

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: U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST
2b Employer Identification Number (EIN): 94-2859426
2c Plan Sponsor's telephone number: 925-833-7300
2d Business code (see instructions): 238220
4160 DUBLIN BOULEVARD, SUITE 100
DUBLIN, CA 94568-7756

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 ALEX HALL and NICK GOODWIN.

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	731
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)	257
	6a(2)	234
	6b	301
	6c	174
	6d	709
	6e	6
	6f	715
	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	91

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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST</p>	<p>D Employer Identification Number (EIN) 94-2859426</p>	

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	030594	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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	6011050

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(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)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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>U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST</u>	D Employer Identification Number (EIN) <u>94-2859426</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>117122742</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>121873665</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>115288440</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>115288440</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>177840405</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>5293194</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>6755815</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>7273432</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>JOSHUA ALLMEN</u> Signature of actuary <u>RAEL & LETSON</u> Type or print name of actuary <u>160 BOVET ROAD, SUITE 203</u> <u>SAN MATEO, CA 94402</u> Firm name Address of the firm	<u>09/15/2025</u> Date <u>23-08042</u> Most recent enrollment number <u>650-341-3311</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

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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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	6.25 %
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)	6.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.4 %
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)	405000
(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	214750	21152

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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	2994150

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	28227142	4294692
9c(2)	0	0
9c(3)	0	0

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

9d 455553

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

9e 7744395

Credits to funding standard account:

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

9f 17455001

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

9g 3632416

h Amortization credits as of valuation date.....

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

9i 1367332

j Full funding limitation (FFL) and credits:

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

	Outstanding balance	
9h	17357366	2606108
9j(1)	19778277	
9j(2)	41981780	
9j(3)		0

k (1) Waived funding deficiency

9k(1) 0

(2) Other credits

9k(2) 0

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

9l 25060857

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

9m 17316462

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

Yes No

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

A Name of plan U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST	D Employer Identification Number (EIN) 94-2859426	

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

DODGE & COX	555 CALIFORNIA STREET 40TH FLR SAN FRANCISCO, CA 94104
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AFL CIO HOUSING INVESTMENT TRUST	52-6220193
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WHITE OAK GLOBAL ADVISORS	3 EMBARCADERO CENTER 5TH FLR SAN FRANCISCO, CA 94111
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

WILLIAM BLAIR & COMPANY, L.L.C

343 SANSOME ST 12TH FLOOR
SAN FRANCISCO, CA 94104

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

BLACKROCK FUNDS

PO BOX 9819
PROVIDENCE, RI 02940

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

PIMCO

PO BOX 219294
KANSAS CITY, MO 64121

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

WELLINGTON MANAGEMENT COMPANY LLP

280 CONGRESS STREET
BOSTON, MA 02210

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

WELLINGTON TRUST

04-2755549

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

(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)

HS&BA, INC.

94-3089465

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 36 38 50	NONE	138732	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)

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	90263	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)

ALLAN BILLER & ASSOCIATES

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	87501	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)

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	85423	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)

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	65665	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)

KRAW LAW GROUP, APC

32-0465891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	41782	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)

PRUDENTIAL INSURANCE CO. OF AMERICA

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	39499	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UBS REALTY INVESTORS LLC

06-1452020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	31294	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)

SEGALL, BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18873	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)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 52	NONE	17108	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UA LOCAL 159

94-0944925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	PLAN SPONSER	13368	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)

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	5770	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)

IFM INVESTORS PTY LTD.

114 WEST 47TH STREET 19TH FLOOR
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 40 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	59797	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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
IFM INVESTORS PTY LTD.	52	59797

(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.
IFM GLOBAL INFRASTRUCTURE FUND 98-0569684	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST</u>	D Employer Identification Number (EIN) <u>94-2859426</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>WTC-CIF II SMID CAP RESEARCH EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-157</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>10169826</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2161821</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTRUCTURE TAX EXEMPT FU</u>		
b Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS INC</u>		
c EIN-PN <u>90-0622302-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4247094</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF INTL CONTR VALUE (S2)</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-2767481-214</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>5973258</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM REAL ESTATE US DEBT FUND ICSA</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>		
c EIN-PN <u>22-1211670-219</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6011050</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)

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 U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST	D Employer Identification Number (EIN) 94-2859426

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	795914	517352
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	368500	316500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	794653	905077
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	157457	506089
(2) U.S. Government securities	1c(2)	3664512	4408490
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1898152	2087791
(B) All other	1c(3)(B)	2800572	4015442
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	10026937	9108196
(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)	18793655	18304905
(10) Value of interest in pooled separate accounts	1c(10)	5650704	6011050
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	4045786	4247094
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	67818388	74689041
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	361880	245066

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	117177110	125362093
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	54368	65402
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	54368	65402
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	117122742	125296691

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)	3632416	
(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)		3632416
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15081	
(B) U.S. Government securities.....	2b(1)(B)	120100	
(C) Corporate debt instruments.....	2b(1)(C)	189723	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	268471	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		593375
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2436794	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2436794
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12928435	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12209909	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		718526
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1239454	
(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)		2024017
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		401081
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		374309
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6733859
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15674923

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6797690	
(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)		6797690
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)	139048	
(3) Recordkeeping fees	2i(3)	55830	
(4) IQPA audit fees	2i(4)	34433	
(5) Investment advisory and investment management fees	2i(5)	242832	
(6) Bank or trust company trustee/custodial fees	2i(6)	22921	
(7) Actuarial fees	2i(7)	85423	
(8) Legal fees	2i(8)	41782	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1079	
(11) Other expenses.....	2i(11)	79936	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		703284
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7500974

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8173949
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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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 553031.

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. A. LOCAL NO. 159 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST	D Employer Identification Number (EIN) 94-2859426	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

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

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

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 **BAY CITY MECHANICAL SERVICE, LLC**

b EIN **94-2651338** **c** Dollar amount contributed by employer **377559**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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) **17.08**

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

a Name of contributing employer **ACCO ENGINEERED SYSTEMS**

b EIN **95-1625123** **c** Dollar amount contributed by employer **255732**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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) **17.08**

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

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

b EIN **94-1565727** **c** Dollar amount contributed by employer **239951**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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) **17.08**

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

a Name of contributing employer **PACIFIC RIM PLUMBING INC**

b EIN **20-0521360** **c** Dollar amount contributed by employer **201573**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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 **BENICIA PLUMBING**

b EIN **94-2357801** **c** Dollar amount contributed by employer **197572**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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 **LESCURE CO., INC**

b EIN **94-1634427** **c** Dollar amount contributed by employer **195465**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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) **17.08**

(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 **DINELLI PLUMBING INCORPORATED**

b EIN **01-0568676** **c** Dollar amount contributed by employer **176941**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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) **17.08**

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

a Name of contributing employer **FRANK M. BOOTH, INC.**

b EIN **94-1257060** **c** Dollar amount contributed by employer **168605**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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) **17.08**

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

a Name of contributing employer **R E MILANO**

b EIN **47-2424265** **c** Dollar amount contributed by employer **120928**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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 **J.R. PIERCE PLUMBING CO.**

b EIN **94-1459027** **c** Dollar amount contributed by employer **112042**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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) **5.88**

(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	13
b The plan year immediately preceding the current plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	13
c The second preceding plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	13

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.03
b The corresponding number for the second preceding plan year.....	15b	1.04

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	0
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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

**U.A. LOCAL NO. 159
DEFINED BENEFIT PLAN
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports**

U.A. Local No. 159 Defined Benefit Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
U.A. Local No. 159 Defined Benefit Plan:

Opinion

We have audited the accompanying financial statements of U.A. Local No. 159 Defined Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, net assets available for benefits of U.A. Local No. 159 Defined Benefit Plan 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 U.A. Local No. 159 Defined Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local No. 159 Defined Benefit Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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 U.A. Local 159 Defined Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local 159 Defined Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Withum Smith + Brown, PC

October 9, 2025

U.A. Local No. 159 Defined Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
U.S. Government and Government Agency obligations	\$ 4,408,490	\$ 3,664,512
Municipal obligations	245,066	361,880
Corporate debt securities	6,103,233	4,698,724
Mutual funds	75,195,130	67,975,845
Limited partnerships	9,108,196	10,026,937
Pooled separate accounts	6,011,050	5,650,704
103-12 investment entities	4,247,094	4,045,786
Common/collective trusts	<u>18,304,905</u>	<u>18,793,655</u>
Total investments - at fair value	<u>123,623,164</u>	<u>115,218,043</u>
Receivables		
Employer contributions, net	316,500	368,500
Accrued interest and dividends	92,853	60,632
Due from transit account	<u>367,170</u>	<u>307,869</u>
Total receivables	<u>776,523</u>	<u>737,001</u>
Prepaid pension benefits	<u>445,054</u>	<u>426,152</u>
Cash	<u>517,352</u>	<u>795,914</u>
Total assets	125,362,093	117,177,110
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	<u>65,402</u>	<u>54,368</u>
Net assets available for benefits	<u>\$ 125,296,691</u>	<u>\$ 117,122,742</u>

The Notes to Financial Statements are an integral part of these statements.

U.A. Local No. 159 Defined Benefit Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 8,801,058	\$ 10,449,528
Interest and dividends	3,241,449	2,882,996
	<u>12,042,507</u>	<u>13,332,524</u>
Less: Investment expenses	<u>(259,940)</u>	<u>(225,265)</u>
Investment income - net	<u>11,782,567</u>	<u>13,107,259</u>
Contribution income		
Employer contributions	3,263,457	3,554,437
Reciprocal contributions from affiliated locals - net of reciprocal contributions to affiliated locals	<u>368,959</u>	<u>606,939</u>
Contribution income - net	<u>3,632,416</u>	<u>4,161,376</u>
Total additions, net	<u>15,414,983</u>	<u>17,268,635</u>
Deductions		
Pension benefits	6,797,690	6,399,396
Administrative expenses	<u>443,344</u>	<u>400,901</u>
Total deductions	<u>7,241,034</u>	<u>6,800,297</u>
Net change in net assets available for benefits	8,173,949	10,468,338
Net assets available for benefits		
Beginning of year	<u>117,122,742</u>	<u>106,654,404</u>
End of year	<u>\$ 125,296,691</u>	<u>\$ 117,122,742</u>

The Notes to Financial Statements are an integral part of these statements.

U.A. Local No. 159 Defined Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of U.A. Local No. 159 Defined Benefit Plan (the “Plan”) are prepared using the accrual basis of accounting in accordance with “U.S. GAAP”.

Investment Valuation, Transactions and Income Recognition

General

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC”) 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan’s assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities’ own judgments and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods

In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan’s investment classes are presented below.

Mutual Funds: Where available, quoted prices are used to value the Plan’s investments (Level 1). Where quoted prices are not available, the fair value of the investments in these categories has been estimated using the net asset value per unit of the underlying investments. The net asset value is being used as a practical expedient to estimate fair value.

U.S. Government Obligations: The fair value of U.S. Treasury notes and bonds is determined based on live data sources, including active market makers and interdealer brokers, taking into consideration such inputs as historical accuracy and maturity ranges (quoted prices) (Level 1).

U.S. Government Agency Obligations, Municipal Obligations and Corporate Debt Securities: The fair value of U.S. Government Agency obligations, municipal obligations and corporate debt securities is determined based on discount yield/price modeling that takes into account the various maturity dates and stated coupon rates of the bonds (Level 2).

U.A. Local No. 159 Defined Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

Limited Partnerships: The fair value of the Plan's investments in the limited partnerships is estimated based on the Plan's ownership interest in the partners' capital, as determined by the general partner of each limited partnership. The net asset value is being used as a practical expedient to estimate fair value.

Pooled Separate Accounts, 103-12 Investment Entities, and Common/Collective Trusts: The fair value of the investments in these categories has been estimated using the net asset value per unit of the underlying investments, as a practical expedient.

Valuation Methods, Consistency

The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions Receivable

Employer contributions due and not paid prior to year-end are recorded as employer contributions receivable. An allowance for uncollectible accounts is considered unnecessary and is not provided. Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

Pension Benefits

Benefit payments to participants are recorded upon distribution. Monthly benefits are scheduled for the first day of each month, if the scheduled payment date falls on a nonbusiness day, funds may be advanced to the custodian on the preceding business day. Amounts advanced prior to the scheduled payment date are recorded as prepaid benefit expense.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits

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

Benefits are based on the participants' age at retirement and years of credited service as of the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant services rendered to the valuation date. The actuarial present value of accumulated Plan benefits is determined by independent consulting actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. See Note 5 for further information on actuarial valuation.

U.A. Local No. 159 Defined Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

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

The actuarial present value of accumulated Plan benefits is calculated based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the disclosure to the financial statements of the actuarial present value of accumulated Plan benefits.

Reclassifications

Certain prior year limited partnerships amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported results of operations. An adjustment has been made to the statement of net assets available for benefits for fiscal year ended December 31, 2023, to identify the amount of pooled separate accounts and 103-12 investment entities that have been structured as limited partnerships. Reclassifications of limited partnership totaled \$9,696,490 in 2023. This change in classification does not affect previously reported changes in net assets available for benefits.

2. DESCRIPTION OF THE PLAN

The Plan is administered by the Board of Trustees of U.A. Local No. 159 Defined Benefit Plan. The Plan is a defined benefit plan maintained pursuant to collective bargaining agreements by and between Local Union No. 159 of the United Association of Journeyman and Apprentices of Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO, and various associations of employers and individual employers engaging in the plumbing and pipe fitting industry in Contra Costa County. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The form and amount of participant benefits depend upon the type of retirement for which a participant is eligible and the number of years of service with which the participant is credited. The Plan provides for various types of retirement benefits, including normal, early, disability and service. A participant becomes vested upon completion of 10 years of credited service, or (for active participants) on or after January 1, 1999, five years of vesting credit counting only full years of 1,000 hours. Surviving beneficiaries or spouses may also be entitled to benefits. Participants should refer to the summary Plan description for more complete information.

3. PRIORITIES UPON TERMINATION

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

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

4. TAX STATUS

The Plan obtained its latest determination letter, dated June 25, 2015, in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan’s administrator and the Plan’s counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The Plan’s administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. ACTUARIAL INFORMATION

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

Actuarial present value of accumulated Plan benefits

Vested benefits

Participants currently receiving benefits	\$ 69,508,657
Other participants	<u>45,549,438</u>
Total vested benefits	115,058,095

Nonvested benefits	<u>7,115,345</u>
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Total actuarial present value of accumulated Plan benefits	<u>\$ 122,173,440</u>
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As reported by Rael & Letson, the changes in the present value of accumulated Plan benefits for the year ended December 31, 2023, were as follows:

Actuarial present value of accumulated

Plan benefits at beginning of year	<u>\$ 118,229,544</u>
Increase (decrease) during the year attributable to	
Benefits accumulated	3,521,192
Change in assumption	43,448
Increase for interest	7,179,553
Benefits paid	<u>(6,800,297)</u>
Net increase	<u>3,943,896</u>

Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 122,173,440</u>
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U.A. Local No. 159 Defined Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024. Had the valuations been made as of December 31, 2023, there would be no material differences. No amendments were adopted on January 1, 2024.

The actuarial valuations were made using the unit credit cost method. Some of the more significant actuarial assumptions used in the December 31, 2023, valuations were as follows:

Life expectancy of participants:

Healthy: Pri-2012 Blue Collar Dataset Employee/Retiree Headcount-Weighted Mortality Table (Participants) and Pri-2012 Blue Collar Dataset Contingent Survivor Headcount-Weighted Mortality Table (Beneficiaries) each set back one year and projected with the MP-2021 projection scale.

Disabled: Pri-2012 Total Dataset Disabled Headcount-Weighted Mortality Table set back one year and projected with the MP-2021 projection scale.

Retirement age assumptions:

<u>Age</u>	<u>Retirement</u>
55–56	20%
57–59	15%
60	25%
61–62	20%
63	25%
64	40%
Over 65	100%

Plan expenses: \$405,000 per annum.

Investment rate of return: 6.25%

The actuarial present value of accumulated Plan benefits as of December 31, 2023, includes \$43,448 for change in assumptions. The mortality assumption for healthy remained the same as the Pri-2012 Blue Collar Dataset Employee/Retiree/Survivor Headcount-Weighted Mortality Tables set back one year and projected with the MP-2021 projection scale. The mortality assumption for disabled lives remained the same as the Pri-2012 Total Dataset Disabled Headcount-Weighted Mortality table set back one year and projected with the MP-2021 projection scale. The current liability interest rate was changed from 2.55% to 3.29% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.

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

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

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Notes to Financial Statements
December 31, 2024 and 2023

6. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2024.

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980, which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As of January 1, 2024 and 2023, the actuary had determined that the Plan does not have unfunded present value of vested benefits for withdrawal liability purposes. As of January 1, 2024 and 2023, no employers have been assessed a withdrawal liability agreed to by the employer.

Pension Protection Act of 2006

Under the Pension Protection Act of 2006 ("act"), the Plan's actuary certified that the Plan was in "Green" status for the Plan year beginning January 1, 2024, because it was more than 80% funded. This means that the Plan is well-funded and is not in endangered or critical status. No funding improvement plan is required at this time.

7. CONCENTRATION OF CASH

The Plan places its cash with financial institutions deemed to be creditworthy. The balances are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. Cash balances may at times exceed the FDIC-insured deposit limits. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows.

8. RELATED-PARTY TRANSACTIONS

The Plan is related to U.A. Local No. 159 (the "Local"), as a sponsor to the Plan, and through common officers and trustees. The Plan reimburses the Local for costs associated with the administration of the Plan. For each of the years ended December 31, 2024 and 2023, the Plan reimbursed the Local approximately \$13,000.

Employer contributions for the Local-related trust funds are remitted by employers and deposited into a single bank account (transit account). On a monthly basis, the contributions are allocated and transferred to each respective trust fund; any amounts allocated to the Plan and not yet transferred have been recorded as a receivable on the statements of net assets available for benefits. The Plan is related to the other Local-related trust funds through common trustees. As of December 31, 2024 and 2023, \$367,170 and \$307,869, respectively, was due from other related Plans.

U.A. Local No. 159 Defined Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

9. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at December 31, 2024, are as follows:

	December 31, 2024	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets in the fair value hierarchy				
U.S. Government and Government Agency obligations	\$ 4,408,490	\$ 2,676,651	\$ 1,731,839	\$ -
Municipal obligations	245,066	-	245,066	-
Corporate debt securities	6,103,233	-	6,103,233	-
Mutual funds	69,800,001	69,800,001	-	-
Total assets in the fair value hierarchy	<u>80,556,790</u>	<u>\$ 72,476,652</u>	<u>\$ 8,080,138</u>	<u>\$ -</u>
Investments measured at net asset value				
Limited partnerships	9,108,196			
Pooled separate accounts	6,011,050			
103-12 investment entities	4,247,094			
Common/collective trusts	18,304,905			
Mutual funds	5,395,129			
Total investments measured at net asset value	<u>43,066,374</u>			
Total investments at fair value	<u>\$ 123,623,164</u>			

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at December 31, 2023, are as follows:

	December 31, 2023	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets in the fair value hierarchy				
U.S. Government and Government Agency obligations	\$ 3,664,512	\$ 2,212,389	\$ 1,452,123	\$ -
Municipal obligations	361,880	-	361,880	-
Corporate debt securities	4,698,724	-	4,698,724	-
Mutual funds	62,705,006	62,705,006	-	-
Total assets in the fair value hierarchy	<u>71,430,122</u>	<u>\$ 64,917,395</u>	<u>\$ 6,512,727</u>	<u>\$ -</u>
Investments measured at net asset value				
Limited partnerships	10,026,937			
Pooled separate accounts	5,650,704			
103-12 investment entities	4,045,786			
Common/collective trusts	18,793,655			
Mutual funds	5,270,839			
Total investments measured at net asset value	<u>43,787,921</u>			
Total investments at fair value	<u>\$ 115,218,043</u>			

U.A. Local No. 159 Defined Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

10. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE

The Plan utilizes net asset value (“NAV”) per share (or its equivalent) as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investments was measured using NAV (or its equivalent):

Investment Type	Fair Value as of December 31,		Unfunded Commitment		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023	2024	2023		
Common/collective trusts						
Equity	16,143,084	16,640,032 (a)	-	-	Daily	1 day
Real estate	2,161,821	2,153,623 (a)	-	-	Quarterly	365 days
Total common/collective trusts	18,304,905	18,793,655	-	-		
Limited partnerships						
Infrastructure	4,508,234	4,322,522 (b)	-	-	See (b)	See (b)
Debt	1,764,710	2,011,021 (c)	111,139	111,139	See (c)	See (c)
Property	2,835,252	3,693,394 (d)	-	-	Quarterly	60 days
Total limited partnerships	9,108,196	10,026,937	111,139	111,139		
Pooled separate accounts						
Debt	6,011,050	5,650,704 (c)	-	-	See (c)	See (c)
103-12 investment entities						
Infrastructure	4,247,094	4,045,786 (b)	-	-	See (b)	See (b)
Mutual funds						
Mortgages and real estate	5,395,129	5,270,839 (e)	-	-	Monthly	15 days
	\$ 43,066,374	\$ 34,091,431	\$ 111,139	\$ 111,139		

(a) These investments are direct filing entities with the Department of Labor; therefore, information regarding the investments’ strategy is not disclosed.

(b) This category includes the Plan’s investments in the IFM Global Infrastructure LP, which is a limited partnership that engages in activities for which the objective is to acquire and maintain a diversified portfolio of global infrastructure investments in the target subsectors with varied maturities that return 10% net per annum over rolling three-year periods. A limited partner may withdraw all or a portion of such limited partner’s capital account balance (or that which is attributable thereto) as of the end of each quarter upon at least 90 days’ prior written notice to the partnership, subject to a minimum withdrawal amount of \$1 million (unless such amount represents the entirety of its capital account). The general partner shall not be required to drawdown any capital commitments in order to satisfy withdrawal requests by limited partners. The general partner may, in its discretion, waive any requirement relating to withdrawals, including, but not limited to, any notice or minimum withdrawal amount.

This category also includes the Plan’s investments in the ULLICO Infrastructure Tax-Exempt Fund Limited Partnership. The partnership is designed to permit U.S. tax-exempt investors, including principally multiemployer plans subject to the Taft-Harley Act, to commingle a portion of their assets for investment. The general partner will permit a limited partner to redeem all or a portion of its units after the expiration of a four-year lock-up period beginning on the limited partner’s admission date to the partnership. Upon 90 days’ notice to the general partner, the limited partner will be placed in a redemption queue. A limited partner who is next in the redemption queue will be able to have all or a portion of its requested units redeemed.

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December 31, 2024 and 2023

- (c) This category includes the Plan's investments in the White Oak Summit Peer Fund LP, which is a limited partnership. The investment objective is to build a diversified portfolio of senior secured term loans with a targeted average tenor of three years and a targeted net return of 8-11%. This investment cannot be redeemed. The partnership was scheduled to terminate on September 30, 2023, and shall continue until all the investments in securities are realized.

This category also includes the Plan's investment in PGIM Real Estate US Debt Fund, LP, for which the investment objective is to invest substantially all of its assets in loans and mortgages of real estate located in the United States of America via its subsidiary, the PGIM Real Estate US Debt Fund REIT, LLC. Redemptions are allowed quarterly with 90 days' notice. The partnership is an open-ended, commingled fund and does not have a termination date.

- (d) This category includes the Plan's investments in the UBS Trumbull Property Fund, which is a limited partnership that engages in activities for which the objective is to actively manage a core portfolio of primarily equity real estate investments located in the United States.
- (e) This category includes the Plan's investment in the AFL-CIO Housing Investment Trust (the "HIT"), an open-ended investment company. Participation in the HIT is limited to eligible labor organizations and to pension, welfare and retirement plans that have beneficiaries who are represented by labor organizations. The investment objective of the HIT is to generate competitive risk-adjusted total rates of return by investing in fixed-income investments, primarily multifamily and single-family mortgage-backed securities and mortgage-backed obligations. Investees can redeem their investments on a monthly basis and are paid their pro rata share of undistributed net income accrued through the end of the month in which they are redeemed. Investees cannot sell or transfer units to anyone other than the HIT.

11. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 9, 2025, the date on which the financial statements were available to be issued. Based on this evaluation, management has determined that no subsequent events have occurred that require recognition or disclosure in these financial statements.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
U.A. Local No. 159 Defined Benefit Plan:

We have audited the financial statements of U.A. Local No. 159 Defined Benefit Plan as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon, dated October 9, 2025, which contained an unmodified opinion on those financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental Schedules of Administrative Expenses, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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 is fairly stated, in all material respects, in relation to the financial statements taken 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.

Withum Smith + Brown, PC

October 9, 2025

**U.A. Local No. 159 Defined Benefit Plan
Schedules of Administrative Expenses
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Actuarial fees	\$ 85,423	\$ 77,422
Administrative fees	139,048	124,368
Audit and accounting fees	90,263	89,741
Insurance expenses	57,376	57,203
Legal and collection fees	41,782	26,349
Printing and other expenses	<u>29,452</u>	<u>25,818</u>
	<u>\$ 443,344</u>	<u>\$ 400,901</u>

See Report on Supplementary Information.

U.A. Local No. 159 Defined Benefit Plan
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
ID #94-2859426, Plan #001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>U.S. Government and Government Agency obligations</u>	See attached	\$ 4,645,568	\$ 4,408,490
	<u>Municipal obligations</u>	See attached	252,964	245,066
	<u>Corporate Debt Instruments</u>			
	Preferred	See attached	2,089,499	2,087,791
	All other	See attached	4,199,895	4,015,442
			<u>6,289,394</u>	<u>6,103,233</u>
	<u>Mutual funds</u>	See attached	44,829,162	75,195,130
	<u>Limited partnerships</u>	See attached	9,567,733	9,108,196
	<u>Pooled separate accounts</u>	See attached	4,612,248	6,011,050
	<u>103-12 investment entities</u>	See attached	2,426,933	4,247,094
	<u>Common/collective trusts</u>	See attached	12,876,933	18,304,905
			<u>\$ 85,500,935</u>	<u>\$ 123,623,164</u>

See Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/24

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ACCOUNT NUMBER: 1001383

EMPLOYER ID: NOT SUPPLIED

ASSETS HELD AT THE END OF THE PLAN YEAR

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
COLLATERALIZED MORT BACKED OBLIGATION							
FHLMC MULTIFAMILY CMO 2.673% 3/25/26	97.92	59,586.89	57,214.08	57,157.45	58,350.09	1,136.01	1,192.64
FHLMC MULTIFAMILY S-N CMO 3.75% 08/25/25	99.34	83,506.71	82,042.52	91,952.88	82,958.08	915.56	-8,994.80
UNION PACIFIC RR CO 3.227% 05/14/2026	98.25	101,680.44	98,497.27	103,782.21	99,904.51	1,407.24	-3,877.70
TOTAL FOR COLLATERALIZED MORT		244,774.03	237,753.87	252,892.54	241,212.68	3,458.81	-11,679.86
COMMON STOCK							
NORTEL NETWORKS CORP	0.00	9.00	74.70	74.70	0.00	-74.70	-74.70
TOTAL FOR COMMON STOCK		9.00	74.70	74.70	0.00	-74.70	-74.70
COMMON/COLLECTIVE FUNDS-OUTSIDE							
AFL-CIO BUILDING INVESTMENT TRUST	5,469.06	395.28	2,153,623.44	3,000,252.29	2,161,821.26	8,197.82	-838,431.03
AFL-CIO HOUSING INVESTMENT TRUST	960.68	5,615.94	5,466,867.66	6,299,802.50	5,395,128.63	-71,739.03	-904,673.87
PGIM REAL ESTATE US DEBT FUND SA	1,583.17	3,796.83	5,608,296.54	4,612,248.13	6,011,050.03	402,753.49	1,398,801.90
WELLINGTON-CIF II SMID CAP RSCH EQ SER 4	21.87	465,012.64	8,761,671.33	4,745,322.05	10,169,826.35	1,408,155.02	5,424,504.30
WTC-CIF INTL CONTARIAN VAL SER2	11.99	498,186.63	5,971,325.26	5,131,358.35	5,973,257.66	1,932.40	841,899.31
TOTAL FOR COMMON/COLLECTIVE FU		973,007.31	27,961,784.23	23,788,983.32	29,711,083.93	1,749,299.70	5,922,100.61
CORPORATE ABS							
BA CREDIT CARD TRUST 4.98% 11/15/2028	100.97	25,000.00	25,290.90	24,996.64	25,242.52	-48.38	245.88
CAPITAL ONE MULTI TR 2.80% 03/15/2027	99.63	45,000.00	43,859.03	44,996.61	44,832.10	973.07	-164.51
DAIMLER TRUCKS RETAIL 6.03% 03/15/2027	101.01	100,000.00	101,260.02	100,411.86	101,011.39	-248.63	599.53
JOHN DEERE OWNER TR 5.24% 03/15/2028	100.83	15,000.00	15,021.68	15,021.68	15,123.85	102.17	102.17
JOHN DEERE OWNER TRUST 5.06% 11/15/2028	100.77	95,000.00	95,672.71	95,672.71	95,731.27	58.56	58.56
PG & E ENERGY RECOVERY 1.46% 07/15/2031	90.42	36,258.66	32,144.39	36,258.21	32,784.72	640.33	-3,473.49
VERIZON MA TR 24-6 4.17% 08/20/2030	99.04	110,000.00	109,606.80	109,606.80	108,942.19	-664.61	-664.61
TOTAL FOR CORPORATE ABS		426,258.66	422,855.53	426,964.51	423,668.04	812.51	-3,296.47
CORPORATE BONDS							
ABBOTT LABORATORIES 3.75% 11/30/2026	98.81	95,000.00	93,696.95	104,782.65	93,864.75	167.80	-10,917.90
ABBVIE INC SR NT 4.95% 03/15/2031	99.98	75,000.00	75,339.15	75,339.15	74,985.00	-354.15	-354.15



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TRADE DATE
AS OF 12/31/24

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ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CORPORATE BONDS (CONT.)							
ADOBE INC SR GBL 4.8% 04/04/2029	100.51	75,000.00	75,012.10	75,012.10	75,378.75	366.65	366.65
AIR PRODUCTS AND 4.85% 02/08/2034	97.63	45,000.00	44,952.80	44,952.80	43,935.30	-1,017.50	-1,017.50
ALLSTATE CORP SR GBL 0.75% 12/15/2025	96.43	45,000.00	41,487.75	44,162.13	43,393.50	1,905.75	-768.63
AMAZON.COM INC 3.15% 08/22/2027	96.55	75,000.00	72,179.70	78,106.80	72,414.00	234.30	-5,692.80
AMERICAN WATER CAPITAL C 3.4% 03/01/2025	99.72	20,000.00	19,578.60	21,738.80	19,943.20	364.60	-1,795.60
AMPHENOL CORP NT 4.75% 03/30/2026	100.06	90,000.00	90,137.10	89,644.50	90,052.20	-84.90	407.70
ANALOG DEVICES INC 2.95% 4/1/2025	99.56	35,000.00	34,249.25	37,823.29	34,847.40	598.15	-2,975.89
ANHEUSER-BUSCH INBEV 4.75% 01/23/2029	99.96	70,000.00	71,027.05	76,936.63	69,972.00	-1,055.05	-6,964.63
APPLE INC 2.05% 09/11/2026	96.19	90,000.00	85,418.70	91,559.45	86,571.90	1,153.20	-4,987.55
APPLIED MATLS INC 4.8% 06/15/2029	100.33	40,000.00	40,058.20	40,058.20	40,132.00	73.80	73.80
AT&T INC 2.3% 06/01/27	94.39	90,000.00	83,940.30	86,338.69	84,947.40	1,007.10	-1,391.29
AUTOMATIC DATA 1.7% 05/15/2028	91.32	60,000.00	54,307.40	58,334.21	54,793.20	485.80	-3,541.01
AUTOMATIC DATA 4.45% 09/09/2034	95.20	30,000.00	30,017.55	30,017.55	28,560.60	-1,456.95	-1,456.95
AVERY DENNISON CORP 4.875% 12/06/2028	99.77	90,000.00	91,099.60	100,297.80	89,789.40	-1,310.20	-10,508.40
BANK OF AMERICA CORP 3.824% 01/20/2028	97.98	50,000.00	48,468.70	53,779.65	48,992.00	523.30	-4,787.65
BRISTOL-MYERS SQUIBB 5.75% 02/01/2031	104.01	80,000.00	85,506.35	81,944.15	83,204.80	-2,301.55	1,260.65
BROWN FORMAN CORP SR 4.75% 04/15/2033	97.53	55,000.00	55,895.80	54,458.95	53,640.95	-2,254.85	-818.00
CATERPILLAR FINL SVCS 4.35% 05/15/2026	99.86	85,000.00	84,859.75	84,242.60	84,882.70	22.95	640.10
CBOE GLOBAL MKTS INC SR 1.625% 12/15/30	82.98	65,000.00	53,616.35	61,178.45	53,935.70	319.35	-7,242.75
CINTAS CORPORATION 3.7% 04/01/2027	98.02	104,000.00	101,898.97	109,932.91	101,939.76	40.79	-7,993.15
CITIGROUP INC 3.2% 10/21/2026	97.25	55,000.00	52,774.00	52,467.05	53,486.95	712.95	1,019.90
CNH INDUSTRIAL CAPITAL 5.5% 01/12/2029	101.41	45,000.00	46,356.05	44,912.25	45,635.40	-720.65	723.15
COMCAST CORP 4.25% 10/15/2030	96.43	90,000.00	88,672.70	87,181.40	86,787.90	-1,884.80	-393.50
CONNECTICUT LT & PWR CO 0.75% 12/01/2025	96.67	45,000.00	41,703.30	44,278.55	43,501.05	1,797.75	-777.50
CONOCOPHILLIPS SR NT 4.7% 01/15/2030	98.90	80,000.00	79,124.00	79,124.00	79,118.40	-5.60	-5.60
CUMMINS INC SR 5.15% 02/20/2034	100.06	50,000.00	50,512.40	50,512.40	50,028.00	-484.40	-484.40
DARDEN RESTAURANTS INC 3.85% 05/01/2027	97.77	60,000.00	58,677.00	58,677.00	58,664.40	-12.60	-12.60
DICKS SPORTING GOODS 3.15% 01/15/2032	87.57	30,000.00	25,732.30	28,502.15	26,272.20	539.90	-2,229.95
DUKE ENERGY CAROLINAS 4.85% 01/15/2034	96.92	60,000.00	59,608.70	59,608.70	58,153.20	-1,455.50	-1,455.50
DUKE ENERGY OHIO 6.9% 06/01/25	100.64	40,000.00	40,755.60	47,400.94	40,257.20	-498.40	-7,143.74
EATON CORP OHIO SR NT 4.15% 03/15/2033	94.01	75,000.00	73,019.85	70,777.95	70,504.50	-2,515.35	-273.45



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ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CORPORATE BONDS (CONT.)							
ECOLAB INC SR GLBL NT 5.25% 01/15/2028	101.85	65,000.00	65,989.10	65,989.10	66,199.90	210.80	210.80
EEXXON MOBXXON MOBIL CORP 2.44% 08/16/29	91.26	90,000.00	82,066.50	88,636.65	82,134.90	68.40	-6,501.75
ELI LILLY & CO SR 4.5% 02/09/2027	100.24	85,000.00	85,048.70	85,048.70	85,201.45	152.75	152.75
EMERSON ELECTRIC CO 1.80% 10/15/27	92.92	60,000.00	54,985.60	59,400.78	55,752.60	767.00	-3,648.18
FISERV INC SR NT 4.75% 03/15/2030	98.78	35,000.00	34,831.65	34,831.65	34,573.70	-257.95	-257.95
FLORIDA PWR & LT CO 5.05% 04/01/2028	100.96	105,000.00	107,366.30	104,846.25	106,008.00	-1,358.30	1,161.75
GENERAL MTRS FINL CO 1.25% 01/08/2026	96.34	95,000.00	89,052.70	93,102.90	91,523.95	2,471.25	-1,578.95
GEORGIA PAC CORP 7.375% 12/01/25	102.55	85,000.00	88,027.85	95,843.80	87,164.10	-863.75	-8,679.70
GEORGIA PWR CO SR 4.65% 05/16/2028	99.58	85,000.00	85,606.60	84,971.95	84,641.30	-965.30	-330.65
GRAINGER W W INC 4.45% 09/15/2034	95.16	45,000.00	44,896.05	44,896.05	42,821.10	-2,074.95	-2,074.95
HCA INC 5.875% 02/15/2026	100.50	75,000.00	75,568.20	75,289.80	75,377.25	-190.95	87.45
HERSHEY COMPANY 3.2% 08/21/25	99.09	80,000.00	78,236.80	86,315.70	79,275.20	1,038.40	-7,040.50
HOME DEPOT INC NT 4.95% 09/30/2026	100.83	65,000.00	65,593.80	65,124.85	65,540.80	-53.00	415.95
HOME DEPOT INC SR GLBL 5.15% 06/25/2026	101.02	30,000.00	29,990.60	29,990.60	30,305.10	314.50	314.50
ILLINOIS TOOL WORKS INC 2.65% 11/15/2026	97.11	105,000.00	100,617.55	107,395.02	101,962.35	1,344.80	-5,432.67
INTEL CORP 3.75% 08/05/2027	96.99	55,000.00	53,863.85	54,172.29	53,346.70	-517.15	-825.59
JACOBS SOLUTIONS INC 6.35% 08/18/2028	104.12	30,000.00	31,332.00	30,128.85	31,236.00	-96.00	1,107.15
KENVUE INC SR GLBL 5.35% 03/22/2026	100.93	85,000.00	86,293.30	85,233.40	85,786.25	-507.05	552.85
KEURIG DR PEPPER INC 5.2% 03/15/2031	100.92	75,000.00	74,740.80	74,740.80	75,693.00	952.20	952.20
KIMBERLY-CLARK 3.95% 11/01/2028	97.75	95,000.00	93,699.30	101,541.90	92,858.70	-840.60	-8,683.20
LAUDER ESTEE COS INC 4.65% 05/15/2033	95.49	30,000.00	29,879.80	29,451.80	28,646.10	-1,233.70	-805.70
LOCKHEED MARTIN CORP 4.5% 02/15/2029	98.86	85,000.00	84,989.60	84,989.60	84,034.40	-955.20	-955.20
MASTERCARD 4.875% 05/09/2034	98.45	35,000.00	36,012.20	36,012.20	34,457.85	-1,554.35	-1,554.35
MOLSON COORS BREWING CO 3% 07/15/2026	97.41	80,000.00	77,596.95	77,596.95	77,928.00	331.05	331.05
MONDELEZ INTERNATIONAL 2.625% 03/17/2027	95.65	105,000.00	98,760.25	98,760.25	100,435.65	1,675.40	1,675.40
NATIONAL RURAL UTIL COOP 2.4% 03/15/30	88.22	70,000.00	61,300.60	68,161.41	61,754.00	453.40	-6,407.41
O'REILLY AUTOMOTIVE INC 3.9% 06/01/29	95.83	85,000.00	82,280.50	81,209.76	81,457.20	-823.30	247.44
OGE ENERGY 5.45% 05/15/2029	101.64	65,000.00	65,692.40	65,692.40	66,063.40	371.00	371.00
ORACLE CORP SR GLBL NT 6.15% 11/09/2029	104.89	45,000.00	48,290.75	46,586.16	47,199.60	-1,091.15	613.44
PACCAR FINANCIAL CORP 4.45% 08/06/2027	99.91	20,000.00	19,993.90	19,993.90	19,981.40	-12.50	-12.50
PACCAR FINANCIAL CORP 5.2% 11/09/2026	101.37	50,000.00	51,012.35	50,210.85	50,683.50	-328.85	472.65



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CORPORATE BONDS (CONT.)							
PACIFIC GAS & ELEC CO 5.9% 06/15/2032	102.65	35,000.00	36,035.15	36,024.55	35,928.20	-106.95	-96.35
PEPSICO INC 2.75% 3/19/2030	90.83	105,000.00	96,501.70	102,887.80	95,373.60	-1,128.10	-7,514.20
PROGRESSIVE CORP SR 3.00% 03/15/2032	87.84	60,000.00	52,733.55	52,733.55	52,703.40	-30.15	-30.15
PUBLIC SERVICE COLORADO 2.9% 05/15/20	99.21	30,000.00	29,041.80	31,783.85	29,763.90	722.10	-2,019.95
PUBLIC STORAGE GLBL 5.1% 08/01/2033	99.55	50,000.00	50,334.30	50,334.30	49,776.50	-557.80	-557.80
PUBLIC SVC ELEC & GAS 5.2% 03/01/2034	99.60	60,000.00	60,499.30	60,499.30	59,759.40	-739.90	-739.90
QUANTA SVCS INC SR GLBL 4.75% 08/09/2027	99.86	50,000.00	49,974.15	49,974.15	49,929.00	-45.15	-45.15
REPUBLIC SERVICES INC 3.95% 05/15/2028	97.36	95,000.00	92,384.40	91,064.25	92,494.85	110.45	1,430.60
ROPER TECHNOLOGIES 4.75% 02/15/2032	97.47	55,000.00	55,088.60	55,088.60	53,605.75	-1,482.85	-1,482.85
T MOBILE USA INC SR 3.5% 04/15/2025	99.55	50,000.00	48,943.00	53,221.60	49,774.00	831.00	-3,447.60
TEXAS INSTRS INC SR 4.6% 02/08/2027	100.43	50,000.00	50,046.60	50,046.60	50,214.50	167.90	167.90
TRANSCONT GAS PIPELINE 4% 03/15/28	97.14	40,000.00	38,861.40	41,361.35	38,856.80	-4.60	-2,504.55
UNITED PARCEL SVCS 4.875% 03/03/2033	98.82	65,000.00	67,232.75	65,442.45	64,229.75	-3,003.00	-1,212.70
VENTAS REALTY LP 4% 03/01/2028	97.31	30,000.00	29,273.05	29,273.05	29,192.40	-80.65	-80.65
VISA INC 3.15% 12/14/2025	98.87	30,000.00	29,270.10	32,430.25	29,659.50	389.40	-2,770.75
VULCAN MATLS CO SR NT 4.95% 12/01/2029	99.68	40,000.00	40,119.14	40,119.14	39,872.00	-247.14	-247.14
WASTE MGMT INC DEL SR 4.15% 04/15/2032	94.50	80,000.00	78,664.65	78,664.65	75,602.40	-3,062.25	-3,062.25
WELLS FARGO & COMPANY 3% 04/22/2026	97.81	70,000.00	67,553.15	66,336.10	68,469.10	915.95	2,133.00
WISCONSIN ELEC 5.00% 05/15/2029	100.70	65,000.00	65,434.60	65,434.60	65,455.00	20.40	20.40
WISCONSIN ELEC PWR CO 4.6% 10/01/2034	95.23	35,000.00	34,969.70	34,969.70	33,331.55	-1,638.15	-1,638.15
WISCONSIN ELECTRIC POWER 3.1% 06/01/25	99.25	15,000.00	14,615.10	15,686.72	14,887.65	272.55	-799.07
WW GRAINGER INC 1.85% 02/15/2025	99.58	30,000.00	28,955.40	30,622.75	29,872.50	917.10	-750.25
XYLEM INC 2.25% 1/30/2031	85.23	45,000.00	38,440.95	38,440.95	38,353.50	-87.45	-87.45
TOTAL FOR CORPORATE BONDS		5,394,000.00	5,288,273.11	5,422,690.43	5,269,734.41	-18,538.70	-152,956.02
FED HOME LOAN MORTGAGE ASSOC GOLD POOLS							
FHLMC GLD PL #18561 3% 07/01/2030	96.53	15,611.45	15,026.01	16,457.90	15,069.93	43.92	-1,387.97
FHLMC GLD PL #G18569 3% 09/01/2030	96.39	1,817.60	1,748.88	1,919.83	1,752.00	3.12	-167.83
FHLMC GLD PL #G18578 3% 12/01/2030	96.23	11,150.70	10,718.61	11,773.61	10,730.81	12.20	-1,042.80
FHLMC GOLD POOL #G1-5144 2.5% 07/01/2029	96.94	5,812.32	5,580.74	5,978.37	5,634.32	53.58	-344.05
TOTAL FOR FED HOME LOAN MORTGA		34,392.07	33,074.24	36,129.71	33,187.06	112.82	-2,942.65



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FED HOME LOAN MORTGAGE ASSOC POOLS							
FHLMC POOL #SB-0661 2.5% 04/01/2037	91.28	52,764.45	48,741.16	48,881.32	48,164.05	-577.11	-717.27
FHLMC POOL #SB-8178 4.00% 09/01/2037	96.02	25,810.36	25,091.49	25,091.49	24,781.97	-309.52	-309.52
FHLMC POOL #SB-8184 4.00% 10/01/2037	96.03	38,418.19	37,685.85	38,391.17	36,893.47	-792.38	-1,497.70
FHLMC POOL #SB-8186 4.5% 09/01/2037	97.86	50,277.03	50,057.06	50,854.18	49,200.79	-856.27	-1,653.39
FHLMC POOL #SB-8191 4.5% 10/01/2037	97.83	89,682.36	89,290.02	88,919.46	87,734.57	-1,555.45	-1,184.89
FHLMC POOL #SB-8216 4.5% 03/01/2038	97.95	10,935.56	10,874.05	10,742.47	10,711.72	-162.33	-30.75
FHLMC POOL #SB-8217 5.0% 03/01/2038	99.63	61,066.67	61,334.40	61,035.81	60,837.67	-496.73	-198.14
FHLMC POOL #SB-8220 5.5% 02/01/2038	100.77	57,713.49	58,534.12	57,234.75	58,155.36	-378.76	920.61
FHLMC POOL #SB-8293 5.00% 04/01/2039	99.52	37,075.14	36,826.05	36,826.05	36,895.56	69.51	69.51
FHLMC POOL #SB-8303 5.00% 05/01/2039	99.52	85,457.54	86,043.06	86,043.06	85,043.61	-999.45	-999.45
FHLMC POOL #SB-8319 5.5% 08/01/2039	100.67	43,790.41	44,262.53	44,262.53	44,084.63	-177.90	-177.90
FHLMC POOL #SB-8346 4.00% 12/01/2039	96.02	59,478.55	57,538.53	57,538.53	57,108.70	-429.83	-429.83
TOTAL FOR FED HOME LOAN MORTGA		612,469.77	606,278.32	605,820.82	599,612.10	-6,666.22	-6,208.72
FEDERAL HOME LOAN MORT CORP REMIC							
FHLMC REMIC SERIES 2.995% 12/25/2025	98.65	55,000.00	53,267.89	54,020.31	54,256.79	988.90	236.48
TOTAL FOR FEDERAL HOME LOAN MO		55,000.00	53,267.89	54,020.31	54,256.79	988.90	236.48
FEDL NATIONAL MORTGAGE ASSOCIATION POOLS							
FNMA PL #890790 3% 08/01/2032	95.27	9,685.17	9,249.36	10,112.05	9,226.64	-22.72	-885.41
FNMA PL #933032 6.00% 10/01/37	98.66	925.02	911.00	1,400.11	912.59	1.59	-487.52
FNMA POOL #MA4713 4.00% 07/01/2037	96.14	74,822.36	73,534.21	74,626.68	71,934.69	-1,599.52	-2,691.99
TOTAL FOR FEDL NATIONAL MORTGA		85,432.55	83,694.57	86,138.84	82,073.92	-1,620.65	-4,064.92
FHLMO REMIC (VARIABLE RATE)							
FHLMC REMIC SERIES VAR 06/25/2032	87.85	90,000.00	80,480.90	78,794.72	79,061.49	-1,419.41	266.77
TOTAL FOR FHLMO REMIC (VARIABL		90,000.00	80,480.90	78,794.72	79,061.49	-1,419.41	266.77
FOREIGN CORPORATE BONDS							
CANADIAN NATL RY CO 6.900% 7/15/28	106.85	80,000.00	87,408.50	100,571.45	85,480.00	-1,928.50	-15,091.45
CANADIAN PACIFIC RR CO 4% 06/01/2028	97.32	60,000.00	58,921.00	58,921.00	58,392.60	-528.40	-528.40
NVENT FINANCE SARL 4.55% 4/15/2028	98.98	25,000.00	24,312.65	27,353.45	24,745.75	433.10	-2,607.70
TOTAL FOR FOREIGN CORPORATE BO		165,000.00	170,642.15	186,845.90	168,618.35	-2,023.80	-18,227.55
GOVERNMENT AGENCIES							
FHLMC 6.250% 7/15/32	110.83	115,000.00	133,479.15	128,737.40	127,452.20	-6,026.95	-1,285.20



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SCHEDULE OF ASSETS HELD FOR
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U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/24

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ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
GOVERNMENT AGENCIES (CONT.)							
FNMA 0.375% 08/25/25	97.50	65,000.00	60,769.80	64,514.06	63,372.40	2,602.60	-1,141.66
FNMA 0.875% 08/05/30	82.57	205,000.00	168,287.15	189,498.40	169,270.55	983.40	-20,227.85
FNMA 6.625% 11/15/30	111.03	115,000.00	132,363.85	141,031.25	127,679.90	-4,683.95	-13,351.35
TENN VALEY AUTHORITY 0.75% 05/15/25	98.71	11,000.00	10,433.39	11,105.46	10,857.55	424.16	-247.91
TOTAL FOR GOVERNMENT AGENCIES		511,000.00	505,333.34	534,886.57	498,632.60	-6,700.74	-36,253.97
LIMITED LIABILITY PARTNERSHIPS							
IFM GLOBAL INFRASTRUCTURE (US) FD LP	1.00	4,508,234.17	4,508,234.17	4,508,234.17	4,508,234.17	0.00	0.00
TRUMBULL PROPERTY FUND LLP	8,675.21	352.94	3,956,234.15	3,294,789.49	3,061,860.72	-894,373.43	-232,928.77
ULLICO INFRASTRUCTURE TAX EXEMPT FUND	290.70	14,610.14	3,885,723.35	2,426,932.59	4,247,094.21	361,370.86	1,820,161.62
WHITE OAK SUMMIT PEER FUND LLP	1.00	1,764,709.90	1,764,709.90	1,764,709.90	1,764,709.90	0.00	0.00
TOTAL FOR LIMITED LIABILITY PA		6,287,907.15	14,114,901.57	11,994,666.15	13,581,899.00	-533,002.57	1,587,232.85
MUNICIPAL BONDS							
COLORADO HSG & FIN 4.515% 11/01/2027	99.91	45,000.00	44,576.55	45,000.00	44,961.30	384.75	-38.70
DALLAS FORT WORTH TEX 4.671% 11/01/2027	100.40	20,000.00	20,158.00	20,000.00	20,080.00	-78.00	80.00
DALLAS FORT WORTH TX 2.256% 11/01/2026	96.18	15,000.00	14,095.50	15,000.00	14,426.70	331.20	-573.30
HONOLULU CITY & CNTY HI 2.316% 07/01/25	99.03	15,000.00	14,466.90	15,000.00	14,854.20	387.30	-145.80
METRO WSTWTR RECLAMATION 2.363% 04/01/27	95.87	15,000.00	14,099.40	15,000.00	14,380.95	281.55	-619.05
MUNICIPAL ELEC AUTH 1.421% 01/01/2025	100.00	45,000.00	43,335.45	45,000.00	45,000.00	1,664.55	0.00
NEBRASKA ST PUBLIC PWR 2.493% 01/01/27	96.13	35,000.00	32,842.95	36,530.60	33,644.45	801.50	-2,886.15
NEW YORK ST URBAN DEV CRP 3.27% 03/15/28	96.41	15,000.00	14,203.05	14,682.15	14,461.20	258.15	-220.95
TEXAS ST UNIV SYS FING 2.351% 03/15/2026	97.57	30,000.00	28,586.70	31,751.10	29,269.80	683.10	-2,481.30
VIRGINIA ST RESOURCES AUT 2.53% 11/01/28	93.25	15,000.00	13,857.45	15,000.00	13,987.65	130.20	-1,012.35
TOTAL FOR MUNICIPAL BONDS		250,000.00	240,221.95	252,963.85	245,066.25	4,844.30	-7,897.60
MUTUAL FUND							
DODGE & COX INTL STK FDS CL I	49.90	114,649.71	5,637,824.08	5,085,881.40	5,721,020.33	83,196.25	635,138.93
VANGUARD INSTL INDEX INSTL CLASS	478.90	74,319.32	29,380,733.45	13,297,550.93	35,591,523.31	6,210,789.86	22,293,972.38



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ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
MUTUAL FUND (CONT.)							
WILLIAM BLAIR INTL LEAD-INS	19.40	488,913.77	9,591,854.54	6,840,317.99	9,484,927.20	-106,927.34	2,644,609.21
TOTAL FOR MUTUAL FUND		677,882.80	44,610,412.07	25,223,750.32	50,797,470.84	6,187,058.77	25,573,720.52
MUTUAL FUND-DAILY ACCRUAL							
BLACKROCK HIGH YIELD BOND PORTFOLIO	7.10	910,113.00	6,410,735.00	6,931,241.83	6,461,802.29	51,067.29	-469,439.54
PIMCO INCOME FUND INSTITUTIONAL FUND	10.52	1,143,976.48	12,156,440.64	12,674,170.20	12,034,632.56	-121,808.08	-639,537.64
TOTAL FOR MUTUAL FUND-DAILY AC		2,054,089.48	18,567,175.64	19,605,412.03	18,496,434.85	-70,740.79	-1,108,977.18
REAL ESTATE-COMMERCIAL							
ASHLEY & LAGUNA LANDSCAPE	6.00	1.00	1.00	1.00	6.00	5.00	5.00
TOTAL FOR REAL ESTATE-COMMERCI		1.00	1.00	1.00	6.00	5.00	5.00
SHORT TERM INVESTMENT FUNDS							
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	248,629.78	248,629.78	248,629.78	248,629.78	0.00	0.00
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	185,563.61	185,563.61	185,563.61	185,563.61	0.00	0.00
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	71,895.89	71,895.89	71,895.89	71,895.89	0.00	0.00
TOTAL FOR SHORT TERM INVESTMEN		506,089.28	506,089.28	506,089.28	506,089.28	0.00	0.00
U.S. TREASURY NOTES							
U.S. TREASURY NOTE 1.25% 08/15/2031	81.61	290,000.00	238,979.56	256,560.92	236,663.20	-2,316.36	-19,897.72
U.S. TREASURY NOTE 2.75% 08/15/2032	88.68	195,000.00	177,395.73	174,027.16	172,931.85	-4,463.88	-1,095.31
U.S. TREASURY NOTE 3.375% 05/15/2033	91.90	265,000.00	253,255.68	255,389.54	243,529.70	-9,725.98	-11,859.84
U.S. TREASURY NOTE 4.00% 02/15/2034	95.74	110,000.00	106,473.88	106,473.88	105,309.60	-1,164.28	-1,164.28
U.S. TREASURY NOTE 4.125% 11/15/2032	97.53	220,000.00	222,758.80	222,793.05	214,570.40	-8,188.40	-8,222.65
U.S. TREASURY NOTES 1.5% 02/15/2030	86.83	160,000.00	140,005.18	156,463.87	138,931.20	-1,073.98	-17,532.67
U.S. TREASURY NOTES 1.5% 08/15/2026	95.73	90,000.00	84,234.60	90,327.33	86,155.20	1,920.60	-4,172.13
U.S. TREASURY NOTES 1.625% 09/30/2026	95.63	55,000.00	51,566.90	56,964.23	52,597.05	1,030.15	-4,367.18
U.S. TREASURY NOTES 2% 02/15/2025	99.72	80,000.00	77,647.20	80,430.72	79,772.00	2,124.80	-658.72
U.S. TREASURY NOTES 2.0% 11/15/2026	95.98	175,000.00	165,758.17	176,252.65	167,958.00	2,199.83	-8,294.65
U.S. TREASURY NOTES 2.375% 05/15/2029	92.18	235,000.00	218,065.26	238,752.78	216,615.95	-1,449.31	-22,136.83
U.S. TREASURY NOTES 2.75% 02/15/2028	95.49	230,000.00	220,057.07	242,050.17	219,615.50	-441.57	-22,434.67
U.S. TREASURY NOTES 3.125% 11/15/2028	95.69	140,000.00	133,926.34	136,501.96	133,964.60	38.26	-2,537.36
U.S. TREASURY NTS 0.625% 08/15/30	81.21	270,000.00	219,871.30	250,246.60	219,264.30	-607.00	-30,982.30
U.S. TREASURY NOTE 4.375% 11/30/2030	99.64	165,000.00	167,690.30	167,690.30	164,399.40	-3,290.90	-3,290.90
US TREASURY NOTE 4.125% 07/31/2031	98.01	90,000.00	93,407.00	93,407.00	88,207.20	-5,199.80	-5,199.80



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SCHEDULE OF ASSETS HELD FOR
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ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
U.S. TREASURY NOTES (CONT.)							
US TREASURY NOTES 1.125% 02/15/2031	82.53	165,000.00	137,730.45	159,562.58	136,166.25	-1,564.20	-23,396.33
TOTAL FOR U.S. TREASURY NOTES		2,935,000.00	2,708,823.42	2,863,894.74	2,676,651.40	-32,172.02	-187,243.34
UMBS SECURITIES							
FNMA UMBS POOL #MA4667 3.5% 07/01/2037	94.56	85,382.71	81,609.94	82,716.99	80,740.02	-869.92	-1,976.97
FNMA UMBS POOL #MA4797 4.00% 11/01/2037	96.11	29,667.86	29,125.49	29,266.88	28,513.59	-611.90	-753.29
FNMA UMBS POOL #MA4825 5.00% 10/01/2037	99.53	63,924.23	64,283.81	62,516.88	63,624.59	-659.22	1,107.71
FNMA UMBS POOL #MA4899 5.00% 01/01/2038	99.63	69,719.54	69,735.88	69,735.88	69,458.10	-277.78	-277.78
FNMA UMBS POOL #MA4991 5.5% 04/01/2038	100.77	35,102.06	34,925.29	35,244.65	35,370.81	445.52	126.16
FNMA UMBS POOL #MA5014 5.00% 05/01/2038	99.52	27,379.29	27,533.31	27,550.42	27,246.67	-286.64	-303.75
FNMA UMBS POOL #MA5145 6.00% 09/01/2038	101.67	78,745.17	80,590.77	78,850.18	80,061.69	-529.08	1,211.51
TOTAL FOR UMBS SECURITIES		389,920.86	387,804.49	385,881.88	385,015.47	-2,789.02	-866.41
TOTAL ASSETS		21,692,233.97	116,578,942.27	92,306,901.62	123,849,774.46	7,270,832.19	31,542,872.84
PENDING TRANSACTIONS							
					-33,695.56		
					-150,404.44		
					-42,508.89		
TOTAL PENDING TRANSACTIONS					-226,608.89		
CASH					0.00		
TOTAL MARKET VALUE					123,623,165.57		

U.A. Local No. 159 Defined Benefit Plan
Schedule H, Line 4j, Schedule of Reportable Transactions
ID #94-2859426, Plan #001
Year Ended December 31, 2024

(a)	(b) Identity of Party Involved	(c) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
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See attached

See Report on Supplementary Information.



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5500 5% REPORT
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
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TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CATEGORY TOTAL							0	0		



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5500 5% REPORT
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
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BEGINNING MARKET VALUE: 114,144,527.62
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CATEGORY TOTAL						0	0	0		



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5500 5% REPORT
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ACCOUNT NUMBER: 1001383

BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									10.94%
BUY	01/02/24	01/02/24	2,454.12	1.00	2,454		2,454	2,454		
BUY	01/02/24	01/02/24	253.48	1.00	253		253	253		
BUY	01/02/24	01/02/24	1,082.71	1.00	1,083		1,083	1,083		
BUY	01/03/24	01/03/24	1,058.49	1.00	1,058		1,058	1,058		
BUY	01/09/24	01/09/24	20,074.36	1.00	20,074		20,074	20,074		
BUY	01/11/24	01/11/24	8,059.68	1.00	8,060		8,060	8,060		
BUY	01/12/24	01/12/24	636.32	1.00	636		636	636		
BUY	01/12/24	01/12/24	58,480.00	1.00	58,480		58,480	58,480		
BUY	01/16/24	01/16/24	18,437.58	1.00	18,438		18,438	18,438		
BUY	01/17/24	01/17/24	295.00	1.00	295		295	295		
BUY	01/19/24	01/19/24	107.21	1.00	107		107	107		
BUY	01/22/24	01/22/24	610.73	1.00	611		611	611		
BUY	01/23/24	01/23/24	1,306.25	1.00	1,306		1,306	1,306		
BUY	01/23/24	01/23/24	34,418.77	1.00	34,419		34,419	34,419		
BUY	01/25/24	01/25/24	45,851.50	1.00	45,852		45,852	45,852		
BUY	01/26/24	01/26/24	6,690.00	1.00	6,690		6,690	6,690		
BUY	01/29/24	01/29/24	15,861.88	1.00	15,862		15,862	15,862		
BUY	02/01/24	02/01/24	44.68	1.00	45		45	45		
BUY	02/01/24	02/01/24	768.46	1.00	768		768	768		
BUY	02/05/24	02/05/24	0.40	1.00	0		0	0		
BUY	02/06/24	02/06/24	1,530.07	1.00	1,530		1,530	1,530		
BUY	02/08/24	02/08/24	40,444.17	1.00	40,444		40,444	40,444		
BUY	02/12/24	02/12/24	1,498.59	1.00	1,499		1,499	1,499		
BUY	02/15/24	02/15/24	24,209.80	1.00	24,210		24,210	24,210		
BUY	02/16/24	02/16/24	915.00	1.00	915		915	915		
BUY	02/20/24	02/20/24	989.63	1.00	990		990	990		
BUY	02/22/24	02/22/24	1,023.75	1.00	1,024		1,024	1,024		
BUY	02/23/24	02/23/24	3,887.74	1.00	3,888		3,888	3,888		
BUY	02/26/24	02/26/24	8,809.67	1.00	8,810		8,810	8,810		
BUY	03/01/24	03/01/24	2,026.61	1.00	2,027		2,027	2,027		
BUY	03/01/24	03/01/24	141.18	1.00	141		141	141		
BUY	03/01/24	03/01/24	643.64	1.00	644		644	644		
BUY	03/04/24	03/04/24	6,729.56	1.00	6,730		6,730	6,730		
BUY	03/04/24	03/04/24	9.34	1.00	9		9	9		
BUY	03/05/24	03/05/24	17,544.00	1.00	17,544		17,544	17,544		
BUY	03/06/24	03/06/24	8,083.25	1.00	8,083		8,083	8,083		
BUY	03/11/24	03/11/24	6,107.44	1.00	6,107		6,107	6,107		
BUY	03/12/24	03/12/24	28,344.62	1.00	28,345		28,345	28,345		
BUY	03/15/24	03/15/24	2,846.14	1.00	2,846		2,846	2,846		
BUY	03/18/24	03/18/24	4,048.93	1.00	4,049		4,049	4,049		
BUY	03/20/24	03/20/24	37.13	1.00	37		37	37		
BUY	03/22/24	03/22/24	1,605.00	1.00	1,605		1,605	1,605		
BUY	03/25/24	03/25/24	19,972.77	1.00	19,973		19,973	19,973		



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BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					10.94%
BUY	04/01/24	04/01/24	7,386.77	1.00	7,387		7,387	7,387		
BUY	04/01/24	04/01/24	151.19	1.00	151		151	151		
BUY	04/01/24	04/01/24	39,527.75	1.00	39,528		39,528	39,528		
BUY	04/03/24	04/03/24	9,337.73	1.00	9,338		9,338	9,338		
BUY	04/05/24	04/05/24	21,454.99	1.00	21,455		21,455	21,455		
BUY	04/09/24	04/09/24	10,039.87	1.00	10,040		10,040	10,040		
BUY	04/12/24	04/12/24	2,135.76	1.00	2,136		2,136	2,136		
BUY	04/15/24	04/15/24	23,392.00	1.00	23,392		23,392	23,392		
BUY	04/16/24	04/16/24	3,236.53	1.00	3,237		3,237	3,237		
BUY	04/19/24	04/19/24	34,418.77	1.00	34,419		34,419	34,419		
BUY	04/22/24	04/22/24	1,127.13	1.00	1,127		1,127	1,127		
BUY	04/25/24	04/25/24	3,552.93	1.00	3,553		3,553	3,553		
BUY	04/26/24	04/26/24	194.67	1.00	195		195	195		
BUY	04/29/24	04/29/24	63,760.44	1.00	63,760		63,760	63,760		
BUY	05/01/24	05/01/24	29,603.22	1.00	29,603		29,603	29,603		
BUY	05/01/24	05/01/24	282.32	1.00	282		282	282		
BUY	05/01/24	05/01/24	306.69	1.00	307		307	307		
BUY	05/02/24	05/02/24	5.52	1.00	6		6	6		
BUY	05/03/24	05/03/24	8,213.85	1.00	8,214		8,214	8,214		
BUY	05/09/24	05/09/24	11,857.44	1.00	11,857		11,857	11,857		
BUY	05/15/24	05/15/24	100,135.79	1.00	100,136		100,136	100,136		
BUY	05/16/24	05/16/24	1,772.67	1.00	1,773		1,773	1,773		
BUY	05/22/24	05/22/24	10,188.46	1.00	10,188		10,188	10,188		
BUY	05/28/24	05/28/24	31,237.07	1.00	31,237		31,237	31,237		
BUY	05/29/24	05/29/24	194.67	1.00	195		195	195		
BUY	05/31/24	05/31/24	2,406.25	1.00	2,406		2,406	2,406		
BUY	06/03/24	06/03/24	31,864.88	1.00	31,865		31,865	31,865		
BUY	06/03/24	06/03/24	394.75	1.00	395		395	395		
BUY	06/03/24	06/03/24	199.60	1.00	200		200	200		
BUY	06/14/24	06/14/24	1,023.75	1.00	1,024		1,024	1,024		
BUY	06/17/24	06/17/24	81,135.25	1.00	81,135		81,135	81,135		
BUY	06/18/24	06/18/24	565.75	1.00	566		566	566		
BUY	06/18/24	06/18/24	187,135.00	1.00	187,135		187,135	187,135		
BUY	06/21/24	06/21/24	91,560.13	1.00	91,560		91,560	91,560		
BUY	07/01/24	07/01/24	41,048.11	1.00	41,048		41,048	41,048		
BUY	07/02/24	07/02/24	61,568.46	1.00	61,568		61,568	61,568		
BUY	07/02/24	07/02/24	255.65	1.00	256		256	256		
BUY	07/02/24	07/02/24	661.60	1.00	662		662	662		
BUY	07/08/24	07/08/24	406.25	1.00	406		406	406		
BUY	07/08/24	07/08/24	48,617.00	1.00	48,617		48,617	48,617		
BUY	07/12/24	07/12/24	962.50	1.00	963		963	963		
BUY	07/15/24	07/15/24	52,278.48	1.00	52,278		52,278	52,278		
BUY	07/15/24	07/15/24	18,713.00	1.00	18,713		18,713	18,713		
BUY	07/16/24	07/16/24	3,200.47	1.00	3,200		3,200	3,200		



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BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
CASH EQUIVALENTS (CONT)											
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT										10.94%
BUY	07/18/24	07/18/24	35,467.43	1.00	35,467		35,467	35,467			
BUY	07/22/24	07/22/24	573.60	1.00	574		574	574			
BUY	07/23/24	07/23/24	1,343.38	1.00	1,343		1,343	1,343			
BUY	07/25/24	07/25/24	18,312.40	1.00	18,312		18,312	18,312			
BUY	07/25/24	07/25/24	2,703.59	1.00	2,704		2,704	2,704			
BUY	07/26/24	07/26/24	9,755.81	1.00	9,756		9,756	9,756			
BUY	07/26/24	07/26/24	34,200.32	1.00	34,200		34,200	34,200			
BUY	08/01/24	08/01/24	265.09	1.00	265		265	265			
BUY	08/01/24	08/01/24	1,077.45	1.00	1,077		1,077	1,077			
BUY	08/02/24	08/02/24	34,452.25	1.00	34,452		34,452	34,452			
BUY	08/07/24	08/07/24	91,471.48	1.00	91,471		91,471	91,471			
BUY	08/08/24	08/08/24	1,768.75	1.00	1,769		1,769	1,769			
BUY	08/09/24	08/09/24	2,778.25	1.00	2,778		2,778	2,778			
BUY	08/13/24	08/13/24	4.38	1.00	4		4	4			
BUY	08/13/24	08/13/24	6.01	1.00	6		6	6			
BUY	08/15/24	08/15/24	64,022.92	1.00	64,023		64,023	64,023			
BUY	08/20/24	08/20/24	350,000.00	1.00	350,000		350,000	350,000			
BUY	08/26/24	08/26/24	15,118.45	1.00	15,118		15,118	15,118			
BUY	08/27/24	08/27/24	11,375.79	1.00	11,376		11,376	11,376			
BUY	09/03/24	09/03/24	3,487.43	1.00	3,487		3,487	3,487			
BUY	09/03/24	09/03/24	338.55	1.00	339		339	339			
BUY	09/03/24	09/03/24	201.32	1.00	201		201	201			
BUY	09/10/24	09/10/24	18,740.32	1.00	18,740		18,740	18,740			
BUY	09/11/24	09/11/24	615.00	1.00	615		615	615			
BUY	09/16/24	09/16/24	165,858.13	1.00	165,858		165,858	165,858			
BUY	09/19/24	09/19/24	1,039.88	1.00	1,040		1,040	1,040			
BUY	09/23/24	09/23/24	1,629.75	1.00	1,630		1,630	1,630			
BUY	09/25/24	09/25/24	19,057.89	1.00	19,058		19,058	19,058			
BUY	09/30/24	09/30/24	3,589.38	1.00	3,589		3,589	3,589			
BUY	10/01/24	10/01/24	44,524.28	1.00	44,524		44,524	44,524			
BUY	10/01/24	10/01/24	1.28	1.00	1		1	1			
BUY	10/01/24	10/01/24	42,578.31	1.00	42,578		42,578	42,578			
BUY	10/08/24	10/08/24	19,221.03	1.00	19,221		19,221	19,221			
BUY	10/10/24	10/10/24	150,404.44	1.00	150,404		150,404	150,404			
BUY	10/15/24	10/15/24	9,132.33	1.00	9,132		9,132	9,132			
BUY	10/16/24	10/16/24	967.52	1.00	968		968	968			
BUY	10/21/24	10/21/24	813.02	1.00	813		813	813			
BUY	10/22/24	10/22/24	21,204.33	1.00	21,204		21,204	21,204			
BUY	10/23/24	10/23/24	2,102.26	1.00	2,102		2,102	2,102			
BUY	10/28/24	10/28/24	33,695.56	1.00	33,696		33,696	33,696			
BUY	10/30/24	10/30/24	38,228.97	1.00	38,229		38,229	38,229			
BUY	11/01/24	11/01/24	54,765.37	1.00	54,765		54,765	54,765			
BUY	11/01/24	11/01/24	443.30	1.00	443		443	443			
BUY	11/01/24	11/01/24	236.71	1.00	237		237	237			



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PAGE 621
ACCOUNT NUMBER: 1001383

BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
CASH EQUIVALENTS (CONT)											
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)						10.94%
BUY	11/12/24	11/12/24	2,595.63	1.00	2,596		2,596	2,596			
BUY	11/14/24	11/14/24	1,111.38	1.00	1,111		1,111	1,111			
BUY	11/15/24	11/15/24	51,612.65	1.00	51,613		51,613	51,613			
BUY	11/25/24	11/25/24	25,182.22	1.00	25,182		25,182	25,182			
BUY	11/26/24	11/26/24	219.00	1.00	219		219	219			
BUY	12/02/24	12/02/24	62,430.40	1.00	62,430		62,430	62,430			
BUY	12/02/24	12/02/24	680.48	1.00	680		680	680			
BUY	12/02/24	12/02/24	220.88	1.00	221		221	221			
BUY	12/05/24	12/05/24	1,500,000.00	1.00	1,500,000		1,500,000	1,500,000			
BUY	12/06/24	12/06/24	2,001,706.25	1.00	2,001,706		2,001,706	2,001,706			
BUY	12/20/24	12/20/24	382.25	1.00	382		382	382			
BUY	12/23/24	12/23/24	11,696.00	1.00	11,696		11,696	11,696			
BUY	12/26/24	12/26/24	18,927.40	1.00	18,927		18,927	18,927			
SUB-TOTAL BUYS			TXN CNT:	144			6,419,786	6,419,786			
SELL	01/05/24	01/05/24	9,255.58	1.00	9,256		9,256	9,256			
SELL	01/08/24	01/08/24	5,699.78	1.00	5,700		5,700	5,700			
SELL	01/10/24	01/10/24	1,570.83	1.00	1,571		1,571	1,571			
SELL	01/30/24	01/30/24	4,978.03	1.00	4,978		4,978	4,978			
SELL	02/01/24	02/01/24	8,439.29	1.00	8,439		8,439	8,439			
SELL	02/02/24	02/02/24	31,391.43	1.00	31,391		31,391	31,391			
SELL	02/05/24	02/05/24	13,266.77	1.00	13,267		13,267	13,267			
SELL	02/09/24	02/09/24	69,962.90	1.00	69,963		69,963	69,963			
SELL	02/14/24	02/14/24	589.81	1.00	590		590	590			
SELL	02/21/24	02/21/24	45,887.93	1.00	45,888		45,888	45,888			
SELL	02/23/24	02/23/24	190,000.00	1.00	190,000		190,000	190,000			
SELL	02/28/24	02/28/24	9,978.25	1.00	9,978		9,978	9,978			
SELL	02/29/24	02/29/24	4,597.62	1.00	4,598		4,598	4,598			
SELL	03/05/24	03/05/24	735.81	1.00	736		736	736			
SELL	03/13/24	03/13/24	7,258.10	1.00	7,258		7,258	7,258			
SELL	03/14/24	03/14/24	16,162.09	1.00	16,162		16,162	16,162			
SELL	03/19/24	03/19/24	14,847.36	1.00	14,847		14,847	14,847			
SELL	03/27/24	03/27/24	4,736.67	1.00	4,737		4,737	4,737			
SELL	04/04/24	04/04/24	40,953.19	1.00	40,953		40,953	40,953			
SELL	04/15/24	04/15/24	9,092.90	1.00	9,093		9,093	9,093			
SELL	04/18/24	04/18/24	5,237.48	1.00	5,237		5,237	5,237			
SELL	04/24/24	04/24/24	50,000.00	1.00	50,000		50,000	50,000			
SELL	05/06/24	05/06/24	4,971.11	1.00	4,971		4,971	4,971			
SELL	05/07/24	05/07/24	49,610.77	1.00	49,611		49,611	49,611			
SELL	05/08/24	05/08/24	25,120.56	1.00	25,121		25,121	25,121			
SELL	05/10/24	05/10/24	10,043.95	1.00	10,044		10,044	10,044			
SELL	05/14/24	05/14/24	35,198.40	1.00	35,198		35,198	35,198			
SELL	05/17/24	05/17/24	10,557.46	1.00	10,557		10,557	10,557			



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BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					10.94%
SELL	05/20/24	05/20/24	10,151.33	1.00	10,151		10,151	10,151		
SELL	05/23/24	05/23/24	29,541.08	1.00	29,541		29,541	29,541		
SELL	05/24/24	05/24/24	19,134.23	1.00	19,134		19,134	19,134		
SELL	05/30/24	05/30/24	17,472.58	1.00	17,473		17,473	17,473		
SELL	06/06/24	06/06/24	28,156.03	1.00	28,156		28,156	28,156		
SELL	06/11/24	06/11/24	40,712.19	1.00	40,712		40,712	40,712		
SELL	06/12/24	06/12/24	14,943.20	1.00	14,943		14,943	14,943		
SELL	06/13/24	06/13/24	5,189.02	1.00	5,189		5,189	5,189		
SELL	06/21/24	06/21/24	10,318.77	1.00	10,319		10,319	10,319		
SELL	06/21/24	06/21/24	91,560.13	1.00	91,560		91,560	91,560		
SELL	06/24/24	06/24/24	40,047.16	1.00	40,047		40,047	40,047		
SELL	06/25/24	06/25/24	217.95	1.00	218		218	218		
SELL	07/10/24	07/10/24	11,108.12	1.00	11,108		11,108	11,108		
SELL	07/11/24	07/11/24	20,454.40	1.00	20,454		20,454	20,454		
SELL	07/17/24	07/17/24	24,091.67	1.00	24,092		24,092	24,092		
SELL	07/18/24	07/18/24	24,107.63	1.00	24,108		24,108	24,108		
SELL	07/23/24	07/23/24	300,000.00	1.00	300,000		300,000	300,000		
SELL	08/01/24	08/01/24	1,013.49	1.00	1,013		1,013	1,013		
SELL	08/05/24	08/05/24	8,248.32	1.00	8,248		8,248	8,248		
SELL	08/06/24	08/06/24	153,775.51	1.00	153,776		153,776	153,776		
SELL	08/12/24	08/12/24	39,908.40	1.00	39,908		39,908	39,908		
SELL	08/14/24	08/14/24	8,980.88	1.00	8,981		8,981	8,981		
SELL	08/16/24	08/16/24	667.72	1.00	668		668	668		
SELL	08/19/24	08/19/24	4,148.76	1.00	4,149		4,149	4,149		
SELL	08/20/24	08/20/24	38,146.97	1.00	38,147		38,147	38,147		
SELL	08/21/24	08/21/24	23,673.50	1.00	23,674		23,674	23,674		
SELL	08/21/24	08/21/24	121,513.46	1.00	121,513		121,513	121,513		
SELL	08/21/24	08/21/24	378,486.54	1.00	378,487		378,487	378,487		
SELL	08/22/24	08/22/24	9,038.27	1.00	9,038		9,038	9,038		
SELL	08/29/24	08/29/24	14,657.05	1.00	14,657		14,657	14,657		
SELL	09/05/24	09/05/24	15,267.52	1.00	15,268		15,268	15,268		
SELL	09/06/24	09/06/24	5,388.28	1.00	5,388		5,388	5,388		
SELL	09/12/24	09/12/24	19,979.20	1.00	19,979		19,979	19,979		
SELL	09/13/24	09/13/24	15,309.92	1.00	15,310		15,310	15,310		
SELL	09/17/24	09/17/24	89,817.51	1.00	89,818		89,818	89,818		
SELL	09/18/24	09/18/24	70,399.39	1.00	70,399		70,399	70,399		
SELL	09/20/24	09/20/24	94.68	1.00	95		95	95		
SELL	09/26/24	09/26/24	20,199.39	1.00	20,199		20,199	20,199		
SELL	10/04/24	10/04/24	19,032.35	1.00	19,032		19,032	19,032		
SELL	10/17/24	10/17/24	34,472.46	1.00	34,472		34,472	34,472		
SELL	10/25/24	10/25/24	8,963.16	1.00	8,963		8,963	8,963		
SELL	10/29/24	10/29/24	23,759.03	1.00	23,759		23,759	23,759		
SELL	11/04/24	11/04/24	25,221.13	1.00	25,221		25,221	25,221		
SELL	11/13/24	11/13/24	4,915.18	1.00	4,915		4,915	4,915		



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BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
CASH EQUIVALENTS (CONT)											
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)						10.94%
SELL	11/18/24	11/18/24	3,142.69	1.00	3,143		3,143	3,143			
SELL	11/20/24	11/20/24	24,855.00	1.00	24,855		24,855	24,855			
SELL	11/22/24	11/22/24	10,057.17	1.00	10,057		10,057	10,057			
SELL	12/03/24	12/03/24	20,020.12	1.00	20,020		20,020	20,020			
SELL	12/05/24	12/05/24	5,087.40	1.00	5,087		5,087	5,087			
SELL	12/09/24	12/09/24	1,178,109.26	1.00	1,178,109		1,178,109	1,178,109			
SELL	12/09/24	12/09/24	1,500,000.00	1.00	1,500,000		1,500,000	1,500,000			
SELL	12/10/24	12/10/24	267,332.93	1.00	267,333		267,333	267,333			
SELL	12/12/24	12/12/24	83,135.30	1.00	83,135		83,135	83,135			
SELL	12/13/24	12/13/24	44,342.81	1.00	44,343		44,343	44,343			
SELL	12/16/24	12/16/24	191,898.64	1.00	191,899		191,899	191,899			
SELL	12/17/24	12/17/24	29,756.45	1.00	29,756		29,756	29,756			
SELL	12/18/24	12/18/24	67,713.71	1.00	67,714		67,714	67,714			
SELL	12/19/24	12/19/24	30,244.81	1.00	30,245		30,245	30,245			
SELL	12/23/24	12/23/24	84,439.04	1.00	84,439		84,439	84,439			
SELL	12/30/24	12/30/24	8,593.95	1.00	8,594		8,594	8,594			
SUB-TOTAL SELLS					TXN CNT:	88		6,071,155	6,071,155		
SECURITY TOTAL					TXN CNT:	232		12,490,941	12,490,941		
SECURITY CLASS TOTAL							0	12,490,941	12,490,941		
CATEGORY TOTAL							0	12,490,941	12,490,941		



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 624
ACCOUNT NUMBER: 1001383

BEGINNING MARKET VALUE: 114,144,527.62

CATEGORY 4 - 5% TRANSACTIONS BY BROKER - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
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<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
A	This return/report is for:	<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.)	
		<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here.			<input checked="" type="checkbox"/>
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
		<input type="checkbox"/> special extension (enter description)		
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.			<input type="checkbox"/>

Part II Basic Plan Information—enter all requested information			
1a	Name of plan U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 06/01/1976
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) BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST 4160 DUBLIN BOULEVARD, SUITE 100 DUBLIN CA 94568-7756	2b	Employer Identification Number (EIN) 94-2859426
		2c	Plan Sponsor's telephone number (925) 833-7300
		2d	Business code (see instructions) 238220

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

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

SIGN HERE	<i>Alex Hall</i>	10/09/2025	ALEX HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Nick Goodwin</i>	10/09/2025	NICK GOODWIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">731</td> </tr> </table>	5	731																																										
5	731																																												
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">257</td> <td></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">234</td> <td></td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">301</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">174</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">709</td> <td></td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">6</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">715</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> <td></td> </tr> </table>					6a(1)		257		6a(2)		234		6b		301		6c		174		6d		709		6e		6		6f		715		6g(1)				6g(2)				6h			
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6g(1)																																													
6g(2)																																													
6h																																													
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">91</td> </tr> </table>	7	91																																										
7	91																																												

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
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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 checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (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 _____

UA LOCAL NO. 159 DEFINED BENEFIT PLAN

EIN / PN: 94-2859426 / 001

DECEMBER 31, 2024

SCHEDULE R LINE 14b and 14c

INFORMATION REPORTED IN 2024 FORM 5500 SCHEDULE R LINES 14B AND 14C DIFFERS FROM THE NUMBER REPORTED ON LINE 14A AND 14B FOR THE PLAN YEAR IMMEDIATELY PRECEDING THE CURRENT PLAN YEAR TO REPORT THE CORRECT NUMBER OF MEMBERS.

UA LOCAL NO. 159 DEFINED BENEFIT PLAN
EIN / PN: 94-2859426 / 001
DECEMBER 31, 2024

SCHEDULE R LINE 13e - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

EMPLOYER NAME	HOURLY RATE
PACIFIC RIM PLUMBING, INC.	\$ 5.88
	\$ 0.89
BENICIA PLUMBING	\$ 5.88
	\$ 4.15
	\$ 3.96
	\$ 0.89
	\$ 0.50
R E MILANO	\$ 5.88
	\$ 0.89
	\$ 0.50

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Statement of Actuarial Assumptions/Methods

METHODOLOGY

Asset Valuation

Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.

Actuarial Cost Method

Unit Credit Cost Method – Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. This method requires that each year's contributions be applied first to the normal cost, and the balance of the contributions applied to amortize the Unfunded Accrued Liability. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS	
Interest Discount Rate	6.25% for funding and 3.29% for current liability.
Assumed Rate of Return on Investments	6.25%, compounded annually, net of investment expenses.
Derivation of Net Investment Return and Discount Rate for FASB ASC 960 Accounting	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption with further reduction for adverse deviation per the Board's Funding Policy.
Operating Expenses	A total annual amount of \$405,000 payable at the beginning of the year.
Investment Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgement are used to verify the reasonability of each of these assumptions.
Mortality	<p>Healthy Lives: Pri.H-2012 Blue Collar Dataset Employee/Retiree Mortality Table (Participants) and Pri.H-2012 Blue Collar Dataset Contingent Survivor Mortality Table (Beneficiaries) each set back one year and projected with the MP-2021 projection scale.</p> <p>Disabled Lives: Pri.H-2012 Total Dataset Disabled Mortality Table set back one year and projected with the MP-2021 projection scale.</p> <p>Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2023-73.</p>
Mortality Improvement	The current mortality assumption is described above and is assumed to be reasonable at this time.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: U.A. Local No. 159 Defined Benefit Plan
 Employer ID: 94-2859426
 Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS

Termination Rates

Termination of employees from participation in the plan is discounted in advance in accordance with a scale based on age. Termination Rates stop when first eligible to retire.

Age	Under 5 Years of Service	5+ Years of Service
15 – 29	13.0%	5.0%
30 – 34	13.0%	4.5%
35 – 39	10.0%	4.5%
40 – 44	10.0%	3.5%
45 – 49	15.0%	3.5%
50+	15.0%	2.0%

Retirement Rates

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

Age	Under 30 Years of Service	30+ Years of Service
55-56	1%	20%
57-59	1%	15%
60	1%	25%
61	1%	20%
62	25%	20%
63	20%	25%
64	25%	40%
65+	100%	100%

Retirement Age for Terminated Vested Participants

Terminated Vested participants with at least 30 years of credited service and 30 years since enrollment are assumed to retire at age 56. Terminated Vested participants with at least 10 years of vesting service are assumed to retire at age 63. All other Terminated Vested participants are assumed to retire at age 65.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: U.A. Local No. 159 Defined Benefit Plan
 Employer ID: 94-2859426
 Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS													
Disability Rates	Active participants are assumed to become disabled based on the following rates: <table border="1" data-bbox="488 590 828 867"> <thead> <tr> <th>Age</th> <th>Disability</th> </tr> </thead> <tbody> <tr> <td><40</td> <td>0.0%</td> </tr> <tr> <td>40 - 44</td> <td>0.4%</td> </tr> <tr> <td>45 - 54</td> <td>0.9%</td> </tr> <tr> <td>55 - 59</td> <td>4.3%</td> </tr> <tr> <td>60 - 64</td> <td>3.5%</td> </tr> </tbody> </table>	Age	Disability	<40	0.0%	40 - 44	0.4%	45 - 54	0.9%	55 - 59	4.3%	60 - 64	3.5%
Age	Disability												
<40	0.0%												
40 - 44	0.4%												
45 - 54	0.9%												
55 - 59	4.3%												
60 - 64	3.5%												
Form of Benefit	For those not yet in pay status, all participants are assumed to elect a Single Life Annuity with 60-month guarantee.												
Marital Status	85% of non-retired participants are assumed to be married. Females are assumed to be five years younger than their male spouses.												
Active Participant	Worked at least 300 hours in covered employment.												
Future Employment	Future benefit service earned each year is assumed equal to that accrued during the year ending on the valuation date, adjusted in total for 375,000 hours assumed in 2024. Participants are assumed to earn one year of vesting service each year in the future.												
Future Contributions	Contributions during 2024 are assumed to be made for 375,000 total hours.												
Missing Data	If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.												

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: U.A. Local No. 159 Defined Benefit Plan
 Employer ID: 94-2859426
 Plan Number: 001

Summary of Plan Provisions

NORMAL RETIREMENT

Eligibility Age 65 and 5 years of Vesting Credit or 5th anniversary of participation.

Monthly Benefit – Other than Residential Specialists Benefits based on prior Plan before July 1, 1976. Monthly benefits after June 30, 1976 based on the following amounts for full years of Benefit Credit and fractions thereof:

Year	Benefit	Year	Benefit	Year	Benefit
1976 – 1979	\$ 32	1989	\$ 70	2001 – 2004	\$ 100
1980	33	1990 – 1991	30 ¹	2005	120
1981	40	1992	84	2006 – 2007	130
1982	52	1993	64	2008 – 2012	115
1983	68	1994	73	2013 – 6/2014	167
1984	126	1995	50	7/2014 – 2022	176
1985	105	1996 – 1997	70	2023	190
1986	112	1998	80	2024+	220
1987	110	1999	70		
1988	120	2000	77		

¹ For those with 25 years of Benefit Credit and 25 years of Vesting Credit, \$40.

Monthly Benefit – Residential Specialists Monthly benefits after June 30, 1999 based on the following amounts for full years of Benefit Credit and fractions thereof:

Year	Benefit
1999 - 2005	\$20
2006 - 2007	35
2008+	20

EARLY RETIREMENT

Eligibility Attainment of age 55 and 10 years of Vesting Service and Benefit Credit.

Monthly Benefit Normal Retirement Benefit reduced ¼% per month for ages 60-65 and ½% per month for ages less than 60.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: U.A. Local No. 159 Defined Benefit Plan
 Employer ID: 94-2859426
 Plan Number: 001

Summary of Plan Provisions (Continued)

SPECIAL EARLY RETIREMENT

Eligibility	Employees enrolled after June 30, 1976: Age 55, 30 years of Benefit Credit, and 30 calendar years since enrollment. Employees enrolled before July 1, 1976: 25 years of Benefit Credit and 25 calendar years since enrollment.
Monthly Benefit	Unreduced Normal Retirement Benefit.

DISABILITY RETIREMENT

Eligibility	Total and Permanent Disability and at least 300 hours in any of the last three Plan Years and either (1) has 10 years of Vesting Credit and 10 years of Benefit Credit, or (2) is age 55 with 5 years of Vesting Credit, 5 years of Benefit Credit and a Social Security Disability Award. Total and Permanent Disability relates to the inability to perform work in the Pipe Trades Industry due to accident or disease. The Board may accept as evidence of Total and Permanent Disability a Social Security disability award, or anything else it deems necessary.																				
Monthly Benefit	Unreduced Normal Retirement Benefit, except for employees retiring on or after July 1, 2006 who are less than age 65 and have not received a Social Security Disability Award, and do not satisfy the requirements for a Service or Age and Service Retirement, the Normal Retirement Benefit is reduced based on total annual wages in the following amount: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="padding: 5px;">Total Annual Wages</th> <th style="padding: 5px;">Reduction of Benefit</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">\$15,000 or less</td><td style="padding: 5px;">0%</td></tr> <tr><td style="padding: 5px;">\$15,001 - \$20,000</td><td style="padding: 5px;">10%</td></tr> <tr><td style="padding: 5px;">\$20,001 - \$25,000</td><td style="padding: 5px;">15%</td></tr> <tr><td style="padding: 5px;">\$25,001 - \$30,000</td><td style="padding: 5px;">20%</td></tr> <tr><td style="padding: 5px;">\$30,001 - \$35,000</td><td style="padding: 5px;">25%</td></tr> <tr><td style="padding: 5px;">\$35,001 - \$40,000</td><td style="padding: 5px;">30%</td></tr> <tr><td style="padding: 5px;">\$40,001 - \$45,000</td><td style="padding: 5px;">35%</td></tr> <tr><td style="padding: 5px;">\$45,001 - \$50,000</td><td style="padding: 5px;">40%</td></tr> <tr><td style="padding: 5px;">\$50,001 or more</td><td style="padding: 5px;">50%</td></tr> </tbody> </table>	Total Annual Wages	Reduction of Benefit	\$15,000 or less	0%	\$15,001 - \$20,000	10%	\$20,001 - \$25,000	15%	\$25,001 - \$30,000	20%	\$30,001 - \$35,000	25%	\$35,001 - \$40,000	30%	\$40,001 - \$45,000	35%	\$45,001 - \$50,000	40%	\$50,001 or more	50%
Total Annual Wages	Reduction of Benefit																				
\$15,000 or less	0%																				
\$15,001 - \$20,000	10%																				
\$20,001 - \$25,000	15%																				
\$25,001 - \$30,000	20%																				
\$30,001 - \$35,000	25%																				
\$35,001 - \$40,000	30%																				
\$40,001 - \$45,000	35%																				
\$45,001 - \$50,000	40%																				
\$50,001 or more	50%																				

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: U.A. Local No. 159 Defined Benefit Plan
 Employer ID: 94-2859426
 Plan Number: 001

Summary of Plan Provisions (Continued)

SPECIAL DISABILITY RETIREMENT

Eligibility	Not vested with at least 5 years of Benefit Credit and 5 years of Vesting Credit, disabled for six months and awarded a Social Security Disability benefit, and under age 55 with a terminal condition.
Monthly Benefit	Lump sum equal to contributions made on Employee's behalf for Covered Employment under the Plan.

PRE-RETIREMENT DEATH BENEFIT

Eligibility	Active or vested.
Monthly Benefit – Married, Vested	100% Qualified Joint and Survivor reduced Early Retirement benefit.
Benefit – Not Married	(a) \$4,000 per year of Benefit Credit, not to exceed the lesser of \$100,000 or 100 times the monthly Normal Retirement Benefit at the date of death; and (b) For surviving spouses and registered domestic partners only, 100% Survivor Benefit reduced to reflect the amount paid in (a).

FORMS OF ANNUITY PAYMENTS

Normal Form	For Married Participants: 50% Joint and Survivor Annuity with Pop-up feature. For Unmarried Participants: Single Life Annuity with 60 payments guarantee.
Optional Forms	Life Annuity 50% Contingent Annuity with Pop-up feature 75% Contingent Annuity with Pop-up feature 100% Contingent Annuity with Pop-up feature Single Life Annuity with 120 payments guaranteed

OTHER

Credited Service	A Participant will receive Credited Future Service based on 1,200 (1,500 before 1987) hours, with partial credit for at least 300 hours. Additional credit is provided for hours in excess of that for a full year of Benefit Credit but hours capped at 2,000 hours from 1988 through 1989 and at 1,800 hours prior to 1988.
Vesting Service	A Participant will receive Vesting Service based on 1,000 hours, with partial credit for at least 300 hours. No additional Vesting Credit is provided for hours in excess of 1,000.
Break in Service Rules	A one-year break in service is incurred if the participant works less than 300 hours in a plan year.
Actuarial Equivalence	1994 Group Annuity Reserving Table (1994 GAR) using an interest rate of 5% per annum.

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Schedule of Funding Standard Account Bases

Type of Base	Description	Date Established	Beginning Of Year		
			Balance	Remaining Period	Payment
Charges	3 Plan Amendment	1/1/1995	\$ 34,864	1.00	\$ 34,864
	4 Assumption Change	1/1/1995	45,204	1.00	45,204
	3 Plan Amendment	1/1/1996	162,733	2.00	83,832
	3 Plan Amendment	1/1/1998	344,944	4.00	94,229
	3 Plan Amendment	1/1/1999	993,229	5.00	223,430
	3 Plan Amendment	1/1/2000	301,240	6.00	58,111
	3 Plan Amendment	1/1/2001	393,215	7.00	66,885
	4 Assumption Change	1/1/2004	1,772,437	10.00	229,344
	3 Plan Amendment	1/1/2005	419,028	11.00	50,646
	3 Plan Amendment	1/1/2006	608,845	12.00	69,289
	3 Plan Amendment	1/1/2006	26,568	12.00	3,023
	3 Plan Amendment	1/1/2007	345,371	13.00	37,256
	3 Plan Amendment	1/1/2007	167,185	13.00	18,035
	8 Net Investment Loss Incurred in 2008	1/1/2009	5,327,155	14.00	547,790
	8 Net Investment Loss Incurred in 2008	1/1/2010	1,198,512	14.00	123,242
	8 Net Investment Loss Incurred in 2008	1/1/2011	1,330,481	14.00	136,813
	4 Assumption Change	1/1/2012	907,814	3.00	321,124
	1 Experience Loss	1/1/2012	471,763	3.00	166,878
	1 Experience Loss	1/1/2013	1,311,625	4.00	358,299
	4 Assumption Change	1/1/2014	1,092,352	5.00	245,728
	1 Experience Loss	1/1/2015	407,798	6.00	78,667
	1 Experience Loss	1/1/2016	1,040,539	7.00	176,995
	1 Experience Loss	1/1/2017	1,060,994	8.00	162,402
	1 Experience Loss	1/1/2019	1,162,378	10.00	150,406
	4 Assumption Change	1/1/2021	5,684,446	12.00	646,915
	1 Experience Loss	1/1/2023	1,360,054	14.00	139,854
	4 Assumption Change	1/1/2023	41,618	14.00	4,279
	1 Experience Loss	1/1/2024	214,750	15.00	21,152
			\$ 28,227,142		\$ 4,294,692

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Schedule of Funding Standard Account Bases (Continued)

Type of Base	Description	Date Established	Beginning Of Year			
			Balance	Remaining Period	Payment	
Credits	1	Experience Gain	1/1/2010	\$ (472,279)	1.00	\$ (472,279)
	1	Experience Gain	1/1/2011	(518,679)	2.00	(267,198)
	1	Experience Gain	1/1/2014	(34,403)	5.00	(7,739)
	4	Assumption Change	1/1/2017	(1,324,907)	8.00	(202,799)
	1	Experience Gain	1/1/2018	(203)	9.00	(29)
	1	Experience Gain	1/1/2020	(1,092,131)	11.00	(132,001)
	1	Experience Gain	1/1/2021	(3,882,935)	12.00	(441,895)
	1	Experience Gain	1/1/2022	(3,834,179)	13.00	(413,606)
	4	Assumption Change	1/1/2022	(6,197,650)	13.00	(668,562)
			\$ (17,357,366)		\$ (2,606,108)	

Attachment to: 2024 Schedule MB (Form 5500), Line 11
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Justification for Change in Actuarial Assumptions

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

Attachment to: 2024 Schedule MB (Form 5500), Line 8(b)(2)
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Schedule of Active Participant Data

Age Group	Years Of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
Under 25	6	6	1	0	0	0	0	0	0	0	13
25 - 29	2	15	6	2	0	0	0	0	0	0	25
30 - 34	2	12	8	4	0	0	0	0	0	0	26
35 - 39	0	4	11	6	2	4	1	0	0	0	28
40 - 44	0	5	10	9	14	6	6	5	1	0	56
45 - 49	0	2	5	3	3	4	8	5	2	0	32
50 - 54	1	0	5	3	3	5	8	3	2	6	36
55 - 59	0	0	3	2	5	2	2	1	3	4	22
60 - 64	0	0	0	2	1	2	3	1	1	2	12
65 - 69	0	1	0	0	0	1	0	0	0	0	2
70 and Over	0	0	0	0	0	0	0	0	0	0	0
Total	11	45	49	31	28	24	28	15	9	12	252

Attachment to: 2024 Schedule MB (Form 5500)
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

MB Actuary Signature

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

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

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

A Name of plan U.A. LOCAL NO. 159 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF U.A. LOCAL NO. 159 PENSION TRUST	D Employer Identification Number (EIN) 94-2859426
--	---

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) 117,122,742
(2) Actuarial value of assets for funding standard account.....	1b(2) 121,873,665
c (1) Accrued liability for plan using immediate gain methods.....	1c(1) 115,288,440
(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) 115,288,440
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) 177,840,405
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 5,293,194
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 6,755,815
(3) Expected plan disbursements for the plan year.....	1d(3) 7,273,432

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 

JOSHUA ALLMEN
Type or print name of actuary

RAEL & LETSON
Firm name

160 BOVET ROAD, SUITE 203
SAN MATEO CA 94402
Address of the firm

9/15/2025
Date
23-08042

Most recent enrollment number
(650) 341-3311
Telephone number (including area code)

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	117,122,742
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	297	87,678,694
(2) For terminated vested participants	165	27,123,037
(3) For active participants:		
(a) Non-vested benefits		11,012,398
(b) Vested benefits		52,026,276
(c) Total active	252	63,038,674
(4) Total	714	177,840,405
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	65.86%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	3,632,416				
Totals ▶			3(b)	3,632,416	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.7%
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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.25 %
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)	6.25%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.8%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.4%
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)	405,000
(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	214,750	21,152

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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	2,994,150

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)	28,227,142	4,294,692
(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		455,553
e Total charges. Add lines 9a through 9d.....	9e		7,744,395
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		17,455,001
g Employer contributions. Total from column (b) of line 3.....	9g		3,632,416
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	17,357,366	2,606,108
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1,367,332
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	19,778,277	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	41,981,780	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		25,060,857
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		17,316,462
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

Attachment to: 2024 Schedule MB (Form 5500), Line 3
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Footnote

Line 3: Contributions were paid monthly pursuant to collective bargaining agreement.

U.A. LOCAL NO. 159 DEFINED BENEFIT PLAN

EIN 94-2859426

Plan No. 001

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. LOCAL NO. 159 DEFINED BENEFIT PLAN

EIN 94-2859426

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. LOCAL NO. 159 DEFINED BENEFIT PLAN

EIN 94-2859426

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion