

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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 THE SHERWIN-WILLIAMS COMPANY MASTER TRUST, 1b Three-digit plan number (PN) 029, 1c Effective date of plan, 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) THE SHERWIN-WILLIAMS COMPANY 101 PROSPECT AVENUE N.W. C/O TAX DEPT., 1220 GH CLEVELAND, OH 44115-1075, 2b Employer Identification Number (EIN) 34-0526850, 2c Plan Sponsor's telephone number 216-566-2000, 2d Business code (see instructions)

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, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 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 THE SHERWIN-WILLIAMS COMPANY MASTER TRUST	B Three-digit plan number (PN) ▶	029
C Plan sponsor's name as shown on line 2a of Form 5500 THE SHERWIN-WILLIAMS COMPANY	D Employer Identification Number (EIN) 34-0526850	

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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		234374	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		134345	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)

LORD ABBETT & CO.

13-5620131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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		104429	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2882358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 28		42477	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)

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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		32819	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>THE SHERWIN-WILLIAMS COMPANY MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>029</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE SHERWIN-WILLIAMS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0526850</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: <u>MSCI ACWI EX-US INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>36-1561860-000</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>7019490</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE FND TRST SHT TERM INV FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>36-1561860-000</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>1392212</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EM MKT CM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL FUNDS MANAGER, INC.</u>		
c EIN-PN <u>35-2435479-000</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>48610</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB CORE BOND FD</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN INVESTMENT MANAGEMENT INC.</u>		
c EIN-PN <u>13-3200244-000</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>11464818</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS INTERNATIONAL GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL FUNDS MANAGER, INC.</u>		
c EIN-PN <u>04-2882358-000</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>5376248</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	THE SHERWIN-WILLIAMS COMPANY EMPLOYEES' PENSION PLAN	
b Name of plan sponsor	THE SHERWIN-WILLIAMS COMPANY	c EIN-PN 34-0526850-045

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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a Plan name		
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a Plan name		
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a Plan name		
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a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE SHERWIN-WILLIAMS COMPANY MASTER TRUST	B Three-digit plan number (PN) ▶ 029
C Plan sponsor's name as shown on line 2a of Form 5500 THE SHERWIN-WILLIAMS COMPANY	D Employer Identification Number (EIN) 34-0526850

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	114142	131407
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9302107	10723644
(5) Partnership/joint venture interests	1c(5)	217877	157109
(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)	25185071	25301378
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	100313069	112542959
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	100963	4993

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	135233229	148861490
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	226229	189752
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	226229	189752
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	135007000	148671738

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	18799	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2541313	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2560112
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12527762	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12338965	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		188797
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2112459	
(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)		875610
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13017341
c Other income	2c		82537
d Total income. Add all income amounts in column (b) and enter total	2d		18836856

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	686532	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		686532
j Total expenses. Add all expense amounts in column (b) and enter total	2j		686532

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18150324
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		4485586

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:

(2) EIN:

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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

THE SHERWIN-WILLIAMS COMPANY

MASTER TRUST

SCHEDULE H, LINE 4(I) – SCHEDULE OF ASSETS (ACQUIRED AND
DISPOSED OF WITHIN YEAR)

FOR THE YEAR END DECEMBER 31, 2024

EIN: 34-0526850

PLAN NUMBER: 029

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C23257D103	#REORG CYMABAY MERGER 03-22-2024	Acquisitions	2,402.00	-57,443.86	
		Dispositions	-4,028.00		129,607.37
C74167P108	#REORG/PRIMO MERGER PRIMO 2513A64 11-11-2024	Acquisitions	3,732.00	-83,022.33	
		Dispositions	-164.00		4,543.49
		Free Delivery	-3,568.00		
C86800U104	#REORG/SUPER MERGER SUPER 2715A94 10-01-2024	Acquisitions	13.00	-8,585.35	
		Dispositions	-439.00		368,196.77
C000360206	AAON INC COM PAR \$0.004 COM PAR \$0.004	Acquisitions	743.00	-67,899.95	
		Dispositions	-1,251.00		98,412.88
C000899104	ADMA BIOLOGICS INC COM	Acquisitions	11,005.00	-161,599.13	
		Dispositions	-3,219.00		52,766.29
C226718104	ADR CRITEO S A SPONSORED ADS	Acquisitions	1,785.00	-77,966.09	
		Dispositions	-1,785.00		61,297.40
C29260V105	ADR ENDAVA PLC ADS	Acquisitions	488.00	-37,829.93	
		Dispositions	-1,244.00		46,555.51
C008073108	AEROVIRONMENT INC COM	Acquisitions	289.00	-48,592.61	
		Dispositions	-1,876.00		308,152.78
C00847J105	AGILYSYS INC COM STK	Acquisitions	536.00	-48,823.78	
		Dispositions	-86.00		9,593.89
C03783C100	APPFOLIO INC COM CL A COM CL A	Acquisitions	81.00	-17,828.20	
		Dispositions	-863.00		171,214.29
C03940C100	ARCELLX INC COM	Acquisitions	609.00	-50,057.43	
		Dispositions	-943.00		54,201.74
C04626A103	ASTERA LABS INC COM	Acquisitions	2,336.00	-109,290.56	
		Dispositions	-427.00		32,065.71
C05370A108	AVIDITY BIOSCIENCES INC COM				

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	1,871.00	-73,577.41	
		Dispositions	-1,871.00		72,438.00
C05368X102	AVIDXCHANGE HLDGS INC COM USD0.001				
		Acquisitions	788.00	-9,022.78	
		Dispositions	-11,645.00		98,429.01
C05464C101	AXON ENTERPRISE INC COM				
		Acquisitions	24.00	-6,900.87	
		Dispositions	-476.00		131,864.75
C05478C105	AZEK CO INC CL A CL A				
		Acquisitions	2,336.00	-108,841.43	
		Dispositions	-2,336.00		85,825.73
CG0896C103	BBB FOODS INC COM				
		Acquisitions	3,378.00	-84,995.47	
		Dispositions	-3,378.00		76,170.84
C07831C103	BELLRING BRANDS INC COM USD0.01				
		Acquisitions	991.00	-58,096.22	
		Dispositions	-2,317.00		117,141.92
CM2029K104	BIRKENSTOCK HOLDING PLC COM NPV				
		Acquisitions	2,048.00	-111,293.91	
		Dispositions	-2,048.00		98,251.40
C09627Y109	BLUEPRINT MEDICINES CORP COM				
		Acquisitions	532.00	-50,967.42	
		Dispositions	-1,723.00		151,797.39
C10806X102	BRIDGEBIO PHARMA INC COM				
		Acquisitions	198.00	-6,329.45	
		Dispositions	-4,625.00		116,339.30
C109194100	BRIGHT HORIZONS FA COM USD0.001				
		Acquisitions	1,242.00	-133,315.35	
		Dispositions	-1,242.00		141,780.55
CM20791105	CAMTEK LTD COM STK				
		Acquisitions	754.00	-62,288.87	
		Dispositions	-2,222.00		194,642.40
C148929102	CAVA GROUP INC COM				
		Acquisitions	1,779.00	-96,529.50	
		Dispositions	-2,157.00		200,846.36
C18467V109	CLEAR SECURE INC CL A CL A				
		Acquisitions	3,830.00	-109,459.09	
		Dispositions	-165.00		5,912.57

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C185123106	CLEARWATER ANALYTICS HLDGS INC CL A CL A	Acquisitions	2,958.00	-94,151.44	
		Dispositions	-2,066.00		35,413.89
C199908104	COMFORT SYS USA INC COM	Acquisitions	64.00	-18,159.17	
		Dispositions	-241.00		82,663.35
C22266M104	COURSERA INC COM	Acquisitions	47.00	-840.20	
		Dispositions	-2,209.00		38,882.73
C224408104	CRANE CO NEW COM	Acquisitions	1,168.00	-153,453.82	
		Dispositions	-599.00		90,684.75
CG25457105	CREDO TECHNOLOGY GROUP HOLDING LTD	Acquisitions	1,562.00	-46,543.59	
		Dispositions	-1,018.00		63,140.91
C22663K107	CRINETICS PHARMACEUTICALS INC COM	Acquisitions	1,246.00	-54,584.17	
		Dispositions	-650.00		30,774.58
CM2682V108	CYBER-ARK SOFTWARE LTD COM ILS0.01	Acquisitions	112.00	-28,981.27	
		Dispositions	-259.00		72,806.05
C23282W605	CYTOKINETICS INC COMMON STOCK	Acquisitions	41.00	-3,039.98	
		Dispositions	-2,640.00		229,161.54
C243537107	DECKERS OUTDOOR CORP COM	Acquisitions	3.00	-2,455.06	
		Dispositions	-102.00		83,203.58
C249906108	DESCARTES SYS GROUP INC COM	Acquisitions	745.00	-71,679.37	
		Dispositions	-576.00		55,234.49
C25862V105	DOUBLEVERIFY HLDGS INC COM	Acquisitions	1,140.00	-45,749.05	
		Dispositions	-4,228.00		111,315.00
C26622P107	DOXIMITY INC COM USD0.001 CL A	Acquisitions	2,446.00	-88,509.55	
		Dispositions	-107.00		4,444.04
C26603R106	DUOLINGO INC CL A COM CL A COM	Acquisitions	532.00	-134,448.27	

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-1,368.00		255,743.52
C26701L100	DUTCH BROS INC CL A CL A	Acquisitions	3,811.00	-170,321.42	
		Dispositions	-2,057.00		61,188.97
C26818M108	DYNE THERAPEUTICS INC COM	Acquisitions	1,555.00	-48,584.58	
		Dispositions	-1,555.00		43,351.63
C26856L103	E L F BEAUTY INC COM	Acquisitions	49.00	-8,420.31	
		Dispositions	-728.00		118,419.57
C29084Q100	EMCOR GROUP INC COM	Acquisitions	30.00	-9,270.96	
		Dispositions	-604.00		199,052.31
C29977A105	EVERCORE INC	Acquisitions	915.00	-176,292.05	
		Dispositions	-311.00		70,239.72
CG3323L100	FABRINET COM USD0.01	Acquisitions	106.00	-25,945.90	
		Dispositions	-20.00		4,975.81
C338307101	FIVE9 INC COM	Acquisitions	33.00	-2,517.77	
		Dispositions	-1,574.00		96,490.81
C358039105	FRESHPET INC COM	Acquisitions	659.00	-77,385.99	
		Dispositions	-920.00		119,820.30
C358054104	FRESHWORKS INC CL A CL A	Acquisitions	174.00	-3,593.60	
		Dispositions	-6,926.00		127,863.51
CG3730V105	FTAI AVIATION LTD COM USD0.01	Acquisitions	2,257.00	-194,877.28	
		Dispositions	-755.00		91,519.36
C368736104	GENERAC HLDGS INC COM STK	Acquisitions	11.00	-1,307.29	
		Dispositions	-374.00		42,247.65
C37637K108	GITLAB INC CL A COM	Acquisitions	1,126.00	-66,900.47	
		Dispositions	-2,460.00		114,833.71
C377322102	GLAUKOS CORP COM				

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	951.00	-88,665.26	
		Dispositions	-551.00		61,903.47
CM5216V106	GLOBAL E ONLINE LTD COM NPV	Acquisitions	2,377.00	-127,889.02	
		Dispositions	-1,950.00		66,412.55
CL44385109	GLOBANT SA USD1.20	Acquisitions	12.00	-2,789.23	
		Dispositions	-412.00		83,341.38
C40131M109	GUARDANT HEALTH INC COM	Acquisitions	2,378.00	-80,848.90	
		Dispositions	-2,378.00		50,225.79
C40171V100	GUIDEWIRE SOFTWARE INC COM USD0.0001	Acquisitions	361.00	-43,320.57	
		Dispositions	-47.00		8,843.15
C407497106	HAMILTON LANE INC CL A CL A	Acquisitions	369.00	-48,258.46	
		Dispositions	-198.00		34,240.11
C451051106	IBOTTA INC CL A COM USD0.00001 CL A	Acquisitions	102.00	-8,994.15	
		Dispositions	-102.00		7,091.12
C45258J102	IMMUNOVANT INC COM	Acquisitions	56.00	-2,094.52	
		Dispositions	-1,951.00		57,255.99
C453204109	IMPINJ INC COM	Acquisitions	767.00	-118,078.42	
		Dispositions	-181.00		28,545.19
C457669307	INSMED INC COM PAR \$.01	Acquisitions	2,637.00	-167,486.12	
		Dispositions	-115.00		8,240.60
C457730109	INSPIRE MED SYS INC COM	Acquisitions	552.00	-132,432.51	
		Dispositions	-552.00		92,809.66
C45827U109	INTAPP INC COM	Acquisitions	1,737.00	-91,710.16	
		Dispositions	-53.00		2,681.07
C45828L108	INTEGRAL AD SCIENCE HLDG CORP COM	Acquisitions	170.00	-2,670.25	
		Dispositions	-5,991.00		58,665.91

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C46116X101	INTRA-CELLULAR THERAPIES INC COM	Acquisitions	1,147.00	-89,500.32	
		Dispositions	-1,520.00		116,594.22
C450056106	IRHYTHM TECHNOLOGIES INC COM	Acquisitions	238.00	-27,611.59	
		Dispositions	-772.00		73,540.48
C465741106	ITRON INC COM STK NPV	Acquisitions	1,438.00	-139,576.74	
		Dispositions	-63.00		6,564.89
C47103J105	JANUX THERAPEUTICS INC COM	Acquisitions	3,395.00	-192,132.45	
		Dispositions	-74.00		3,960.75
CM6191J100	JFROG LTD COM	Acquisitions	1,682.00	-66,748.40	
		Dispositions	-5,028.00		136,125.57
C49845K101	KLAVIYO INC COM SER A COM SER A	Acquisitions	2,771.00	-108,012.05	
		Dispositions	-69.00		2,714.90
C50077B207	KRATOS DEFENSE & SECURITY SOLUTIONS INC	Acquisitions	3,615.00	-90,169.22	
		Dispositions	-156.00		3,762.84
C501147102	KRYSTAL BIOTECH INC COM	Acquisitions	287.00	-46,721.59	
		Dispositions	-892.00		145,889.56
C516544103	LANTHEUS HLDGS INC COM	Acquisitions	1,325.00	-162,247.51	
		Dispositions	-1,325.00		119,555.05
C53190C102	LIFE TIME GROUP HLDGS INC COM	Acquisitions	5,996.00	-143,125.00	
		Dispositions	-261.00		6,176.23
C53947R105	LOAR HOLDINGS INC COM	Acquisitions	2,839.00	-140,690.49	
		Dispositions	-123.00		10,480.42
C55087P104	LYFT INC CL A CL A	Acquisitions	10,940.00	-189,644.82	
		Dispositions	-10,940.00		140,250.19
C55405Y100	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC COM STK	Acquisitions	1,042.00	-124,558.22	

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-35.00		4,258.59
C558868105	MADRIGAL PHARMACEUTICALS INC COM	Acquisitions	493.00	-140,829.59	
		Dispositions	-319.00		70,382.05
CV5633W109	MAKEMYTRIP LTD USD0.0005	Acquisitions	1,913.00	-104,601.78	
		Dispositions	-434.00		47,681.48
C565394103	MAPLEBEAR INC COM	Acquisitions	2,518.00	-89,118.76	
		Dispositions	-110.00		4,931.13
C59001A102	MERITAGE HOMES CORP COM	Acquisitions	276.00	-57,722.28	
		Dispositions	-276.00		50,888.93
CN5749R100	MERUS B V MERUS N V	Acquisitions	2,583.00	-142,063.42	
		Dispositions	-2,583.00		113,101.45
C604749101	MIRUM PHARMACEUTICALS INC COM	Acquisitions	1,527.00	-60,134.31	
		Dispositions	-66.00		2,594.59
C607828100	MODINE MFG CO COM STK	Acquisitions	1,635.00	-172,969.62	
		Dispositions	-61.00		7,819.22
CM7S64H106	MONDAY COM LTD COM NPV	Acquisitions	63.00	-13,868.70	
		Dispositions	-313.00		74,448.19
C615394202	MOOG INC CL A	Acquisitions	771.00	-145,045.17	
		Dispositions	-33.00		6,386.56
C553498106	MSA SAFETY INC COM	Acquisitions	50.00	-8,990.62	
		Dispositions	-749.00		127,458.79
C632307104	NATERA INC COM	Acquisitions	172.00	-14,978.52	
		Dispositions	-1,162.00		139,859.29
C64082B102	NERDWALLET INC CL A CL A	Acquisitions	959.00	-14,585.73	
		Dispositions	-959.00		12,227.98
C65290E101	NEXTRACKER INC CL A COM USD0.0001 CL A				

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	1,334.00	-78,621.31	
		Dispositions	-1,334.00		58,629.12
CM7516K103	NOVA MEASURING INSTRUMENTS ILS0.01	Acquisitions	572.00	-118,470.93	
		Dispositions	-572.00		99,895.04
C670703107	NUVALENT INC CL A CL A	Acquisitions	396.00	-36,421.18	
		Dispositions	-679.00		45,749.81
CG6700G107	NVENT ELECTRIC PLC COM USD0.01 WI	Acquisitions	469.00	-30,264.04	
		Dispositions	-1,677.00		115,608.41
CM7518J104	ODDITY TECH LTD COMSTK	Acquisitions	1,939.00	-79,528.41	
		Dispositions	-3,407.00		120,321.54
C681116109	OLLIES BARGAIN OUTLET HLDGS INC COM	Acquisitions	1,146.00	-116,719.76	
		Dispositions	-38.00		3,451.34
C683344105	ONTO INNOVATION INC	Acquisitions	427.00	-73,515.33	
		Dispositions	-1,225.00		217,607.34
C70202L102	PARSONS CORP DEL COM	Acquisitions	229.00	-19,726.71	
		Dispositions	-81.00		8,470.54
C70439P108	PAYMENTUS HLDGS INC COM CL A COM CL A	Acquisitions	81.00	-1,904.57	
		Dispositions	-81.00		1,652.61
C724078100	PIPER SANDLER COMPANIES COM USD0.01	Acquisitions	266.00	-56,290.81	
		Dispositions	-134.00		41,688.97
C74276L105	PROCEPT BIOROBOTICS CORP COM	Acquisitions	1,681.00	-117,591.00	
		Dispositions	-359.00		32,172.97
C74758T303	QUALYS INC COM USD0.001	Acquisitions	13.00	-2,472.63	
		Dispositions	-828.00		139,875.36
C74766Q101	QUANTERIX CORP COM	Acquisitions	1,199.00	-31,601.26	
		Dispositions	-3,841.00		59,463.90

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions	
C74736L109	Q2 HLDGS INC COM	Acquisitions	2,023.00	-158,452.84		
		Dispositions	-76.00		6,430.75	
C750917106	RAMBUS INC DEL COM	Acquisitions	117.00	-7,122.02		
		Dispositions	-3,343.00		174,268.11	
C75734B100	REDDIT INC CL A CL A	Acquisitions	2,017.00	-137,442.69		
		Dispositions	-421.00		60,596.46	
C75960P104	REMITLY GLOBAL INC COM	Acquisitions	6,089.00	-127,335.02		
		Dispositions	-6,890.00		109,956.79	
C76155X100	REVOLUTION MEDICINES INC COM	Acquisitions	3,061.00	-142,496.76		
		Dispositions	-108.00		5,133.89	
C77543R102	ROKU INC COM CL A COM CL A	Acquisitions	44.00	-4,020.22		
		Dispositions	-2,080.00		131,567.38	
C78349D107	RXSIGHT INC COM	Acquisitions	1,115.00	-57,315.50		
		Dispositions	-4,916.00		219,266.10	
C78709Y105	SAIA INC COM STK	Acquisitions	25.00	-12,866.85		
		Dispositions	-445.00		200,610.91	
C79589L106	SAMSARA INC CL A CL A	Acquisitions	197.00	-6,522.32		
		Dispositions	-3,647.00		123,112.57	
CG7T16G103	SAPIENS INTERNATIONAL CORP NV	COM EUR0.01	Acquisitions	248.00	-9,885.11	
		Dispositions	-248.00		8,930.90	
C81730H109	SENTINELONE INC CL A COM CL A COM	Acquisitions	1,694.00	-39,473.35		
		Dispositions	-6,109.00		102,708.70	
C819047101	SHAKE SHACK INC CL A CL A	Acquisitions	727.00	-93,895.08		
		Dispositions	-819.00		70,416.43	
C85205L107	SPRINGWORKS THERAPEUTICS INC COM	Acquisitions	4,133.00	-182,460.51		

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-759.00		28,766.25
C85208M102	SPROUTS FMRS MKT INC COM	Acquisitions	1,637.00	-113,745.58	
		Dispositions	-884.00		92,250.20
C78463M107	SPS COMM INC COM	Acquisitions	344.00	-66,502.43	
		Dispositions	-902.00		160,541.02
C78473E103	SPX TECHNOLOGIES INC COM	Acquisitions	814.00	-115,835.00	
		Dispositions	-36.00		5,714.39
C859241101	STERLING INFRASTRUCTURE INC COM STK USD0.01	Acquisitions	119.00	-14,421.72	
		Dispositions	-434.00		46,465.85
CG85158106	STONECO LTD COM CLASS A	Acquisitions	397.00	-6,648.62	
		Dispositions	-6,697.00		93,266.65
C86333M108	STRIDE INC COM USD	Acquisitions	2,615.00	-206,616.78	
		Dispositions	-1,613.00		106,069.19
C87043Q108	SWEETGREEN INC CL A CL A	Acquisitions	6,278.00	-201,216.72	
		Dispositions	-279.00		10,606.13
CG87110105	TECHNIPFMC PLC COM USD1	Acquisitions	39.00	-775.26	
		Dispositions	-4,038.00		79,180.57
C88162G103	TETRA TECH INC NEW COM	Acquisitions	85.00	-10,909.94	
		Dispositions	-2,454.00		125,659.49
		Free Receipt	1,816.00		
C05589G102	THE BALDWIN INSURANCE GROUP INC CLASS A COMMON STOCK	Acquisitions	2,083.00	-89,219.26	
		Dispositions	-2,083.00		80,058.27
C89377M109	TRANSMEDICS GROUP INC COM	Acquisitions	819.00	-77,961.32	
		Dispositions	-2,943.00		256,149.24
C89531P105	TREX CO INC COM	Acquisitions	158.00	-13,877.07	
		Dispositions	-2,548.00		193,563.69

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C90184D100	TWIST BIOSCIENCE CORP COM	Acquisitions	1,500.00	-82,603.32	
		Dispositions	-1,500.00		69,483.98
C91688F104	UPWORK INC COM	Acquisitions	148.00	-2,073.20	
		Dispositions	-5,208.00		63,791.05
C922280102	VARONIS SYS INC COM	Acquisitions	2,407.00	-111,276.95	
		Dispositions	-2,620.00		127,756.62
C92243G108	VAXCYTE INC COM	Acquisitions	383.00	-38,523.26	
		Dispositions	-656.00		48,149.65
C92511U102	VERRA MOBILITY CORP	Acquisitions	522.00	-12,921.75	
		Dispositions	-5,167.00		128,756.92
C92538J106	VERTEX INC CL A CL A	Acquisitions	3,739.00	-138,433.95	
		Dispositions	-145.00		6,123.36
C92686J106	VIKING THERAPEUTICS INC COM	Acquisitions	2,205.00	-164,454.02	
		Dispositions	-2,205.00		133,510.01
C92847W103	VITAL FARMS INC COM	Acquisitions	2,394.00	-92,210.11	
		Dispositions	-104.00		3,754.65
C918284100	VSE CORP COM	Acquisitions	632.00	-56,894.76	
		Dispositions	-632.00		54,787.41
CG48833118	WEATHERFORD INTL LTD COMMON STOCK	Acquisitions	8.00	-780.24	
		Dispositions	-809.00		70,752.72
C974155103	WINGSTOP INC COM	Acquisitions	54.00	-18,691.78	
		Dispositions	-653.00		213,799.31
CM98068105	WIX.COM LTD COM ILS0.01	Acquisitions	1,240.00	-184,781.44	
		Dispositions	-292.00		61,574.97
C98420N105	XENON PHARMACEUTICALS INC COMMON STOCK	Acquisitions	568.00	-27,594.29	

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C983793100	XPO INC COM	Dispositions	-2,252.00		87,588.00
		Acquisitions	49.00	-5,515.26	
C98585X104	YETI HLDGS INC COM	Dispositions	-1,473.00		156,644.73
		Acquisitions	34.00	-1,511.60	
C98956A105	ZETA GLOBAL HLDGS CORP CL A CL A	Dispositions	-2,008.00		86,240.09
		Acquisitions	8,383.00	-148,756.40	
C88025U109	10X GENOMICS INC CL A CL A	Dispositions	-3,630.00		70,326.17
		Acquisitions	407.00	-20,881.65	
		Dispositions	-1,502.00		64,358.25

THE SHERWIN-WILLIAMS COMPANY

MASTER TRUST

SCHEDULE H, LINE 4(J) – SCHEDULE OF 5% REPORTABLE
TRANSACTIONS FOR THE YEAR END DECEMBER 31, 2024

EIN: 34-0526850

PLAN NUMBER: 029

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 135,067,699.24

◆ **5% Report - Part B**

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 135,067,699.24

◆ **5% Report - Part C Summary**

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	213	9,077,071.43		0.00	9,077,071.43	9,077.071.43
	Total dispositions	143		9,269,936.47	0.00	9,269,936.47	9,269.936.47

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 135,067,699.24

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 135,067,699.24

THE SHERWIN-WILLIAMS COMPANY

MASTER TRUST

SCHEDULE H, LINE 4(I) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FOR THE YEAR END DECEMBER 31, 2024

EIN: 34-0526850

PLAN NUMBER: 029

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	17,895.58	17,895.58
Total - all currencies		17,895.58	17,895.58
Total Receivables - Other - USD		17,895.58	17,895.58
<i>Corporate Stock - Preferred</i>			
United States - USD			
CIRCENRE INC PREFERRED STOCK UNIT CUSIP: 172992406	55.000	5,005.00	4,991.80
Total United States - USD		5,005.00	4,991.80
Total Corporate Stock - Preferred		5,005.00	4,991.80
<i>Corporate Stock - Common</i>			
Canada - USD			
DESCARTES SYS GROUP INC COM CUSIP: 249906108	1,163.000	101,955.20	132,116.80
Total Canada - USD		101,955.20	132,116.80
India - USD			
MAKEMYTRIP LTD USD0.0005 CUSIP: V5633W109	1,479.000	81,009.51	166,062.12
Total India - USD		81,009.51	166,062.12
Israel - USD			
CYBER-ARK SOFTWARE LTD COM ILS0.01 CUSIP: M2682V108	770.000	138,815.44	256,525.50
GLOBAL E ONLINE LTD COM NPV CUSIP: M5216V106	2,335.000	126,261.73	127,327.55
MONDAY COM LTD COM NPV CUSIP: M7S64H106	248.000	38,409.29	58,389.12

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Israel - USD			
WIX.COM LTD COM ILS0.01 CUSIP: M98068105	948.000	141,339.43	203,393.40
Total Israel - USD		444,825.89	645,635.57
United States - USD			
AAON INC COM PAR \$0.004 COM PAR \$0.004 CUSIP: 000360206	1,004.000	79,589.30	118,150.72
ADMA BIOLOGICS INC COM CUSIP: 000899104	7,786.000	114,690.28	133,529.90
AGILYSYS INC COM STK CUSIP: 00847J105	1,872.000	153,538.30	246,561.12
ARCELLX INC COM CUSIP: 03940C100	2,372.000	115,448.11	181,908.68
ASTERA LABS INC COM CUSIP: 04626A103	1,909.000	91,429.68	252,847.05
BLUEPRINT MEDICINES CORP COM CUSIP: 09627Y109	962.000	71,358.29	83,905.64
CAVA GROUP INC COM CUSIP: 148929102	1,846.000	84,569.98	208,228.80
CLEAR SECURE INC CL A CL A CUSIP: 18467V109	3,665.000	104,761.50	97,635.60
CLEARWATER ANALYTICS HLDGS INC CL A CL A CUSIP: 185123106	2,899.000	93,029.27	79,780.48
COMFORT SYS USA INC COM CUSIP: 199908104	485.000	67,967.44	205,669.10
CONSTRUCTION PARTNERS INC CL A CL A CUSIP: 21044C107	909.000	85,836.53	80,410.14
CORE SCIENTIFIC INC NEW COM CUSIP: 21874A106	5,140.000	92,536.69	72,217.00
CRANE CO NEW COM CUSIP: 224408104	938.000	123,009.64	142,341.50
CREDO TECHNOLOGY GROUP HOLDING LTD CUSIP: G25457105	4,154.000	93,018.94	279,190.34
CRINETICS PHARMACEUTICALS INC COM CUSIP: 22663K107	1,921.000	78,317.02	98,220.73
DOXIMITY INC COM USD0.001 CL A CUSIP: 26622P107	2,339.000	84,680.82	124,879.21

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
DUOLINGO INC CL A COM CL A COM CUSIP: 26603R106	332.000	88,867.94	107,644.36
DUTCH BROS INC CL A CL A CUSIP: 26701L100	1,754.000	90,716.30	91,874.52
EVERCORE INC CUSIP: 29977A105	604.000	118,152.40	167,422.76
FABRINET COM USD0.01 CUSIP: G3323L100	86.000	21,053.12	18,909.68
FRESHPET INC COM CUSIP: 358039105	941.000	86,527.50	139,371.51
FTAI AVIATION LTD COM USD0.01 CUSIP: G3730V105	1,502.000	133,376.91	216,348.08
GENEDX HOLDINGS CORP CL A NEW CUSIP: 81663L200	1,479.000	116,891.96	113,675.94
GITLAB INC CL A COM CUSIP: 37637K108	960.000	56,887.95	54,096.00
GLAUKOS CORP COM CUSIP: 377322102	1,835.000	145,962.19	275,139.90
GUIDEWIRE SOFTWARE INC COM USD0.0001 CUSIP: 40171V100	1,005.000	101,141.35	169,422.90
HAMILTON LANE INC CL A CL A CUSIP: 407497106	1,033.000	113,335.71	152,935.65
IMPINJ INC COM CUSIP: 453204109	586.000	90,234.29	85,122.36
INSMED INC COM PAR \$.01 CUSIP: 457669307	2,522.000	160,209.42	174,118.88
INTAPP INC COM CUSIP: 45827U109	1,684.000	89,083.73	107,927.56
INTRA-CELLULAR THERAPIES INC COM CUSIP: 46116X101	1,655.000	105,165.47	138,225.60
ITRON INC COM STK NPV CUSIP: 465741106	1,375.000	133,496.83	149,297.50
JANUX THERAPEUTICS INC COM CUSIP: 47103J105	3,321.000	188,505.72	177,806.34
KLAVIYO INC COM SER A COM SER A CUSIP: 49845K101	2,702.000	105,364.91	111,430.48

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
KRATOS DEFENSE & SECURITY SOLUTIONS INC CUSIP: 50077B207	3,459.000	86,278.59	91,248.42
KRYSTAL BIOTECH INC COM CUSIP: 501147102	643.000	62,620.17	100,732.38
LIFE TIME GROUP HLDGS INC COM CUSIP: 53190C102	5,735.000	136,885.55	126,858.20
LOAR HOLDINGS INC COM CUSIP: 53947R105	2,716.000	134,745.43	200,739.56
MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC COM STK CUSIP: 55405Y100	1,007.000	120,528.73	130,819.37
MADRIGAL PHARMACEUTICALS INC COM CUSIP: 558868105	174.000	62,018.57	53,691.18
MAPLEBEAR INC COM CUSIP: 565394103	2,408.000	85,256.03	99,739.36
MASTEC INC COM CUSIP: 576323109	627.000	85,812.69	85,359.78
MIRION TECHNOLOGIES INC CL A CL A CUSIP: 60471A101	5,540.000	81,955.46	96,673.00
MIRUM PHARMACEUTICALS INC COM CUSIP: 604749101	1,461.000	57,540.16	60,412.35
MODINE MFG CO COM STK CUSIP: 607828100	1,574.000	166,775.73	182,473.82
MOOG INC CL A CUSIP: 615394202	738.000	138,849.20	145,267.92
NATERA INC COM CUSIP: 632307104	1,055.000	54,520.72	167,006.50
NUVALENT INC CL A CL A CUSIP: 670703107	1,066.000	73,064.29	83,446.48
OLLIES BARGAIN OUTLET HLDGS INC COM CUSIP: 681116109	1,108.000	112,973.29	121,580.84
PARSONS CORP DEL COM CUSIP: 70202L102	1,755.000	114,821.26	161,898.75
PIPER SANDLER COMPANIES COM USD0.01 CUSIP: 724078100	738.000	128,092.33	221,363.10
PRIMO BRANDS CORPORATION COM USD0.01 CUSIP: 741623102	3,638.000	93,216.39	111,941.26

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
PRIMORIS SVCS CORP COM CUSIP: 74164F103	966.000	61,111.37	73,802.40
PROCEPT BIOROBOTICS CORP COM CUSIP: 74276L105	1,322.000	92,610.72	106,447.44
Q2 HLDGS INC COM CUSIP: 74736L109	1,947.000	152,915.19	195,965.55
REDDIT INC CL A CL A CUSIP: 75734B100	1,596.000	108,754.85	260,850.24
REMITLY GLOBAL INC COM CUSIP: 75960P104	2,999.000	63,350.30	67,687.43
REVOLUTION MEDICINES INC COM CUSIP: 76155X100	2,953.000	137,673.22	129,164.22
SERVICETITAN INC CL A CL A CUSIP: 81764X103	175.000	12,425.00	18,002.25
SHAKE SHACK INC CL A CL A CUSIP: 819047101	672.000	88,856.72	87,225.60
SPRINGWORKS THERAPEUTICS INC COM CUSIP: 85205L107	3,374.000	148,604.78	121,902.62
SPROUTS FMRS MKT INC COM CUSIP: 85208M102	753.000	52,826.65	95,683.71
SPX TECHNOLOGIES INC COM CUSIP: 78473E103	778.000	110,724.10	113,214.56
STERLING INFRASTRUCTURE INC COM STK USD0.01 CUSIP: 859241101	876.000	71,703.05	147,562.20
STRIDE INC COM USD CUSIP: 86333M108	1,002.000	91,358.12	104,137.86
SWEETGREEN INC CL A CL A CUSIP: 87043Q108	5,999.000	192,301.59	192,327.94
TARSUS PHARMACEUTICALS INC COM CUSIP: 87650L103	2,678.000	128,912.15	148,280.86
UNIVERSAL TECHNICAL INST INC COM CUSIP: 913915104	3,515.000	89,306.71	90,370.65
VARONIS SYS INC COM CUSIP: 922280102	1,835.000	73,645.28	81,529.05
VAXCYTE INC COM CUSIP: 92243G108	884.000	63,498.72	72,364.24

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
VERA THERAPEUTICS INC CL A CL A CUSIP: 92337R101	2,649.000	120,874.26	112,026.21
VERTEX INC CL A CL A CUSIP: 92538J106	3,594.000	133,382.78	191,739.90
VITAL FARMS INC COM CUSIP: 92847W103	2,290.000	88,195.61	86,310.10
WAYSTAR HLDG CORP COM CUSIP: 946784105	2,731.000	94,917.66	100,227.70
ZETA GLOBAL HLDGS CORP CL A CL A CUSIP: 98956A105	4,753.000	84,542.34	85,506.47
Total United States - USD		7,537,201.25	9,779,827.50
Total Corporate Stock - Common		8,164,991.85	10,723,641.99
Partnership/Joint Venture Interests			
United States - USD			
CIRCLE CENTRE PTNRS LP (LRP DEVELOPMENT CO) CUSIP: 992PD2999	208,406.980	208,406.98	1.00
HARBOURVEST PARTNERS VII- VENTURE HOLDING FUND LP CUSIP: 9924F0998	887,436.350	887,436.35	108,785.00
Total United States - USD		1,095,843.33	108,786.00
Total Partnership/Joint Venture Interests		1,095,843.33	108,786.00
Value of Interest in Common/Collective Trusts			
International Region - USD			
MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING CUSIP: 003999323	31,095.050	3,820,479.26	7,019,489.87
Total International Region - USD		3,820,479.26	7,019,489.87
United States - USD			
CF FIAM EM MKT CM PL CUSIP: 784991AZ4	920.290	30,521.40	48,609.72

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
United States - USD			
CF PYRAMIS INTL GR FD CUSIP: 452992415	83,559.970	1,431,905.79	5,376,248.47
JPMCB CORE BOND FD CUSIP: 971999966	540,538.340	9,981,628.96	11,464,818.19
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	1,392,212.090	1,392,212.09	1,392,212.09
Total United States - USD		12,836,268.24	18,281,888.47
Total Value of Interest in Common/Collective Trusts		16,656,747.50	25,301,378.34
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFO PIMCO FDS TOTAL RETURN FD II INSTL CL CUSIP: 693390551	2,739,604.390	26,400,206.80	22,355,171.82
MFO VANGUARD INSTL INDEX FD INSTL PLUS SHS CUSIP: 922040209	158,483.810	43,688,403.86	75,894,726.93
MFO VANGUARD LONG TERM BD IND-IN CUSIP: 921937876	1,375,655.450	17,657,380.42	14,293,060.13
Total United States - USD		87,745,991.08	112,542,958.88
Total Value of Interest in Registered Investment Com		87,745,991.08	112,542,958.88
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-126,193.96	-126,193.96
Total - all currencies		-126,193.96	-126,193.96
Other Payables: United States dollar	0.000	-17,895.58	-17,895.58
Total - all currencies		-17,895.58	-17,895.58
Total Other Liabilities		-144,089.54	-144,089.54
Total		113,542,384.80	148,555,563.05

** All or a portion of this security participates in Securities Lending.

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="text-align: center; font-size: 24pt; font-weight: bold;">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: 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 M)

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 THE SHERWIN-WILLIAMS COMPANY MASTER TRUST	1b Three-digit plan number (PN) ▶	029
1c Effective date of plan		
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) THE SHERWIN-WILLIAMS COMPANY 101 PROSPECT AVENUE N.W. C/O TAX DEPT., 1220 GH US CLEVELAND OH 44115-1075	2b Employer Identification Number (EIN) 34-0526850	2c Plan Sponsor's telephone number (216) 566-2000
		2d Business code (see instructions)

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			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<i>Jacqueline M. Takacs</i>	10/09/25	Jacqueline M. Takacs
	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
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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
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5 Total number of participants at the beginning of the plan year	5
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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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
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
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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:

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

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