	94,713	
REPUBLIC OF AUSTRIA	6/20/2044	3.150%	220,000	324,635	230,777	
AUSTRALIAN GOVERNMENT	4/21/2025	3.250%	1,540,000	1,198,520	950,497	
KINGDOM OF DENMARK	11/15/2025	1.750%	800,000	130,023	110,912	
DISCOVERY COMMUNICATIONS	3/19/2027	1.900%	250,000	307,288	250,381	
AUSTRALIAN GOVERNMENT	6/21/2035	2.750%	1,170,000	796,313	625,162	
SWITZERLAND	5/27/2030	0.500%	475,000	535,881	534,762	
MEX BONOS DESARR FIX RT	3/5/2026	5.750%	6,800,000	351,063	312,540	
JAPAN (10 YEAR ISSUE)	12/20/2025	0.300%	135,000,000	1,224,405	858,044	

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)		(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value
JAPAN (30 YEAR ISSUE)	12/20/2045	1.400%	88,700,000	977,541	512,802
BELGIUM KINGDOM	6/22/2047	1.600%	140,000	191,807	104,255
BONOS Y OBLIG DEL ESTADO	10/31/2046	2.900%	360,000	464,348	338,570
FRANCE (GOVT OF)	5/25/2036	1.250%	520,000	562,137	437,316
REPUBLIC OF INDONESIA	6/14/2028	3.750%	200,000	226,782	209,904
BUNDESREPUB. DEUTSCHLAND	8/15/2048	1.250%	1,129,000	1,086,624	898,251
FRANCE (GOVT OF)	11/25/2028	0.750%	1,540,000	1,764,182	1,489,310
POLAND GOVERNMENT BOND	10/25/2029	2.750%	260,000	71,805	55,787
CAPITAL ONE FINANCIAL CO	6/12/2029	1.650%	250,000	327,878	243,088
GENERAL MOTORS FINL CO	9/3/2025	2.350%	150,000	218,624	184,202
BONOS DE TESORERIA	8/12/2040	5.350%	4,100,000	840,660	911,877
THAILAND GOVERNMENT BOND	12/17/2035	1.585%	22,000,000	567,794	603,734
IVORY COAST	1/30/2032	4.875%	200,000	184,228	182,753
SOCIETE GENERALE	6/12/2029	0.500%	300,000	264,283	281,402
BUONI POLIENNALI DEL TES	8/1/2031	0.600%	1,130,000	1,255,163	999,477
INTL CONSOLIDATED AIRLIN	3/25/2029	3.750%	300,000	319,601	316,058
HEATHROW FUNDING LTD	10/8/2032	1.125%	275,000	241,435	252,579
DOBANK SPA	7/31/2026	3.375%	100,000	118,190	101,854
MORGAN STANLEY	4/29/2033	1.102%	200,000	232,096	176,767
PROCTER + GAMBLE CO/THE	5/5/2030	0.350%	425,000	392,279	389,748
MALAYSIA GOVERNMENT	10/15/2042	4.696%	500,000	122,798	120,759
BUONI POLIENNALI DEL TES	12/1/2032	2.500%	1,050,000	997,537	1,033,237
DEUTSCHE BANK AG	9/5/2030	5.000%	200,000	222,383	220,573
ENEL FINANCE INTL NV	3/9/2029	3.875%	275,000	299,991	295,647
ROMANIA	9/27/2029	6.625%	110,000	123,420	122,837
GSK CAPITAL BV	11/28/2032	3.125%	200,000	214,639	208,399
BANCO SANTANDER SA	1/16/2028	3.875%	200,000	210,922	213,367
BANCO DE SABADELL SA	2/7/2029	5.250%	200,000	210,766	219,400
TESCO CORP TREASURY SERV	2/27/2031	4.250%	275,000	301,468	297,866
GENERAL MILLS INC	4/13/2029	3.907%	250,000	271,076	267,780
BOOKING HOLDINGS INC	5/12/2033	4.125%	250,000	272,326	272,973
BOUYGUES SA	7/17/2031	3.875%	300,000	333,839	322,806
JAB HOLDINGS BV	6/12/2033	5.000%	200,000	214,146	226,320
DANSKE BANK A/S	6/21/2030	4.750%	250,000	280,584	276,310
REPUBLIC OF CHILE	7/5/2034	4.125%	250,000	270,365	267,420
AVIS BUDGET FINANCE PLC	7/31/2030	7.250%	200,000	217,041	217,708
CAIXABANK SA	7/19/2029	5.000%	200,000	228,630	220,348
MOBICO GROUP PLC	9/26/2031	4.875%	200,000	213,710	207,307
AMS OSRAM AG	3/30/2029	10.500%	175,000	198,987	179,342
KBC GROUP NV	11/28/2029	4.250%	300,000	329,161	324,011
UNICREDIT SPA	1/23/2031	4.300%	250,000	270,140	269,813
KIER GROUP PLC	2/15/2029	9.000%	175,000	242,506	231,058

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value	
LKQ DUTCH BOND BV	3/13/2031	4.125%	150,000	161,502	158,997	
DUKE ENERGY CORP	4/1/2031	3.750%	250,000	269,502	263,431	
FLUTTER TREASURY DAC	4/29/2029	5.000%	225,000	247,856	242,601	
PROLOGIS EURO FINANCE	5/5/2034	4.000%	250,000	266,125	266,812	
MOBILUX FINANCE SAS	5/15/2030	7.000%	150,000	160,388	162,020	
MOLSON COORS BEVERAGE	6/15/2032	3.800%	250,000	270,614	265,067	
FIN DEPT GOVT SHARJAH	1/17/2031	4.625%	150,000	161,795	156,745	
COCA COLA CO/THE	8/15/2053	3.750%	350,000	375,422	367,115	
BUBBLES HOLDCO SPA	9/30/2031	6.500%	150,000	166,770	156,588	
JAPAN (10 YEAR ISSUE)	9/20/2034	0.900%	300,000,000	1,912,163	1,877,882	
EDGE FINCO PLC	8/15/2031	8.125%	150,000	196,627	192,513	
BOPARAN FINANCE PLC	11/7/2029	9.375%	150,000	192,847	182,312	
GALAXY BIDCO LTD	12/19/2029	8.125%	150,000	191,355	189,283	
UNITED KINGDOM GILT	12/7/2038	4.750%	540,000	960,648	671,343	
UNITED KINGDOM GILT	12/7/2055	4.250%	415,000	873,367	451,410	
NETHERLANDS GOVERNMENT	1/15/2037	4.000%	240,000	458,998	281,910	
SINGAPORE GOVERNMENT	3/1/2027	3.500%	175,000	144,526	130,192	
MALAYSIA GOVERNMENT	5/31/2027	3.502%	1,100,000	265,468	246,095	
JAPAN (40 YEAR ISSUE)	3/20/2050	2.200%	135,000,000	1,571,397	876,674	
JAPAN (30 YEAR ISSUE)	9/20/2039	2.200%	20,000,000	204,128	138,333	
UNITED KINGDOM GILT	10/22/2028	1.625%	300,000	329,505	342,351	
BARCLAYS PLC	5/8/2026	3.000%	200,000	276,174	244,001	
PERMANENT TSB GROUP	4/25/2028	6.625%	200,000	230,805	222,090	
UNITED KINGDOM GILT	10/22/2030	0.375%	200,000	200,313	201,222	
BONOS Y OBLIG DEL ESTADO	10/31/2030	1.250%	740,000	941,981	709,274	
UNITED KINGDOM GILT	1/31/2046	0.875%	380,000	357,095	220,457	
FRANCE (GOVT OF)	6/25/2044	0.500%	530,000	626,828	318,542	
BELGIUM KINGDOM	6/22/2031	1.000%	350,000	383,259	327,178	
REPUBLIC OF GUATEMALA	5/3/2026	4.500%	260,000	248,560	254,669	
MEX BONOS DESARR FIX RT	5/31/2029	8.500%	3,800,000	231,402	173,217	
Total corporate and foreign sovereign debt				158,567,435	147,774,241	
Registered investment companies:						
AFL CIO HSG INVT TR			37,581	42,811,883	36,103,044	
DFA EMERGING MARKETS VALUE POR			1,648,602	45,330,769	49,309,671	
DFA INTERNATIONAL SMALL CAP VA			842,079	14,664,064	18,466,784	
VANGUARD SHORT TERM INFLATION			1,210,214	31,125,323	29,408,210	
Total registered investment companies				133,932,039	133,287,709	
Common collective trusts and other collective investment funds:						
ALPSTONE GLOBAL MACRO FUND			37,500	37,500,000	41,606,491	
ARISTOTLE SMALL CAP EQUITY INVESTMENT TRUST			1,138,128	15,870,678	19,894,480	

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 31-6129964, Plan No. 001
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value	
	ARTISAN DEVELOPING WORLD TRUST	1,556,819	21,638,428	48,292,526
	BH DG SYSTEMATIC TRADING	1	18,220,888	18,220,888
	CTF MICRO CAPITAL EQUITY PORTFOLIO	837,010	4,852,700	20,951,521
	DRIEHAUS INTERNATIONAL SMALL CAP GROWTH CIT	1,113,044	9,752,116	15,805,220
	ENTRUST SPECIAL OPP FUND III LTD	6,176,776	6,176,776	7,597,689
	ENTRUSTPERMAL SOE FUND LTD	15,000,000	15,000,000	14,178,695
	ENTRUSTPERMAL SPECIAL FUND OPP IV LTD	20,184,418	20,184,418	21,820,560
	JUNIPERUS INSURANCE OPP FUND LTD	36,170	36,169,956	46,233,147
	KOHINOOR CORE FUND	9,425	9,000,000	8,034,678
*	MSCI EAFE INDEX FUND NL	327,185	37,589,226	44,467,442
	ONE RIVER RISK RESPONDERS	25,000	25,000,000	22,139,793
*	RHUMBLINE QSI INDEX LLC	1,077,355	31,949,933	49,522,866
*	RUSSELL 1000 INDEX NL FUND	574,439	52,608,274	52,546,175
	JUNIPERUS INSURANCE OPP FUND	1,330	1,228,638	1,579,688
*	S&P GLOBAL LMC NAT RESOUR INDEX NL FUND	1,123,723	19,960,914	18,327,928
	AGGREGATE BOND INDEX FUND NL	416,586	13,068,319	13,453,652
	THL CREDIT BANK LOAN SELECT	9,958	18,220,728	24,360,415
*	UNION LABOR LIFE INSURANCE COMPANY J	13,227	13,803,250	24,019,990
*	UNION LABOR LIFE INSURANCE COMPANY WI	1,073,028	14,028,682	20,073,511
*	US SHORT TERM GOVT CREDIT BOND INDEX	2,137,511	24,174,762	26,188,787
	US TIPS INDEX NL FUND (CMTP)	690,118	18,079,931	20,602,106
*	WCM FOCUSED INTERNATIONAL GROWTH FUND LP	5,000,001	5,000,001	45,433,889
*	WELLINGTON OPPORTUNISTIC EMERGING MKTS	4,216,465	43,381,347	37,189,220
	Total common collective trusts and other collective investment funds		512,459,965	662,541,357
	Securities lending collateral and cash awaiting investment		21,444,544	21,444,544
	Total investments		<u>\$ 1,934,338,054</u>	<u>\$ 2,666,802,463</u>

*Indicates a party-in-interest

**Laborers' District Council and
Contractors' Pension Fund of Ohio**

**Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 31-6129964, Plan No. 001
For the year ended December 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Series Transactions:</u>								
STATE STREET	RUSSELL 1000 INDEX NL FUND							
	555 Purchases	\$ 195,821,990	\$ -	\$ -	\$ -	\$ 195,821,990	\$ 195,821,990	\$ -
	453 Sales	-	165,959,246	-	-	160,445,661	165,959,246	5,513,585
STATE STREET	PAYDEN US DOLLAR LIQUIDITY FUND							
	1397 Purchases	188,132,641	-	-	-	188,132,641	188,132,641	-
	1052 Sales	-	185,974,645	-	-	185,974,645	185,974,645	-

Schedule MB, Line 8b(3) – Schedule of Projected Employer Contribution and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 92,591,207	\$ 56,391	\$ 92,647,598
2025	92,591,207	58,568	92,649,775
2026	92,591,207	58,568	92,649,775
2027	92,591,207	58,568	92,649,775
2028	92,591,207	45,390	92,636,597
2029	92,591,207	42,574	92,633,781
2030	92,591,207	42,574	92,633,781
2031	92,591,207	42,574	92,633,781
2032	92,591,207	42,574	92,633,781
2033	92,591,207	42,574	92,633,781

Based on the contributions used in the certification of plan status shown in Line 4(b)

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information <small>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).</small> ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

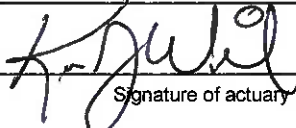
A Name of plan LABORERS DISTRICT COUNCIL & CONTRACTORS OHIO PENSION FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TRUSTEES, LABORERS DIST COUNCL & CONTR PENSION FD OHIO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN)</td> <td style="text-align: center;">31-6129964</td> </tr> </table>	D Employer Identification Number (EIN)	31-6129964
D Employer Identification Number (EIN)	31-6129964		

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)	2,679,085,599
(2) Actuarial value of assets for funding standard account	1b(2)	2,820,495,577
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,615,413,697
(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)	2,615,413,697
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)	4,677,821,336
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	133,878,090
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	186,497,506
(3) Expected plan disbursements for the plan year	1d(3)	192,966,040

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

SIGN HERE	 Signature of actuary	<u>10/9/2025</u> Date 23-07086
Kevin Woodrich	Type or print name of actuary	Most recent enrollment number (703) 893-1456
Cheiron, Inc	Firm name	Telephone number (including area code)
9115 Harris Corners Parkway, 380 Charlotte	Address of the firm NC 28269	

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	2,679,085,599
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	9,897	2,347,345,835
(2) For terminated vested participants	5,355	600,466,463
(3) For active participants:		
(a) Non-vested benefits		188,709,718
(b) Vested benefits		1,541,299,320
(c) Total active	14,573	1,730,009,038
(4) Total	29,825	4,677,821,336
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.27%

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
01/15/2024	4,637,670		06/15/2024	9,411,699	
02/15/2024	5,342,817		07/15/2024	9,103,301	
03/15/2024	6,714,513		08/15/2024	11,440,495	
04/15/2024	7,831,725		09/15/2024	9,572,637	
05/15/2024	9,187,235		11/15/2024	24,766,623	
Totals ▶			3(b)	98,008,715	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					59,171

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	107.8%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	4.79%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	8.1%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.8%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	3,925,330
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	22,001,330	2,288,029
3	14,917,682	14,917,682

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	55,400,513

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	528,221,164	113,735,080
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		12,262,330
e Total charges. Add lines 9a through 9d.....	9e		181,397,923
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		327,930,050
g Employer contributions. Total from column (b) of line 3.....	9g		98,008,715
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	200,291,114	55,911,010
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		31,083,119
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	342,833,914	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,474,491,123	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		512,932,894
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		331,534,971
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		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule MB, Line 3 – Contributions made to the plan for the plan year by employer(s) and employees

Schedule of Employer Contributions	
Date of Payment	Amount
1/15/2024	\$4,637,670
2/15/2024	5,342,817
3/15/2024	6,714,513
4/15/2024	7,831,725
5/15/2024	9,187,235
6/15/2024	9,411,699
7/15/2024	9,103,301
8/15/2024	11,440,495
9/15/2024	9,572,637
10/15/2024	10,081,721
11/15/2024	8,678,765
12/15/2024	6,006,137
Total	\$98,008,715

This table expands on the contributions listed in the Schedule MB because there were more contributions made than lines available in the form. These amounts include withdrawal liability payments.

Schedule MB, Line 3(d) – Withdrawal Liability Amounts

Schedule of Withdrawal Liability Payments			
		Lump	
Date of Payment	Periodic	Sum	Total
	Amounts	Amounts	Amounts
1/15/2024	\$ 2,177	\$ 0	\$ 2,177
3/15/2024	12,465	37,998	50,463
5/15/2024	2,177	0	2,177
9/15/2024	2,177	0	2,177
11/15/2024	2,177	0	2,177
Total	<u>\$21,173</u>	<u>\$37,998</u>	<u>\$59,171</u>

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions

1. Discount Rate

Funding: 7.25% per year
Current Liability: 3.29% per year
LDROM: 5.45% for the next 20 years, 5.22% thereafter.

The discount rate is net of investment expenses.

2. Mortality Rates

Healthy Lives (Funding) – SOA RP-2014 Blue Collar Mortality with a post-commencement adjustment to account for actual mortality experienced in the most recent five years ending 2014, fully generational with scale MP-2017

Disabled Lives – SOA RP-2014 Disabled Retiree Mortality fully generational with Scale MP-2017

Current Liability – 2024 Static Mortality Table

3. Rates of Disability

The 1985 Pension Disability Table Class 3 for Males and Females

Below is a sample of disability rates at select ages:

Age	Male	Female
20	0.1510%	0.0890%
30	0.3090%	0.2520%
40	0.5970%	0.5470%
50	1.2240%	1.2010%
60	3.2400%	2.3260%

4. Rates of Turnover

Rates based on recent experience of plan participants. Below is a sample of turnover rates at select ages:

Age	Year of Participation			
	1 years	2 years	3 years	4 or more years
20	15.13%	13.08%	10.82%	6.57%
30	15.13%	13.08%	10.82%	6.76%
40	15.13%	13.08%	10.82%	5.17%
50	15.13%	13.08%	10.82%	3.90%

5. Retirement Rates

Age	<30 Pension Credits or Greater than Age 62	
	Hired before 2018	Hired After 2017
53 – 57	6%	6%*
58 – 59	6%	6%
60 – 61	20%	6%
62	50%	50%
63 – 64	25%	25%
65 – 69	50%	50%
70	100%	100%

*Active participants hired after 2017 are assumed to retire at a rate of 6% upon attainment of eligibility regardless of pension credits earned

Years from First Attainment	Hired before 2018 >30 Pension Credits or Under Age 62
0	50%
1 - 4	25%
5	100%

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

6. Future Benefit Accruals:

Each active employee is assumed to work the average hours worked in the last two years.

Each active employee is assumed to accrue one pension credit for each year worked.

IRS prescribed 2024 mortality table to comply with appropriate guidance.

7. Expenses:

\$3,925,330 increasing 3% per year payable at the beginning of the year to estimate Plan Administration costs.

For determining the Present Value of Accumulated Benefits FASB ASC 960, the expense assumption is assumed to be \$129.89 per participant for the current plan year and increasing at the rate of 3% per year.

8. Rationale of Economic and Demographic Assumptions

In accordance with the Actuarial Standard of Practice No. 27 and No. 35, the economic and demographic assumptions used in this report were based on an experience study completed by the prior actuary.

9. Summary of Changes since the Last Valuation

- a. The RPA 1994 Current Liability interest rate assumption was updated from 2.55% to 3.29% to comply with appropriate guidance.
- b. The RPA 1994 Current Liability mortality table was updated from the IRS prescribed 2023 mortality table to the

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

B. Actuarial Methods

1. Funding Method: Unit Credit Cost Method

The cost method for the valuation of liabilities used for this valuation is the unit credit method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the unit credit actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each Participant as of each valuation date, represents the actuarial present value of the Participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the unit credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method

The Actuarial Value of Assets is equal to the Market Value of Assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on Market Value, and is recognized over a five-year period.

The resulting Actuarial Value of Assets is then limited to be no greater than 120% and no less than 80% of the Market Value of Assets on the valuation date.

3. Model Disclosures

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

ProVal

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate liabilities, normal costs, and project benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal as it relates to the Plan and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in the output of ProVal that would affect the contents of this actuarial valuation report.

Projection Model

Projections were developed using *P-scan*, our proprietary tool for developing deterministic projections. *P-scan* is used to illustrate the impact on the future financial status of the Plan due to changes in active membership, investment experience and the collection of Withdrawal Liability payments. The model can show how sensitive the Plan is to changes in an individual assumption or changes in a combination of assumptions.

4. Changes in Actuarial Methods since Last Valuation

None

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

The RPA 1994 Current Liability interest rate assumption was updated from 2.55% to 3.29% to comply with appropriate guidance.

The RPA 1994 Current Liability mortality table was updated from the IRS prescribed 2023 mortality table to the IRS prescribed 2024 mortality table to comply with appropriate guidance.

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Schedule of Active Participant Data as of January 1, 2024																				
		Completed Years of Credited Service																		
		Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Up
Attained Age	Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit	
	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit
Under 25	512	\$ 39	1,117	\$ 205	100	\$ 565														
25 to 29	277	\$ 40	1,103	\$ 234	654	\$ 687	28	\$ 1,171												
30 to 34	241	\$ 39	912	\$ 233	787	\$ 728	236	\$ 1,275	10											
35 to 39	182	\$ 39	616	\$ 239	571	\$ 697	277	\$ 1,315	160	\$ 1,922	10									
40 to 44	116	\$ 41	425	\$ 222	472	\$ 721	245	\$ 1,336	266	\$ 1,871	200	\$ 2,474	23	\$ 3,003						
45 to 49	77	\$ 40	284	\$ 222	368	\$ 723	228	\$ 1,303	209	\$ 1,877	252	\$ 2,471	167	\$ 3,062	7					
50 to 54	49	\$ 39	223	\$ 235	302	\$ 724	191	\$ 1,277	230	\$ 1,849	252	\$ 2,397	273	\$ 3,033	72	\$ 3,606				
55 to 59	34	\$ 40	133	\$ 233	223	\$ 723	148	\$ 1,261	131	\$ 1,821	144	\$ 2,391	170	\$ 3,003	35	\$ 3,461	5			1
60 to 64	127	\$ 32	122	\$ 193	110	\$ 721	91	\$ 1,217	74	\$ 1,729	75	\$ 2,337	66	\$ 2,886	25	\$ 3,573	7			3
65 to 69	4		19		34	\$ 715	21	\$ 1,257	18		11		6		1		1			3
70 & Up			3				2		2											

Average Age = 39.7

Average Service = 8.2



Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortization Charges Required for Minimum Required Contribution as of January 1, 2024			
Type of Base	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment 1995	\$ 4,276,333	1	\$ 4,276,333
2. Plan Amendment 1996	10,873,548	2	5,626,963
3. Plan Amendment 1997	7,206,614	3	2,572,163
4. Assumption Change 1998	2,840,825	4	786,414
5. Plan Amendment 1998	13,611,496	4	3,768,018
6. Plan Amendment 1999	18,758,169	5	4,294,274
7. Assumption Change 2000	1,025,394	6	202,132
8. Plan Amendment 2000	29,925,874	6	5,899,169
9. Plan Amendment 2001	2,657,583	7	463,804
10. Plan Amendment 2002	1,120,803	8	176,709
11. Assumption Change 2003	4,541,455	9	656,861
12. Assumption Change 2006	12,283,127	12	1,461,202
13. Plan Amendment 2007	703,408	13	79,590
14. Assumption Change 2011	448,940	2	232,323
15. Experience Loss 2011	2,369,725	2	1,226,310
16. Assumption Change 2012	11,373,266	3	4,059,312
17. Experience Loss 2012	16,514,686	3	5,894,372
18. Assumption Change 2013	1,325,112	4	366,826
19. Experience Loss 2013	15,733,240	4	4,355,372
20. Assumption Change 2014	1,632,253	5	373,668
21. Experience Loss 2014	2,509,887	5	574,584
22. Experience Loss 2015	37,762,038	6	7,443,880
23. Experience Loss 2016	58,600,026	7	10,226,927
24. Experience Loss 2017	68,984,536	8	10,876,325
25. Experience Loss 2018	44,831,554	9	6,484,286
26. Experience Loss 2019	16,478,086	10	2,212,862
27. Experience Loss 2020	12,224,498	11	1,539,002
28. Assumption Change 2021	54,494,429	12	6,482,663
29. Revenue Ruling 81-213 Charge Base 2023	36,195,247	14	3,917,025
30. Revenue Ruling 81-213 Charge Base 2024	22,001,330	15	2,288,029
31. Plan Amendment (13th Check paid December 2023)	14,917,682	1	14,917,682
Total Charges	\$ 528,221,164		\$ 113,735,080

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortization Credits Required for Minimum Required Contribution as of January 1, 2024			
Type of Base	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption Change 1995	\$ 943,299	1	943,299
2. Experience Gain 2010	15,791,720	1	15,791,720
3. Assumption Change 2015	16,977,819	6	3,346,770
4. Funding Method Change 2017	65,821,215	3	23,492,705
5. Assumption Change 2017	9,405,360	8	1,482,880
6. Assumption Change 2018	6,391,308	9	924,418
7. Experience Gain 2021	54,386,433	12	6,469,815
8. Experience Gain 2022	30,573,960	13	3,459,403
Total Credits	\$ 200,291,114		\$ 55,911,010
Total Charges (Table V-4)	\$ 528,221,164		\$ 113,735,080
Total Credits	200,291,114		55,911,010
Net Charge/(Credit)	\$ 327,930,050		\$ 57,824,070

Schedule MB, Line 6 – Summary of Plan Provisions

This section summarizes the major provisions of the Fund included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions. This section refers to the benefits accrued under the Fund.

1. Pension Credit

One-quarter of a Pension Credit for each 250 hours in covered employment, but not more than 1 credit in a year for employment within a calendar year.

2. Vesting Service Credits

One-quarter of a Pension Credit for each 250 hours in covered employment, but not more than 1 credit in a year for employment within a calendar year. Special circumstances apply to participants working in reciprocal agreements.

3. Normal Pension

a. Age and Service Requirement

Age 65 and 5th Anniversary of participation or attainment of age 60 and 5 pension credits if earlier. Except for Participants who have not been credited with a minimum of $\frac{1}{4}$ of a Pension Credit as of January 1, 2018, and whose Pension Credits earned prior to January 1, 2018, are subsequently forfeited, age 65 and 5th Anniversary of participant or attainment of age 62 and 5 pension credits.

b. Amount

The monthly benefit will be the greater of (1) or (2) as follows:

- (1) Pension credits earned times \$74.
- (2) The sum of (a) and (b)
 - (a) Pension credits earned prior to 1968 times \$74
 - (b) Hours worked after 1968 times 6.4 cents

The normal form of retirement benefits is a five year certain and life annuity.

4. Special Service Retirement

a. Eligibility Requirement

Attainment of age 53 and 30 pension credits. Except for Participants who have not been credited with a minimum of one-quarter of a Pension Credit as of January 1, 2018 or whose Pension Credits earned prior to January 1, 2018 are subsequently forfeited, attainment of age 58 and 30 pension credits.

b. Amount

Normal pension

5. Early Retirement

a. Eligibility Requirement

Attainment of age 53 and 10 pension credits. Except for Participants who have not been credited with a minimum of one-quarter of a Pension Credit as of January 1, 2018 or whose Pension Credits earned prior to January 1, 2018 are subsequently forfeited, attainment of age 58 and 10 pension credits.

Schedule MB, Line 6 – Summary of Plan Provisions

b. Amount

Same formula as normal retirement benefit, reduced for early commencement of payments by $\frac{1}{4}\%$ for each month the early retirement benefit commencement date precedes age 60 (age 62 for participants who do not have one-quarter of Pension Credit as of January 1, 2018).

6. Disability

a. Service Requirement

10 Pension Credits

b. Amount

75% of accrued normal retirement benefit payable till the earliest retirement age, then normal retirement benefit reduced for early commencement.

7. Vested Benefits

a. Service Requirement

5 years of Vesting Service

b. Amount

Same as normal retirement benefit, payable at normal retirement age. Normal or early pension accrued based on the plan in effect when last active.

8. Pre-Retirement Death Benefit

a. Age Requirement

None

b. Spouse Benefit

The amount of benefit that would have been payable to the spouse if the employee had terminated employment the day before his/her death, survived to the earliest possible retirement date, retired under the Joint and 100% Survivor option and then died immediately afterward.

Or

If the Participant had at least 5 pension credits, an immediate lump sum of \$1,000 times pension credits not in excess of 30, plus a future annuity offset by the immediate lump sum.

9. Optional Forms of Benefits

Life annuity with 36 months guaranteed; 50% Husband-and-Wife Pension with Pop-up; 75% Husband-and-Wife Pension with Pop-up; 50% or 100% Joint and Survivor Annuity; Level Income Option (not available on the portion of pension accrued after December 31, 2013).

10. Changes since Last Valuation

The Trustees approved a one-time 13th check benefit payment to be made in December 2023. This payment totals \$14.9 million.

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants	Total
			and Beneficiaries Receiving Payments	
2024	\$8,794,591	\$3,323,836	\$176,782,479	\$188,900,906
2025	16,688,401	4,779,527	170,971,443	192,439,371
2026	24,270,147	6,459,323	165,237,956	195,967,426
2027	31,893,718	8,105,822	159,241,010	199,240,550
2028	38,874,911	9,828,736	152,808,696	201,512,343
2029	44,908,980	11,556,923	146,652,278	203,118,182
2030	50,823,884	13,514,772	140,696,310	205,034,966
2031	56,106,870	15,703,723	135,043,501	206,854,094
2032	60,994,272	18,065,547	129,411,771	208,471,589
2033	65,595,142	20,468,989	123,848,467	209,912,598
2034	69,678,298	22,626,158	117,974,854	210,279,310
2035	73,110,763	24,707,591	112,474,190	210,292,544
2036	76,246,330	26,331,335	106,872,903	209,450,568
2037	78,861,449	27,934,045	101,352,455	208,147,949
2038	81,144,651	29,423,874	96,240,465	206,808,989
2039	83,139,779	30,892,061	91,416,903	205,448,744
2040	84,809,269	32,140,434	86,567,476	203,517,179
2041	86,152,509	33,113,747	81,704,953	200,971,208
2042	87,166,789	33,900,927	76,843,895	197,911,611
2043	87,801,402	34,499,304	72,000,507	194,301,213
2044	88,109,145	34,933,621	67,192,470	190,235,236
2045	88,124,320	35,283,579	62,438,856	185,846,755
2046	88,135,143	35,460,460	57,760,114	181,355,717
2047	87,812,666	35,345,674	53,177,706	176,336,046
2048	87,373,244	35,151,035	48,713,691	171,237,970

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants	Total
			and Beneficiaries Receiving Payments	
2049	86,760,188	34,757,545	44,390,326	165,908,058
2050	85,862,242	34,219,363	40,229,296	160,310,901
2051	84,930,482	33,620,876	36,251,021	154,802,379
2052	83,633,282	32,928,369	32,474,101	149,035,752
2053	82,126,675	32,045,798	28,914,649	143,087,121
2054	80,344,616	31,035,523	25,585,482	136,965,620
2055	78,636,353	29,974,082	22,495,879	131,106,314
2056	76,402,570	28,859,224	19,651,419	124,913,213
2057	74,070,116	27,555,373	17,053,707	118,679,195
2058	71,530,447	26,136,609	14,700,711	112,367,767
2059	68,851,657	24,714,158	12,587,109	106,152,924
2060	65,845,274	23,250,272	10,704,467	99,800,014
2061	63,003,881	21,778,310	9,041,808	93,823,999
2062	60,116,055	20,331,259	7,586,092	88,033,406
2063	57,113,107	18,914,975	6,322,387	82,350,469
2064	53,984,548	17,531,521	5,234,495	76,750,564
2065	50,835,989	16,189,747	4,305,611	71,331,347
2066	47,670,352	14,900,496	3,518,839	66,089,687
2067	44,510,405	13,656,308	2,857,648	61,024,362
2068	41,435,437	12,467,280	2,306,280	56,208,997
2069	38,482,457	11,336,755	1,849,968	51,669,180
2070	35,653,551	10,267,272	1,475,087	47,395,911
2071	32,952,533	9,260,258	1,169,282	43,382,073
2072	30,382,668	8,317,257	921,503	39,621,428
2073	27,942,113	7,438,211	722,050	36,102,374

Notes on the Expected Annual Benefit Payments:

- Based on the funding assumptions shown in the January 1, 2024 valuation report
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses